DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

April 7, 2020

In Reply Refer To: 001B
FOIA Request: 19-09094-F

Austin R. Evers
Executive Director
American Oversight
foia@americanoversight.org

Dear Mr. Evers:

This is the Seventh Partial 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 July 11, 2019, referred to this FOIA office on July 2, 2019, and assigned FOIA tracking number **19-09094-F.** You requested, as you phrase it:
"All emails sent or received by former Secretary David Shulkin or former Chief of Staff and Acting Secretary Peter O'Rourke on any personal, non-governmental, or nonofficial email account regarding official agency business.
[. . .]
Please provide all responsive records from November 9, 2016, through March 28, 2018."

Seventh Partial IAD & Reasonable Searches Dated 8/2/19
On August 2, 2019, OSVA received approximately twenty-two thousand (22,000) pages of emails from David Shulkin working on VA business on his aol.com and gmail.com email accounts, in which Mr. Shulkin did **not** copy a VA employee. OSVA now releases to you one thousand nine hundred seventy-nine (1,979) pages, Bates-numbered 20001-21985.

OSVA releases partial email addresses of Laurie Perlmutter (lperl), Marc Sherman (mbs), Bruce Moskowitz (brucem), whereas redacting their email addresses would not identify them as the recipients or senders. OSVA releases the names of Marc Sherman's associates Michael Zinner, Terry Fadem, Clifford Ko, and Kurt Heyssel, as well as Perlmutter associate Marisol Garcia. OSVA releases names of RFP panelists Amy Cooper, Stan Huff, Stephanie Reel, Jon Manis, Karson, Ed Marx, Frank Opelka, Aneesh Chopra, Cris Ross, Carla Smith, Ryan Howells, Paul Sutton, and Kenneth Mandi. VA elects to release the names and VA contact information of VA Senior Executives. VA also releases photographs of the VA Secretary, as well as public photographs.

After reviewing the one thousand nine hundred seventy-nine (1,979) pages, Bates-numbered 20001-21985, OSVA redacts some information with FOIA Exemptions 4, 5, and 6. 5 U.S.C. § 552(b)(4) exempts from disclosure "trade secrets and commercial or financial information obtained from a person and privileged or confidential." "Where commercial or financial information is both customarily and actually treated as private by its owner and provided to the government under an assurance of privacy, the information is "confidential" within Exemption 4's meaning." Food Marketing Inst. v. Argus Media, No. 18-481, at *2 (U.S. June 24, 2019). Redacted information includes details of multiple proposals (including from Apple), with proposed technical approaches, teaming or partnership agreements, assessment methodology, and labor rates, all of which the VA never accepted. Such information is marked confidential,

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and offerors (such as Apple) typically treat such as commercially private information or having received an assurance of privacy from the VA.

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. The presidential communications privilege protects agency communications to or from the President or his advisers. On ten (10) pages, OSVA redacts communications between VA officials and the President or his advisers. Loving v. DOD, 550 F.3d 32, 37-38 (D.C. Cir. 2008) (Exemption 5 "incorporates" Presidential Communications Privilege, which protects "'communications directly involving and documents actually viewed by the President,' as well as documents 'solicited and received' by the President or his 'immediate White House advisers'" (internal citations omitted)); Berman v. CIA, 378 F. Supp. 2d 1209, 1219-20 (E.D. Cal. 2005) (same), aff'd on other grounds, 501 F.3d 1136 (9th Cir. 2007); Judicial Watch, Inc. v. DOJ, 365 F.3d 1108, 1110 n.1 (D.C. Cir. 2004) ("embrac[ing] the definitional analysis set forth" in In re Sealed Case, 121 F.3d 729, 749-50, 752 (D.C. Cir. 1997), protecting documents covered by Presidential Communications Privilege); Amnesty Int'l USA v. CIA, 728 F. Supp. 2d 479, 522 (S.D.N.Y. 2010) ("all twenty documents reflect or memorialize communications between senior presidential advisers and other United States government officials and are therefore properly withheld"). Out of nine thousand nine hundred forty-seven (9,947) pages released to you, OSVA redacted information per the presidential communications privilege on only forty-three (43) pages.

FOIA Exemption 5 also 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 solutions from federal employees reviewing in their professional capacities: VA programs, potential responses to news or Congressional inquiries, talking points, a proposed Executive Order, and unsubstantiated allegations. The information contained in the responsive records is both predecisional and deliberative because it reflects preliminary opinions, proposed solutions, recommendations, potential responses to news or Congressional inquiries, talking points, a proposed Executive Order, unsubstantiated allegations, and a VA OIG complaint details, 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 to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, proposing changes to, and making recommendations on: VA programs, potential responses to news inquiries, talking points, a proposed Executive Order, unsubstantiated allegations, and a VA OIG complaint details. 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, decision-making, or investigation 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); 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); Access Reports v. DOJ, 926 F.2d 1192, 1196-97 (D.C. Cir. 1991) ("talking points" memoranda are predecisional); ACLU v. DHS, 738 F. Supp. 2d 93, 112 (D.D.C. 2010) ("'talking points' are predecisional . . . the document itself suggests that a public statement was anticipated at the time of its creation, and given that no official statement has yet been made, the talking points remain ripe recommendations that are ready for adoption or rejection by the

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Department"); Sec. Fin. Life Ins. Co., No. 03-102-SBC, 2005 WL 839543, at *11 (D.D.C. Apr. 12, 2005) ("The undisputed evidence establishes that these [talking points] are deliberative."); Judicial Watch, Inc. v. U.S. Dep't of Commerce, 337 F. Supp. 2d 146, 174 (D.D.C. 2004) (protecting "talking points" and recommendations on how to answer questions); St. Louis Sewer Dist., No. 10-2103, at *18 (E.D. Mo. Mar. 2, 2012) (protecting e-mail communications, "press releases, talking points and 'Q & A,'" drafts, and briefing materials); Citizens for Responsibility & Ethics in Wash. v. DHS, 514 F. Supp. 2d 36, 44 (D.D.C. 2007) (protecting briefing materials concerning Hurricane Katrina response including proposed "solutions and approaches"); Judicial Watch, Inc. v. DOE, 310 F. Supp. 2d 271, 317 (D.D.C. 2004) (protecting briefing materials for Secretary of the Interior), aff'd in part, rev'd in part on other grounds & remanded, 412 F.3d 125, 133 (D.C. Cir. 2005); Klunzinger v. IRS, 27 F. Supp. 2d 1015, 1026 (W.D. 1998) (protecting paper to brief commissioner for meeting); Thompson v. Dep't of the Navy, No. 95-347, 1997 WL 527344, at *4 (D.D.C. Aug. 18, 1997) (protecting materials to brief senior officials responding to media inquiries, as "disclosure of materials reflecting the process by which the Navy formulates its policy concerning statements to and interactions with the press" could stifle frank communication within the agency), aff'd, No. 97-5292, 1998 WL 202253, at *1 (D.C. Cir. Mar. 11, 1998) (per curiam); Williams v. DOJ, 556 F. Supp. 63, 65 (D.D.C. 1982) (protecting "briefing papers prepared for the Attorney General prior to an appearance before a congressional committee").

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 enclosed documents, under FOIA Exemption 6, consists of names, identities, photographs, email addresses, phone numbers, cellular numbers, facsimile numbers, unsuccessful resume application details, medical details, photographs, and personal details unrelated to the VA of: federal employees, federal contractors, veterans, private citizens, and their family members. Federal employees, federal contractors, veterans, private citizens, and their family members 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, federal contractors, veterans, private citizens, and their family members 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 the names, identities, email addresses, phone numbers, cellular numbers, facsimile numbers, unsuccessful resume application details, medical details, photographs, and personal details unrelated to the VA of: federal employees, federal contractors, veterans, private citizens, and their family members. 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

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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).

Out of the twenty-two thousand (22,000) pages, OSVA has reviewed about sixteen thousand three hundred (16,300) pages and released nine thousand nine hundred forty-seven (9,947) pages, some redacted, to you. About six thousand five hundred (6,500) pages predate November 9, 2016 and, thus, are non-responsive to your FOIA request. Of the nine thousand nine hundred forty-seven (9,947) pages released to you, four thousand four hundred thirty-six (4,436) pages relate to three (3) informal advisors.

On March 10, 2020, OSVA released you two thousand three hundred four (2,304) pages, non-consecutively Bates-numbered 15140-19303, redacted with FOIA Exemptions 4, 5, and 6. One thousand eight hundred fifty-nine (1,859) pages between those Bates-numbers predated November 9, 2016 and were, thus, non-responsive to your FOIA request.

On February 3, 2020, OSVA released one thousand nine hundred fifty-four (1,954) pages, Bates-numbered 1659-3638, redacted with FOIA Exemptions 4, 5, and 6. On January 14, 2020, OSVA released seven hundred six (706) pages, Bates-numbered 950-1658, redacted with FOIA Exemptions 5 and 6.

On January 6, 2020, OSVA released to you five hundred forty-three (543) pages, non-consecutively Bates-numbered 10033-11500, redacted with FOIA Exemptions 5 and 6. The other four thousand two hundred seventy-nine (4,279) pages, within pages Bates-numbered 10033-14999, predated November 9, 2016 and, thus, are non-responsive to your FOIA request. On January 6, 2020, OSVA also re-released to you nine hundred forty-nine (949) pages, Bates-numbered 1-949, previously released to you on November 21, 2019, but with fewer redactions.

Approximate 30,800 Pages of Emails Received on or About 1/15/2020

On or about December 23, 2020, Mr. Shulkin submitted approximately thirty thousand eight hundred (30,800) pages of emails in which he copied a VA email address. From OSVA's preliminary review, about sixteen thousand four hundred (16,400) pages predate November 9, 2016, and thus, are non-responsive to your FOIA request.

From a sample size of four hundred thirty-five (435) emails totaling two thousand one hundred thirty-four (2,134) pages, Shulkin did **not** copy, forward, or send to his VA email address, two hundred two (202) emails totaling nine hundred seven (907) pages. We estimate eight thousand three hundred (8,300) pages in which Shulkin copied, forwarded, or sent to his VA email address, and six thousand one hundred (6,100) pages in which Shulkin did **not** copy, forward, or send to his VA email address.

For your past FOIA request **18-07426-F**, OSVA has released to you all of Shulkin's aol and gmail emails, possibly redacted, in which Shulkin directly communicated with the three (3) informal advisors and copied, forwarded, or sent to his VA email address. For your FOIA request **18-11960-F**, OSVA has produced and will continue to produce all of Shulkin's aol and gmail emails referencing the three (3) informal advisors and copying or sending emails to VA email address.

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OSVA will process the six thousand one hundred (6,100) pages in which Shulkin did **not** copy, forward, or send to his VA email address as responsive to this FOIA request.

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 Seventh Partial IAD to request **19-09094-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
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 one thousand nine hundred seventy-nine (1,979) pages

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not decades, of neglect and failure to modernize," Shulkin said.

More flight from the VA health care system could eventually lead to its elimination — a disaster for the millions of veterans, many of them with meager means, who rely on services impossible to affordably achieve anywhere else.

"It would put veterans with very difficult problems out into the community with nobody to stand up for them and to coordinate their care," Shulkin testified in June.

As a first step toward making VA care more focused, Shulkin has ordered administrators to take 5 percent of their budget — $3.5 billion total — away from care cheaply available in the private sector, like eyeglasses and flu shots, and use that money to double down on core VA services, such as treating traumatic brain and spinal cord injury, PTSD and providing orthotics.

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Message

From: L Perl [(b) (6) @gmail.com]
Sent: 8/30/2017 1:52:50 PM
To: IP [@frenchangel59.com]; Dr. David Shulkin [Secshulkin@gmail.com]
Subject: Re: Trump's most popular Cabinet secretary is Obama holdover - The VA's Shulkin has cut through red tape, made big changes.

David--

This article is terrific-- well deserved.....congrats!

It's just the beginning---a ton of work ahead....Best....L

On Mon, Aug 28, 2017 at 3:18 PM, IP <@frenchangel59.com> wrote:

> I don't know if you saw this very interesting article praising Secretary Shulkin while describing the big problems he faces.
>
> http://www.politico.com/story/2017/08/28/trump-shuklin-veterans-obama-holdover-242047
>
> By **ARTHUR ALLEN**
>
> 08/28/2017 04:57 AM EDT

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Secretary of Veterans Affairs David Shulkin sees his primary mission as reestablishing trust among veterans. | Cliff Owen/AP Photo.

VA Secretary David Shulkin has proved to be something unique in President Donald Trump's Washington: an Obama appointee nominated by Trump who is beloved by almost everyone and getting stuff done.

By tweaking regulations, he has managed to fire hundreds of allegedly incompetent employees, publicized waiting times at Veterans Affairs clinics, gotten money to expand vets' treatment by private doctors, and expanded care for isolated vets through telemedicine and mobile phones, while promising to close 430 vacant VA buildings and speed up benefit awards. Shulkin also made a bold — and risky — decision to bypass contracting rules to buy a $16 billion digital health record system.

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"What motivates me and what motivates Dr. Shulkin is the same, to provide the best care to veterans," said Rep. Phil Roe (R-Tenn.), chairman of the Veterans Affairs Committee. "I don't know whether he's a Republican or Democrat, and I could care less."

But there's a reason Shulkin was Trump's fourth choice for the VA job — or possibly the fifth, or the 10th, depending on whom you ask. The VA, with 350,000 employees and 1,250 health care sites, is a political quagmire. Not many people want to clean up others' messes with hundreds of people looking over their shoulder.

The VA's conservative critics are holding their fire now that a GOP administration and Congress control the agency. But savaging from both left and right is likely to start up again if Shulkin's mission flags. That could easily happen.

The administration and Congress must agree on a way to scrap or overcome budget caps to fund an ambitious Shulkin agenda that includes building up the $70 billion VA health system from within while simultaneously enabling veterans to get care outside its doors.

Shulkin sees his primary mission as reestablishing trust among veterans. After taking office, he got legislation passed that makes it easier to fire poorly performing staff, and he quickly relieved several top officials, including Brian Hawkins, head of the Washington, D.C., VA Center. (The federal Merit Systems Protection Board ordered Hawkins reinstated, but Shulkin sidelined him in an administrative job.)

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In a bold stroke for transparency, he made the VA the first health care system in the country to publish waiting times at its clinics. With equal decisiveness, in June, he decided to scrap the VA's venerable IT system with a one-source contract. He got a Department of Justice ruling to help expand the ability of isolated veterans to see doctors remotely, through telemedicine and mobile apps.

All the while, Shulkin has held at bay libertarian groups like the Concerned Veterans of America, who are inclined to allow vets to freely choose to see doctors outside the VA. Shulkin said recently that privatization of the VA "won't happen while I'm in office."

In a reflection of Shulkin's determination to bolster the VA's health care services even while expanding veterans' options, when Trump signed an emergency $2.1 billion measure to continue funding for the 2014 Veterans Choice Act, the bill also included $1.8 billion to strengthen 28 VA hospitals.

But these steps only nibble at the edges of the main issue, which is how to satisfy the health needs of veterans without breaking the VA system, whose costs have been climbing at 5 percent annually. With budget caps near bursting, Congress needs to develop legislation this fall that will keep the faith with veterans while staying under those caps.

"It's not clear that Shulkin or the Hill have a complete grasp on how big their budget hole is, let alone the willingness to fill it," says Phillip Carter of the Center for a New American Security, a centrist think tank.

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“They can’t build two parallel systems with no regard for cost and no guiding principles for how to allocate care. It’s not politically viable or feasible.”

Tough decisions earn respect

Shulkin has managed to get work done under an erratic president by “making sure he is not tapped to make decisions outside of Veterans Affairs,” says one colleague. Shulkin, whose nomination was unanimously approved by the Senate in February, isn’t registered with either party, and no one seems to know whether he leans Democratic or Republican.

Former President Barack Obama appointed him to lead the VA’s health system in 2015, but “my only party is the veteran’s party,” he told POLITICO in an interview at his office.

Trump has had nothing but praise for Shulkin, and he enjoys great popularity in the Senate and House, where Roe says that Shulkin’s medical background gives him insights that his two predecessors, Eric Shinseki and Bob McDonald, didn’t have.

“We think alike — it’s almost scary sometimes,” said Roe, himself an obstetrician. “He’ll say the same thing that I’d been thinking.”

Shulkin’s frankness and accessibility have won fans across the spectrum, even from those who question his actions — an irregularity in polarized Washington.

"He's a very impressive person. He can drill down on the VA's problems, explain them and find solutions that draw on his private-sector

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knowledge," said Dan Caldwell, policy director for Koch Industries-backed Concerned Veterans of America, which, unlike Shulkin, wants to allow vets to freely seek care at private facilities.

"So far in his tenure, he has shown leadership and ability to focus on veterans, to keep ideology out of the equation and work in a bipartisan way," said Julia Brownley of California, a senior Democrat on the House Veterans Committee.

Shulkin has yet to nominate several senior deputies — including undersecretaries of health and benefits, and a chief information officer to oversee the acquisition of a new records system. Two VA IT workers who spoke on condition of anonymity said the lack of high-level leadership had left them twiddling their thumbs.

Although many IT specialists in and out of the VA question Shulkin's decision to ditch the agency's 40-year-old digital record system, one official who opposed the decision said IT officials had resigned themselves to work on it — largely because they respect Shulkin as a leader.

Welcome to the jungle

Many of the problems Shulkin faces date back decades. The VA has always struggled to handle the demand for health care from veterans. Before 1996, when health undersecretary Ken Kizer began implementing an integrated care system, the VA treated veterans only for service-related conditions.

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The classic Catch-22 was the World War II amputee whose wound was frequently infected because of his diabetes. “He could get the stump cared for at the VA, but not his blood sugar problem,” recalled Kizer. “It didn’t make sense.”

Thousands of veterans struggled to get care for years while the Pentagon and VA tussled over whether exposures to the herbicide Agent Orange, during the Vietnam era, or a variety of other toxins used during Mideast wars, were responsible for their ailments.

Since the late 1990s, the VA has alternately rationed and increased care as it sought to do right by veterans while holding down costs. Yet it still can’t meet the demand.

The 2014 Phoenix VA scandal, which resulted from evidence that officials faked appointment calendars to obscure long wait times, prompted Congress to open its checkbook with the Veterans Choice Act, which authorized $10 billion over 3 years to care for veterans in the private sector.

The Choice program, meant to be temporary, allowed vets to go outside the system if their care required more than a 30-day wait, or required them to travel more than 40 miles. Even so, the program ran out of money earlier this year as veteran demand was still surging.

In June, Shulkin testified that 35 percent more veterans were seeking health care outside the VA each week than had done so a year earlier. The Choice program was blowing through cash without a clear idea of how much more would be needed.

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President Donald Trump, accompanied by VA Secretary David Shulkin (right), talks with a patient during a Veterans Affairs Department "telehealth" event at the White House. Shulkin has accomplished much in his tenure, including expanding care for isolated vets through telemedicine and mobile phones. | Evan Vucci/AP Photo.

And while the program has improved over three years, some still call it a "train wreck" — as Sen. Jon Tester (D-Mont.) referred to it recently. Montana veterans have had more, not less, trouble getting care because of red tape associated with the program, he said.

It isn't clear vets are being treated better outside the VA system. Their records often aren't shared among private and VA doctors, leading to poor coordination. An insprector general report last month, for example, found that patients prescribed opioids in non-VA clinics received conflicting guidelines on how to use them.

The VA also has no clear idea of how much it costs to care for patients within its walls. The agency hired PricewaterhouseCoopers to

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determine the demand for services at each VA facility, a Senate staffer said, but that report could take years to finish and, in the meantime, "when you don't know what demand is, it creates a problem for Congress."

The move to expand veterans care in the private sector comes at a time when the U.S. health care system is moving in the opposite direction, with health care systems seeking ever more tightly integrated care within their facilities.

Shulkin, who as CEO of Morristown Medical Center in 2011 set up one of the country's first accountable care organizations — in which doctors are rewarded for lowering unnecessary costs — is well aware of this.

"As a hospital administrator, which I [was] for 30 years in the private sector, you want to maximize your current fixed costs," he said in the interview. "Care in the community is not going to be cheaper."

Shulkin hopes to create a rational balance of inside and outside care — "adjusting the hot and cold spigots," he says — that is based on patient need and predicated on good information sharing. Congress will take his ideas as it develops legislation this fall for "Choice 2.0, or whatever we call it," Roe said.

Shulkin would ditch the "30 days/40 miles" rule in favor of a system based on the veteran's clinical needs. In his vision, veterans seeking care would first talk to a VA provider — in person, by phone or virtually — leading to a clinical assessment to decide whether their care would be met best within or outside the VA. If a veteran were treated outside the

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VA, information from the visit would flow back to his or her primary care team.

Sharing that information is a problem, though. The pursuit of an IT system in which records flow smoothly among the VA, military and private health care systems motivated Shulkin's decision in June to ditch the VA's digital health record system — built in-house since the late 1970s — in favor of a Cerner Corp. system.

But that transition will take five years at a bare minimum and could cost $16 billion, according to one estimate. "We haven't figured out how to pay for it yet," says Roe, who recently hired a staff IT expert to help oversee the undoubtedly difficult transition.

"This is a huge project," Roe said. "It may be the biggest IT project in the country's history."

Small steps

Shulkin isn't ready to give veterans unfettered choice in health care because, he acknowledges, the VA's brand has been tattered so badly that free choice could lead to an exodus from the system that he estimates would add $20 billion a year to the VA's budget.

"On a level field of competition, I do not believe that we would be treated fairly today, because I believe this agency has had years, if not decades, of neglect and failure to modernize," Shulkin said.

More flight from the VA health care system could eventually lead to its elimination — a disaster for the millions of veterans, many of

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them with meager means, who rely on services impossible to affordably achieve anywhere else.

"It would put veterans with very difficult problems out into the community with nobody to stand up for them and to coordinate their care," Shulkin testified in June.

As a first step toward making VA care more focused, Shulkin has ordered administrators to take 5 percent of their budget — $3.5 billion total — away from care cheaply available in the private sector, like eyeglasses and flu shots, and use that money to double down on core VA services, such as treating traumatic brain and spinal cord injury, PTSD and providing orthotics.

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/29/2017 2:58:17 PM
To: Poonam Alaigh [(b) (6) @gmail.com]
Subject: Re: Trump's most popular Cabinet secretary is Obama holdover - The VA's Shulkin has cut through red tape, made big changes.

Nice note

Sent from my iPhone

On Aug 28, 2017, at 8:22 PM, Poonam Alaigh <(b) (6) @gmail.com> wrote:

> Yes it's a great article- but the real kudos goes to all of you. David and I always know they we have your unconditional support, your strong backing and your confidence so that we are able to make these bold changes and take the risks we need to do. We are all a family and you provide so much of invaluable guidance and linkage to key community partnerships, all of which has resulted in this fast paced momentum of transformation. As you always say, a lot more work needs to be done and we know there are many many more problems and challenges. We are fortunate that we are a team wiith a shared commitment to build a system that delivers the highest quality of care to our nations heros. Again, thank you to all of you- we need you to make this happen
>
> On Mon, Aug 28, 2017 at 3:19 PM IP <(@frenchangel59.com> wrote:
>
> > I don't know if you saw this very interesting article praising Secretary Shulkin while describing the big problems he faces.
> >
> > http://www.politico.com/story/2017/08/28/trump-shuklin-veterans-obama-holdover-242047
> >
> > By **ARTHUR ALLEN**
> >
> > 08/28/2017 04:57 AM EDT

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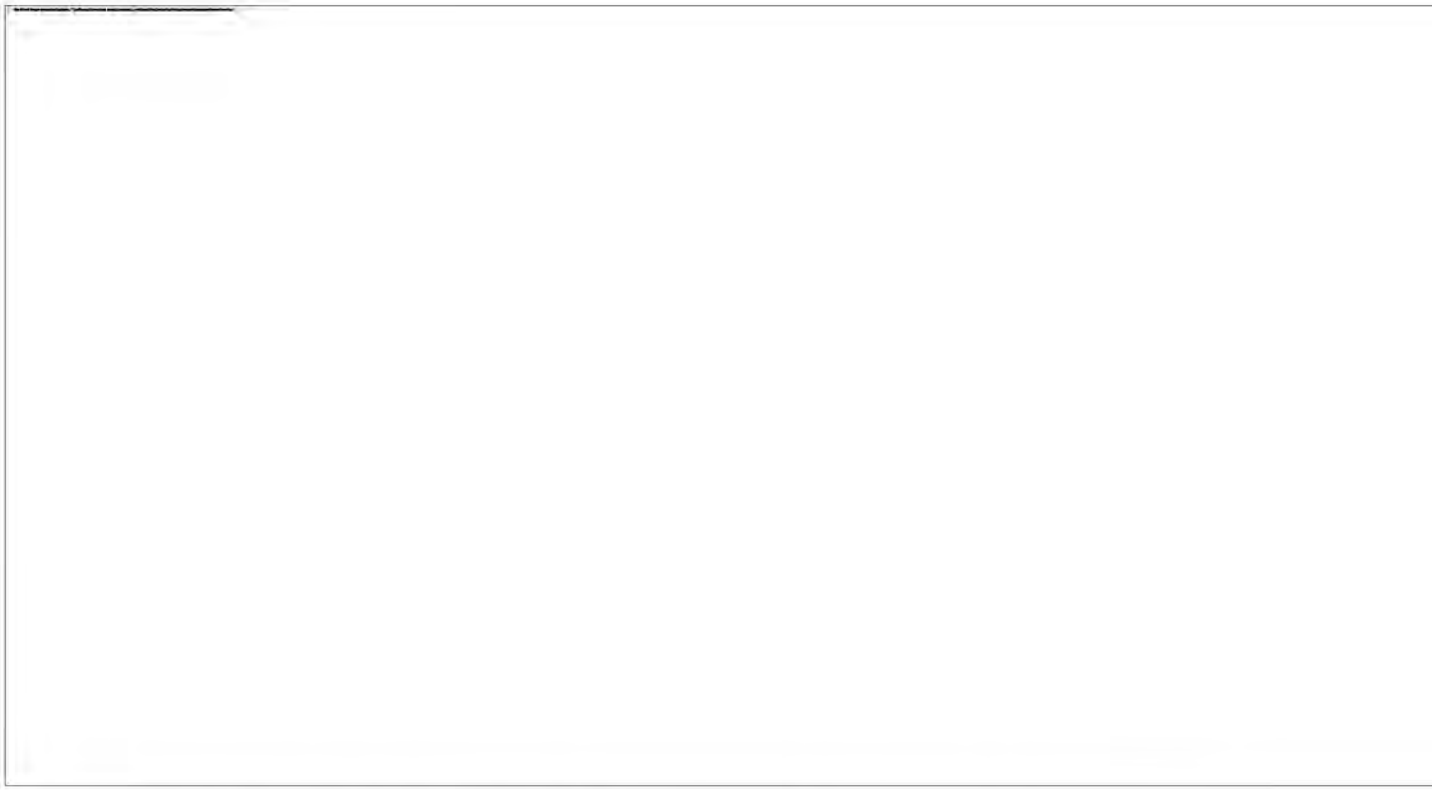

Secretary of Veterans Affairs David Shulkin sees his primary mission as reestablishing trust among veterans. | Cliff Owen/AP Photo

VA Secretary David Shulkin has proved to be something unique in President Donald Trump's Washington: an Obama appointee nominated by Trump who is beloved by almost everyone and getting stuff done.

By tweaking regulations, he has managed to fire hundreds of allegedly incompetent employees, publicized waiting times at Veterans Affairs clinics, gotten money to expand vets' treatment by private doctors, and expanded care for isolated vets through telemedicine and mobile phones, while promising to close 430 vacant VA buildings and speed up

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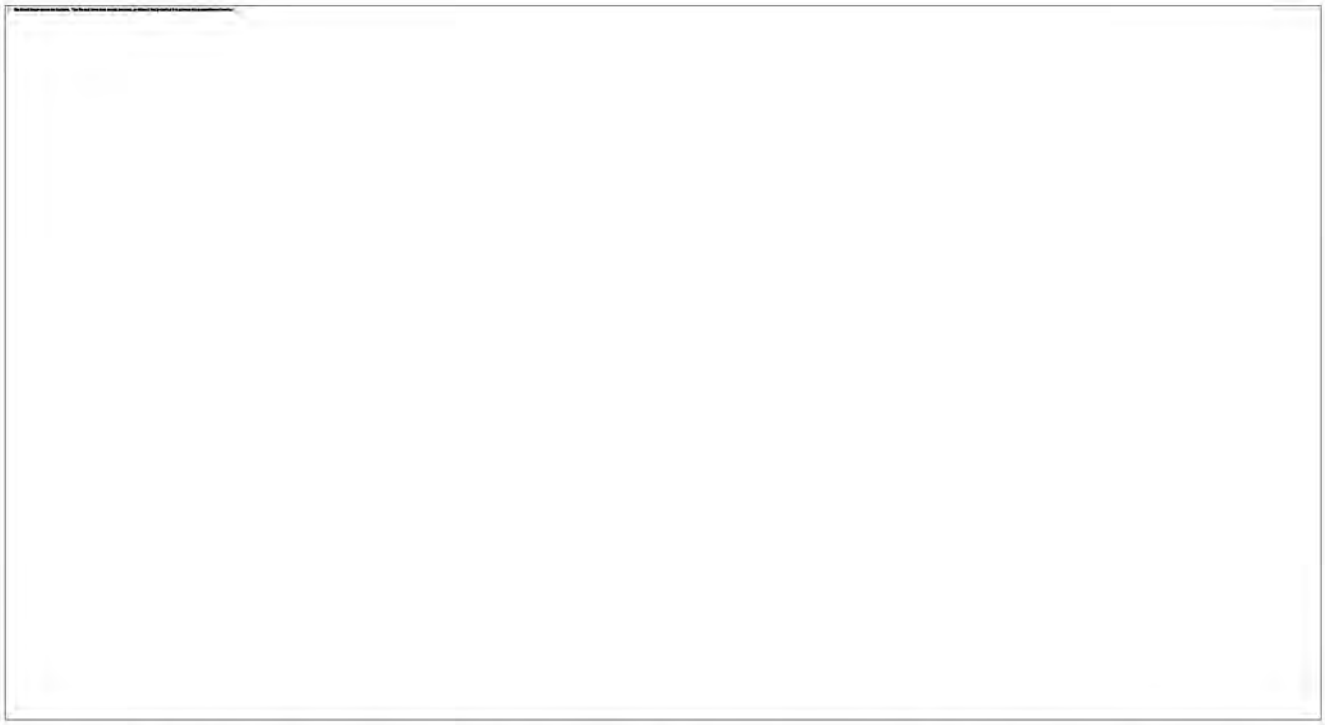

President Donald Trump, accompanied by VA Secretary David Shulkin (right), talks with a patient during a Veterans Affairs Department "telehealth" event at the White House. Shulkin has accomplished much in his tenure, including expanding care for isolated vets through telemedicine and mobile phones. | Evan Vucci/AP Photo.

And while the program has improved over three years, some still call it a "train wreck" — as Sen. Jon Tester (D-Mont.) referred to it recently. Montana veterans have had more, not less, trouble getting care because of red tape associated with the program, he said.

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The VA also has no clear idea of how much it costs to care for patients within its walls. The agency hired PricewaterhouseCoopers to determine the demand for services at each VA facility, a Senate staffer said, but that report could take years to finish and, in the meantime, "when you don't know what demand is, it creates a problem for Congress."

The move to expand veterans care in the private sector comes at a time when the U.S. health care system is moving in the opposite direction, with health care systems seeking ever more tightly integrated care within their facilities.

Shulkin, who as CEO of Morristown Medical Center in 2011 set up one of the country's first accountable care organizations — in which doctors are rewarded for lowering unnecessary costs — is well aware of this.

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Sharing that information is a problem, though. The pursuit of an IT system in which records flow smoothly among the VA, military and private health care systems motivated Shulkin's decision in June to ditch the VA's digital health record system — built in-house since the late 1970s — in favor of a Cerner Corp. system.

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Shulkin isn’t ready to give veterans unfettered choice in health care because, he acknowledges, the VA’s brand has been tattered so badly that free choice could lead to an exodus from the system that he estimates would add $20 billion a year to the VA’s budget.

“On a level field of competition, I do not believe that we would be treated fairly today, because I believe this agency has had years, if not decades, of neglect and failure to modernize,” Shulkin said.

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Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/29/2017 12:22:02 AM
To: IP [@frenchangel59.com]; brucem(b) (6) @mac.com; lper(b) @gmail.com; mbs(b) (6) @gmail.com
CC: Secshulkin@gmail.com
Subject: Re: Trump's most popular Cabinet secretary is Obama holdover - The VA's Shulkin has cut through red tape, made big changes.

Yes it's a great article- but the real kudos goes to all of you. David and I always know they we have your unconditional support, your strong backing and your confidence so that we are able to make these bold changes and take the risks we need to do. We are all a family and you provide so much of invaluable guidance and linkage to key community partnerships, all of which has resulted in this fast paced momentum of transformation. As you always say, a lot more work needs to be done and we know there are many many more problems and challenges. We are fortunate that we are a team wiith a shared commitment to build a system that delivers the highest quality of care to our nations heros. Again, thank you to all of you- we need you to make this happen

On Mon, Aug 28, 2017 at 3:19 PM IP <@frenchangel59.com> wrote:

> I don't know if you saw this very interesting article praising Secretary Shulkin while describing the big problems he faces.
>
> http://www.politico.com/story/2017/08/28/trump-shuklin-veterans-obama-holdover-242047
>
> By **ARTHUR ALLEN**
>
> 08/28/2017 04:57 AM EDT

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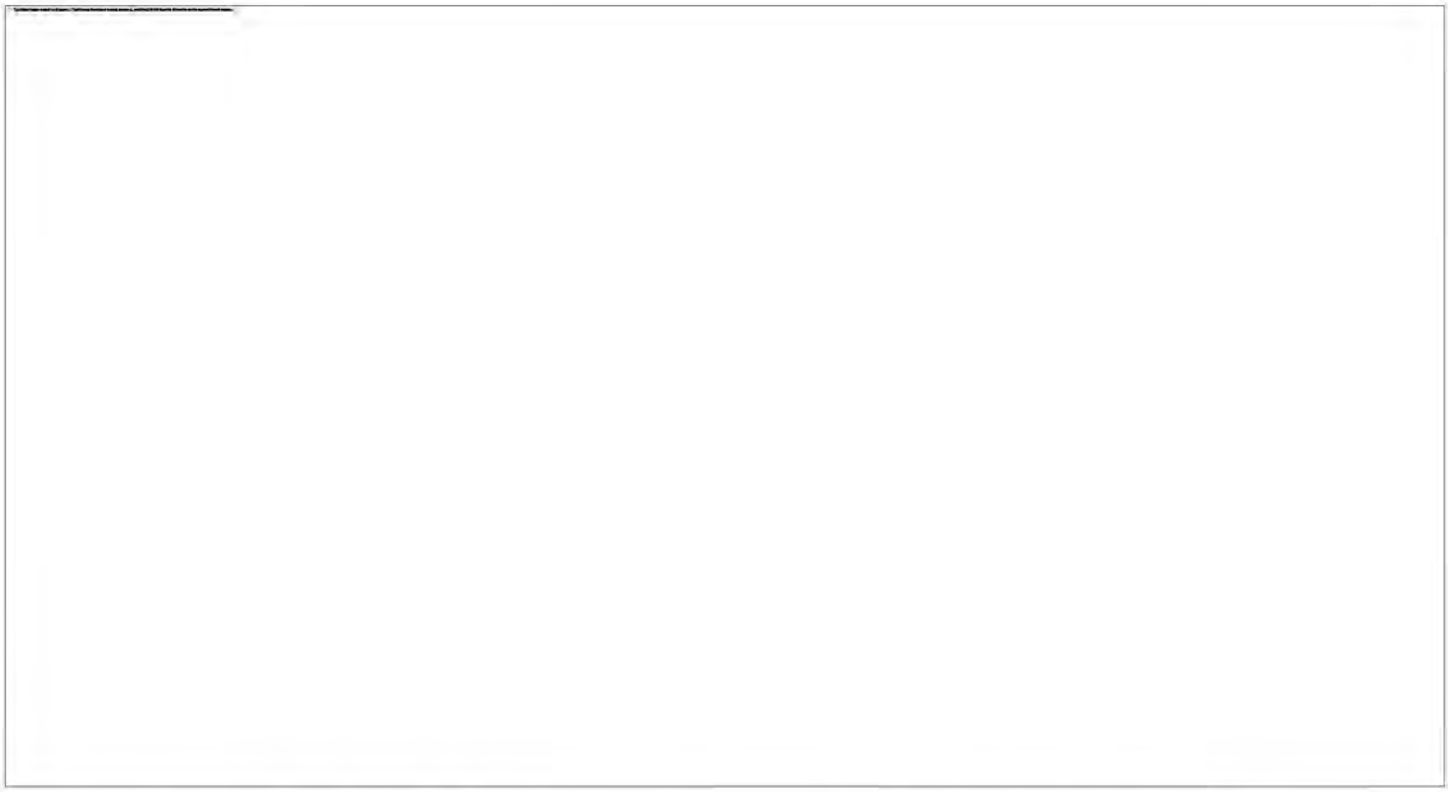

Secretary of Veterans Affairs David Shulkin sees his primary mission as reestablishing trust among veterans. | Cliff Owen/AP Photo.

VA Secretary David Shulkin has proved to be something unique in President Donald Trump's Washington: an Obama appointee nominated by Trump who is beloved by almost everyone and getting stuff done.

By tweaking regulations, he has managed to fire hundreds of allegedly incompetent employees, publicized waiting times at Veterans Affairs clinics, gotten money to expand vets' treatment by private doctors, and expanded care for isolated vets through telemedicine and mobile phones, while promising to close 430 vacant VA buildings and speed up benefit awards. Shulkin also made a bold — and risky — decision to bypass contracting rules to buy a $16 billion digital health record system.

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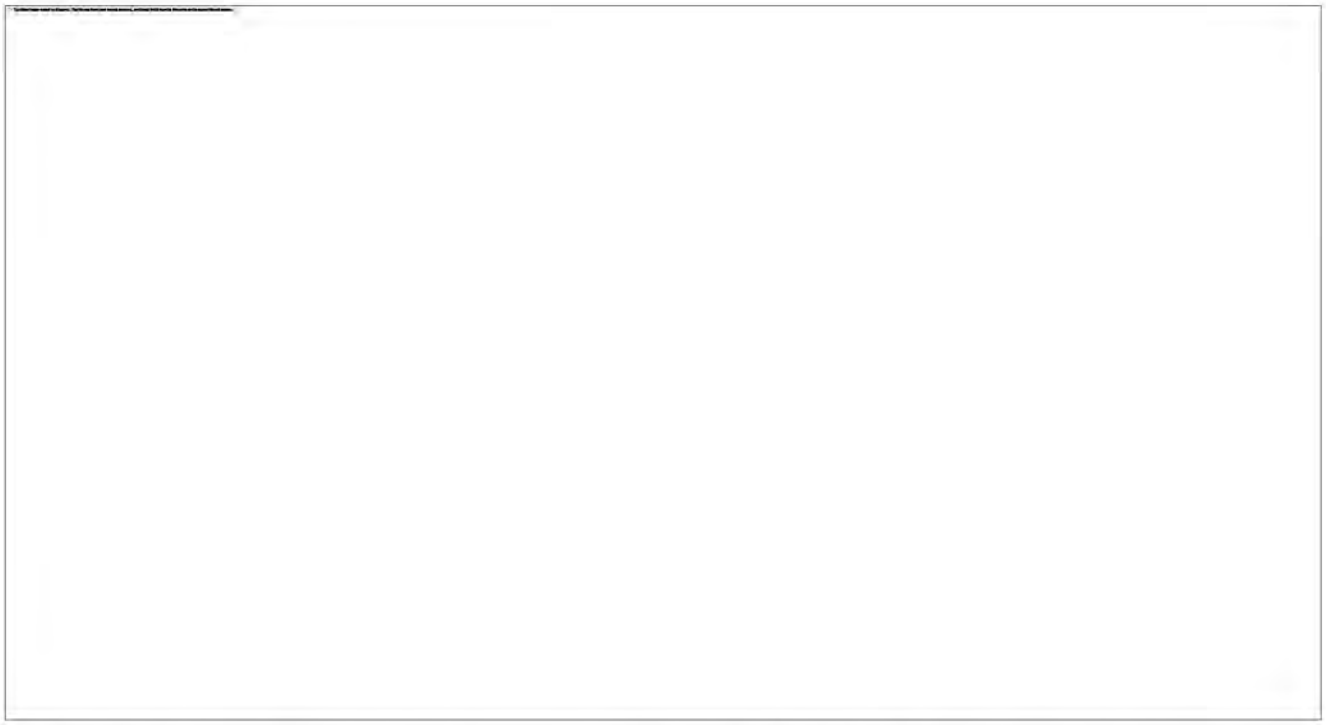

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From: Bruce Moskowitz [bruce[redacted]@mac.com]
Sent: 8/28/2017 7:41:34 PM
To: IP [[redacted]@frenchangel59.com]
CC: lper[redacted]@gmail.com; [redacted]@gmail.com; mbs[redacted]@gmail.com; Secshulkin@gmail.com
Subject: Re: Trump's most popular Cabinet secretary is Obama holdover - The VA's Shulkin has cut through red tape, made big changes.

This is the story that Cosgrove Commission described. I agree
With the author. There is no cost control now or in the future.
There is no quality control.
Our group knows what needs to be done but I do not believe it will
happen.

Sent from my iPad
Bruce Moskowitz M.D.

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> I don't know if you saw this very interesting article praising Secretary Shulkin while describing the big problems he faces.
>
> http://www.politico.com/story/2017/08/28/trump-shuklin-veterans-obama-holdover-242047
>
> By **ARTHUR ALLEN**
>
> 08/28/2017 04:57 AM EDT
> <image004.jpg>
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Since the late 1990s, the VA has alternately rationed and increased care as it sought to do right by veterans while holding down costs. Yet it still can’t meet the demand.

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its checkbook with the Veterans Choice Act, which authorized $10 billion over 3 years to care for veterans in the private sector.

The Choice program, meant to be temporary, allowed vets to go outside the system if their care required more than a 30-day wait, or required them to travel more than 40 miles. Even so, the program ran out of money earlier this year as veteran demand was still surging.

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<image003.jpg>

President Donald Trump, accompanied by VA Secretary David Shulkin (right), talks with a patient during a Veterans Affairs Department "telehealth" event at the White House. Shulkin has accomplished much in his tenure, including expanding care for isolated vets through telemedicine and mobile phones. | Evan Vucci/AP Photo.

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It isn't clear vets are being treated better outside the VA system. Their records often aren't shared among private and VA doctors, leading to poor coordination. An inspector general report last month, for example, found that patients prescribed opioids in non-VA clinics received conflicting guidelines on how to use them.

The VA also has no clear idea of how much it costs to care for patients within its walls. The agency hired PricewaterhouseCoopers to determine the demand for services at each VA facility, a Senate staffer said, but that report could take years to finish and, in the meantime, "when you don't know what demand is, it creates a problem for Congress."

The move to expand veterans care in the private sector comes at a time when the U.S. health care system is moving in the opposite direction, with health care systems seeking ever more tightly integrated care within their facilities.

Shulkin, who as CEO of Morristown Medical Center in 2011 set up one of the country's first accountable care organizations — in which doctors are rewarded for lowering unnecessary costs — is well aware of this.

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Sharing that information is a problem, though. The pursuit of an IT system in which records flow smoothly among the VA, military and private health care systems motivated Shulkin's decision in June to ditch the VA's digital

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health record system — built in-house since the late 1970s — in favor of a Cerner Corp. system.

But that transition will take five years at a bare minimum and could cost $16 billion, according to one estimate. “We haven’t figured out how to pay for it yet,” says Roe, who recently hired a staff IT expert to help oversee the undoubtedly difficult transition.

“This is a huge project,” Roe said. “It may be the biggest IT project in the country’s history.”

Small steps

Shulkin isn’t ready to give veterans unfettered choice in health care because, he acknowledges, the VA’s brand has been tattered so badly that free choice could lead to an exodus from the system that he estimates would add $20 billion a year to the VA’s budget.

“On a level field of competition, I do not believe that we would be treated fairly today, because I believe this agency has had years, if not decades, of neglect and failure to modernize,” Shulkin said.

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As a first step toward making VA care more focused, Shulkin has ordered administrators to take 5 percent of their budget — $3.5 billion total — away from care cheaply available in the private sector, like eyeglasses and flu shots, and use that money to double down on core VA services, such as treating traumatic brain and spinal cord injury, PTSD and providing orthotics.

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Message

From: IP [(b)(6)@frenchangel59.com]
Sent: 8/28/2017 7:18:37 PM
To: lper(b)(6)@gmail.com; (b)(6)@gmail.com; brucem(b)(6)@mac.com; mbs(b)(6)@gmail.com
CC: Secshulkin@gmail.com
Subject: Trump's most popular Cabinet secretary is Obama holdover - The VA's Shulkin has cut through red tape, made big changes.

I don't know if you saw this very interesting article praising Secretary Shulkin while describing the big problems he faces.

http://www.politico.com/story/2017/08/28/trump-shuklin-veterans-obama-holdover-242047

By **ARTHUR ALLEN**

08/28/2017 04:57 AM EDT

Secretary of Veterans Affairs David Shulkin sees his primary mission as reestablishing trust among veterans. | Cliff Owen/AP Photo.

VA Secretary David Shulkin has proved to be something unique in President Donald Trump's Washington: an Obama appointee nominated by Trump who is beloved by almost everyone and getting stuff done.

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By tweaking regulations, he has managed to fire hundreds of allegedly incompetent employees, publicized waiting times at Veterans Affairs clinics, gotten money to expand vets' treatment by private doctors, and expanded care for isolated vets through telemedicine and mobile phones, while promising to close 430 vacant VA buildings and speed up benefit awards. Shulkin also made a bold — and risky — decision to bypass contracting rules to buy a $16 billion digital health record system.

"What motivates me and what motivates Dr. Shulkin is the same, to provide the best care to veterans," said Rep. Phil Roe (R-Tenn.), chairman of the Veterans Affairs Committee. "I don't know whether he's a Republican or Democrat, and I could care less."

But there's a reason Shulkin was Trump's fourth choice for the VA job — or possibly the fifth, or the 10th, depending on whom you ask. The VA, with 350,000 employees and 1,250 health care sites, is a political quagmire. Not many people want to clean up others' messes with hundreds of people looking over their shoulder.

The VA's conservative critics are holding their fire now that a GOP administration and Congress control the agency. But savaging from both left and right is likely to start up again if Shulkin's mission flags. That could easily happen.

The administration and Congress must agree on a way to scrap or overcome budget caps to fund an ambitious Shulkin agenda that includes building up the $70 billion VA health

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system from within while simultaneously enabling veterans to get care outside its doors.

Shulkin sees his primary mission as reestablishing trust among veterans. After taking office, he got legislation passed that makes it easier to fire poorly performing staff, and he quickly relieved several top officials, including Brian Hawkins, head of the Washington, D.C., VA Center. (The federal Merit Systems Protection Board ordered Hawkins reinstated, but Shulkin sidelined him in an administrative job.)

In a bold stroke for transparency, he made the VA the first health care system in the country to publish waiting times at its clinics. With equal decisiveness, in June, he decided to scrap the VA's venerable IT system with a one-source contract. He got a Department of Justice ruling to help expand the ability of isolated veterans to see doctors remotely, through telemedicine and mobile apps.

All the while, Shulkin has held at bay libertarian groups like the Concerned Veterans of America, who are inclined to allow vets to freely choose to see doctors outside the VA. Shulkin said recently that privatization of the VA "won't happen while I'm in office."

In a reflection of Shulkin's determination to bolster the VA's health care services even while expanding veterans' options, when Trump signed an emergency $2.1 billion measure to continue funding for the 2014 Veterans Choice Act, the bill also included $1.8 billion to strengthen 28 VA hospitals.

But these steps only nibble at the edges of the main issue, which is how to satisfy the health

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needs of veterans without breaking the VA system, whose costs have been climbing at 5 percent annually. With budget caps near bursting, Congress needs to develop legislation this fall that will keep the faith with veterans while staying under those caps.

"It's not clear that Shulkin or the Hill have a complete grasp on how big their budget hole is, let alone the willingness to fill it," says Phillip Carter of the Center for a New American Security, a centrist think tank. "They can't build two parallel systems with no regard for cost and no guiding principles for how to allocate care. It's not politically viable or feasible."

Tough decisions earn respect

Shulkin has managed to get work done under an erratic president by "making sure he is not tapped to make decisions outside of Veterans Affairs," says one colleague. Shulkin, whose nomination was unanimously approved by the Senate in February, isn't registered with either party, and no one seems to know whether he leans Democratic or Republican.

Former President Barack Obama appointed him to lead the VA's health system in 2015, but "my only party is the veteran's party," he told POLITICO in an interview at his office.

Trump has had nothing but praise for Shulkin, and he enjoys great popularity in the Senate and House, where Roe says that Shulkin's medical background gives him insights that his two predecessors, Eric Shinseki and Bob McDonald, didn't have.

"We think alike — it's almost scary sometimes," said Roe, himself an obstetrician.

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"He'll say the same thing that I'd been thinking."

Shulkin's frankness and accessibility have won fans across the spectrum, even from those who question his actions — an irregularity in polarized Washington.

"He's a very impressive person. He can drill down on the VA's problems, explain them and find solutions that draw on his private-sector knowledge," said Dan Caldwell, policy director for Koch Industries-backed Concerned Veterans of America, which, unlike Shulkin, wants to allow vets to freely seek care at private facilities.

"So far in his tenure, he has shown leadership and ability to focus on veterans, to keep ideology out of the equation and work in a bipartisan way," said Julia Brownley of California, a senior Democrat on the House Veterans Committee.

Shulkin has yet to nominate several senior deputies — including undersecretaries of health and benefits, and a chief information officer to oversee the acquisition of a new records system. Two VA IT workers who spoke on condition of anonymity said the lack of high-level leadership had left them twiddling their thumbs.

Although many IT specialists in and out of the VA question Shulkin's decision to ditch the agency's 40-year-old digital record system, one official who opposed the decision said IT officials had resigned themselves to work on it — largely because they respect Shulkin as a leader.

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AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 8/14/2017 11:29:24 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

Yes I see, no disagreement, viv usually gets a list of vacant 15 positions and those looking for detailees. She usually can find people a slot very quickly and could potentially do it before Tom comes.

On Aug 13, 2017 10:56 PM, "David Shulkin" <drshulkin@aol.com> wrote:
Wouldn't we rather detail him to something like the wh hotline or Human Resources or the accountability office- why have him on the 10 th floor

Sent from my iPad

On Aug 13, 2017, at 7:34 PM, (b) (6) <(b) (6)@gmail.com> wrote:

> On paper he is the EA to the Chief of Staff and collaterally also Chief of Mission Operations (travel). However - is detailed into a non existent FTE as Special Advisor to the Deputy Secretary. Similar scenario as me.
>
> On Sun, Aug 13, 2017 at 7:32 PM David shulkin <Drshulkin@aol.com> wrote:
> What is (b) (6) position?
>
> Sent from my iPhone
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 8/14/2017 2:56:01 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

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Sent from my iPad

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> Sent from my iPhone
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/14/2017 12:16:03 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Ok - whatever you think

Sent from my iPhone

On Aug 13, 2017, at 7:43 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> I know Vivieca wouldn't want him back as her EA for trust reasons. We wouldn't want him managing your travel for trust reasons, there's enough chatter without him there from other people. But this would be his fall back position of record. He may have a relationship with Tom, I can't recall. Cannot speak to what he does, I'm not sure. Maybe there is another 15 in the organization he can do as a lawyer or whatever.
>
> On Sun, Aug 13, 2017 at 7:35 PM David shulkin <Drshulkin@aol.com> wrote:
> Yes i dont think we should continue that detail - do you?
>
> Sent from my iPhone
>
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>
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 8/13/2017 11:43:25 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/13/2017 11:37:57 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Better to start with a clean slate than continue bad habits

Sent from my iPhone

On Aug 13, 2017, at 7:34 PM, (b) (6) <(b) (6) @gmail.com> wrote:

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/13/2017 11:35:40 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Yes i dont think we should continue that detail - do you?

Sent from my iPhone

On Aug 13, 2017, at 7:34 PM, (b) (6) <(b) (6) @gmail.com> wrote:

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 8/13/2017 11:34:29 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

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Sent from my iPhone

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From: David shulkin [Drshulkin@aol.com]
Sent: 8/13/2017 11:32:27 PM
To: (b) (6) [(b) (6) @gmail.com]

What is (b) (6) position?

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/7/2017 5:02:25 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: CHRO

Peter - peter.shelby@va.gov

Poonam (b) (6) n@hotmail.com

Sent from my iPhone

> On Aug 7, 2017, at 12:10 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> I would like to speak to Peter Shelby. Also, can I get Poonam's email or phone?
> Thanks.
>
> Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/19/2017 7:10:09 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
Subject: Fwd: [EXTERNAL] Follow up undersecretary

Ike- this was the other candidate for the Undersecretary that as you can see just withdrew

David

From: (b) (6) [(b) (6)@aol.com]
Sent: Friday, August 18, 2017 09:21 PM Eastern Standard Time
To: DJS
Subject: [EXTERNAL] Follow up

David

I appreciate the opportunity to be considered for the position of Under Secretary of Veterans Affairs Health. We've received the diagnosis (b) (6), (b) (2)

[redacted]

I wish you and your team the very best for the great work you are doing.

Sincerely

(b)

On Aug 11, 2017, at 12:55 PM, DJS <vacodjs1@va.gov> wrote:

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Got it

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6) [(b) (6) @aol.com]
Sent: Friday, August 11, 2017 01:15 PM Eastern Standard Time
To: Shulkin, David J., MD
Cc: (b) (6)
Subject: [EXTERNAL] Thank you/Test

David
Thank you for talking with me this morning. I will update you in a few days, likely Wednesday at the latest.
Thank you again
(b)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/14/2017 10:57:08 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Draft response

Do you want to followup and push this?

Sent from my iPhone

On Aug 13, 2017, at 11:21 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> Yes, definitely. Will look into where we are with this- we were trying last year to get it off the ground.
> Thanks,
> Jen
>
> On Sun, Aug 13, 2017 at 8:17 PM, David shulkin <Drshulkin@aol.com> wrote:
> Jen- can you think about this and see if you think we should do
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6), (b) (2) (b) (6) gmail.com>
> **Date:** August 13, 2017 at 7:50:21 PM EDT
> **To:** David shulkin <drshulkin@aol.com>
> **Cc:** (b) (6), (b) (2) (b) (6) @gmail.com>, (b) (6), (b) (2) - DEKA <(b) (6) @dekaresearch.com>
> **Subject: Draft response**
>
> David
>
> I spoke with (b) (6), (b) (2) and some of his team. Herein are some draft responses.
> I believe this to be a great opportunity for VA to lead the nation and look forward to next steps
> Best
> (b) (6), (b) (2)
>
> First the questions below relate to the clinical trial:
>
> Do we need funding to pilot? -
>
> No we do not, we can fund the clinical trial.

AMERICAN OVERSIGHT

Do we need staff for data collection and home visits or do you guys have that?

We would ideally like the VA to commit to data collection as they will be taking care of patients – and since the initial IDE as currently envisioned uses simulated home environment there should be no need for home visits.

Note: that the machine has great abilities to send data directly to the cloud and we can work with VA to evolve many data intense systems in this direction.

If we amend the IDE to accommodate true home visits we can provide staff necessary to do the home visits and or supplement any VA needs, in most any situation.

What are the regulatory hurdles?

- there is an existing IDE so there should be no regulatory hurdles

Is there an irb protocol? -

Yes, can modify to work with VA as necessary.

Other logistic issues? - either directly or through a CRO.

We can work with VA to manage delivery of materials, drugs, devices etc.

Current VA CLCs would be feasible – and we can develop necessary training for the appropriate staff depending on who supports and staffs the CLC's.

We may also wish to use home nurses to train in the CLC's potentially if Vets wish to receive treatments in home.

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Sent: 8/14/2017 3:21:34 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Draft response

Yes, definitely. Will look into where we are with this- we were trying last year to get it off the ground.
Thanks,
Jen

On Sun, Aug 13, 2017 at 8:17 PM, David shulkin <Drshulkin@aol.com> wrote:
Jen- can you think about this and see if you think we should do

Sent from my iPhone

Begin forwarded message:

From: (b) (6), (b) (2) <(b) (6) @gmail.com>
Date: August 13, 2017 at 7:50:21 PM EDT
To: David shulkin <drshulkin@aol.com>
Cc: (b) (6), (b) (2) (b) (6) @gmail.com>, (b) (6), (b) (2) - DEKA <(b) (6) @dekaresearch.com>
Subject: Draft response

David

I spoke with (b) (6), (b) (2) and some of his team. Herein are some draft responses. I believe this to be a great opportunity for VA to lead the nation and look forward to next steps
Best
(b) (6), (b) (2)

First the questions below relate to the clinical trial:

Do we need funding to pilot? -

No we do not, we can fund the clinical trial.

Do we need staff for data collection and home visits or do you guys have that?

We would ideally like the VA to commit to data collection as they will be taking care of patients – and since the initial IDE as currently envisioned uses simulated home environment there should be no need for home visits.

AMERICAN OVERSIGHT

Note: that the machine has great abilities to send data directly to the cloud and we can work with VA to evolve many data intense systems in this direction.

If we amend the IDE to accommodate true home visits we can provide staff necessary to do the home visits and or supplement any VA needs, in most any situation.

What are the regulatory hurdles?

- there is an existing IDE so there should be no regulatory hurdles

Is there an irb protocol? -

Yes, can modify to work with VA as necessary.

Other logistic issues? - either directly or through a CRO.

We can work with VA to manage delivery of materials, drugs, devices etc.

Current VA CLCs would be feasible – and we can develop necessary training for the appropriate staff depending on who supports and staffs the CLC's.

We may also wish to use home nurses to train in the CLC's potentially if Vets wish to receive treatments in home.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/14/2017 12:17:18 AM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Fwd: Draft response

Jen- can you think about this and see if you think we should do

Sent from my iPhone

Begin forwarded message:

From: (b) (6), (b) (2) <(b) (6) @gmail.com>
Date: August 13, 2017 at 7:50:21 PM EDT
To: David shulkin <drshulkin@aol.com>
Cc: (b) (6), (b) (2) (b) (6) @gmail.com>, (b) (6), (b) (2) - DEKA <(b) (6) @dekaresearch.com>
Subject: Draft response

David

I spoke with (b) (6), (b) (2) and some of his team. Herein are some draft responses. I believe this to be a great opportunity for VA to lead the nation and look forward to next steps
Best
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AMERICAN OVERSIGHT

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We may also wish to use home nurses to train in the CLC's potentially if Vets wish to receive treatments in home.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/11/2017 12:11:54 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Close Call- Todays top CNN story

Yup

Sent from my iPhone

On Aug 10, 2017, at 7:40 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> http://www.cnn.com/2017/08/10/politics/kfile-sam-clovis-on-the-radio/index.html
>
> We have to be indebted to our Protection Team!!
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/10/2017 11:40:08 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Close Call- Todays top CNN story

http://www.cnn.com/2017/08/10/politics/kfile-sam-clovis-on-the-radio/index.html

We have to be indebted to our Protection Team!!

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/25/2017 7:31:57 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Animal research update

Agree

Sent from my iPhone

On Aug 25, 2017, at 3:23 PM, David shulkin <Drshulkin@aol.com> wrote:

> Yup
>
> Not the time though to tackle - tom
> Will do
>
> Sent from my iPhone
>
> On Aug 25, 2017, at 2:43 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Of note- how John continues to include Jake unnecessarily and Darin even when he is no longer here
> >
> > Sent from my iPad
> >
> > Begin forwarded message:
> >
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** August 25, 2017 at 2:31:51 PM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: Animal research update**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Ullyot, John
> > **Sent:** Friday, August 25, 2017 02:30 PM Eastern Standard Time
> > **To:** Tucker, Brooks; Alaigh, Poonam, M.D.; DJS
> > **Cc:** Cashour, Curtis; Hutton, James; Pape, Lisa M.; Beck, Lucille B.; Jensen, Jon M.; Johnson, Glenn; Leinenkugel, Jake; Selnick, Darin
> > **Subject:** Re: Animal research update
> >
> > Thanks Brooks — adding Jake and Darin for awareness as the WH should help us block anything.
> >
> > John U.

AMERICAN OVERSIGHT

From: "Tucker, Brooks" <Brooks.Tucker@va.gov>
Date: Friday, August 25, 2017 at 2:27 PM
To: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>, DJS <vacodjs1@va.gov>
Cc: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>, Curt Cashour <Curt.Cashour@va.gov>, "Hutton, James" <James.Hutton@va.gov>, "Pape, Lisa M." <Lisa.Pape2@va.gov>, "Beck, Lucille B." <Lucille.Beck@va.gov>, "Jensen, Jon M." <Jon.Jensen@va.gov>, "Johnson, Glenn" <Glenn.Johnson3@va.gov>
Subject: RE: Animal research update

Thank you, Dr. Alaigh.

Please keep me and John Ullyot apprised on how you want to proceed and with whom from VHA.

OCLA will coordinate with Capitol Hill offices to ensure we have accurate and timely engagement that is synchronized.

Adding Jon Jensen and Glenn Johnson for ongoing awareness.

Brooks D. Tucker

Assistant Secretary

Office of Congressional and Legislative Affairs

O: (202) 461-6449

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

brooks.tucker@va.gov

AMERICAN OVERSIGHT

From: Alaigh, Poonam, M.D.
Sent: Friday, August 25, 2017 2:24 PM
To: DJS; Tucker, Brooks
Cc: Ullyot, John; Cashour, Curtis; Hutton, James; Pape, Lisa M.; Beck, Lucille B.
Subject: RE: Animal research update

Looping my team- I think (b) (6) should also be engaged

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Friday, August 25, 2017 02:20 PM Eastern Standard Time
To: Tucker, Brooks
Cc: Ullyot, John; Cashour, Curtis; Hutton, James; Alaigh, Poonam, M.D.
Subject: RE: Animal research update

Brooks- thanks for letting me know

I think we are best at this point to have VHA engage directly at this point with staff- either the head of research or the acting ISH if she feels comfortable, I think keeping this fact based and not political is the next step- after that I can consider getting involved

Sent with Good (www.good.com)

-----Original Message-----
From: Tucker, Brooks
Sent: Friday, August 25, 2017 09:07 AM Eastern Standard Time
To: DJS
Cc: Ullyot, John; Cashour, Curtis; Hutton, James; Alaigh, Poonam, M.D.
Subject: FW: Animal research update

Mr. Secretary, See below -recommend we discuss at your earliest convenience with John Ullyot and Dr. Alaigh in the room.

Respectfully,

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (202) 461-6449

AMERICAN OVERSIGHT

Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
brooks.tucker@va.gov

-----Original Message-----
From: Cashour, Curtis
Sent: Friday, August 25, 2017 8:25 AM
To: Tucker, Brooks
Cc: Ullyot, John; Hutton, James
Subject: Animal research update

I spoke with folks from PVA and DAV yesterday regarding animal research. They said the opponents of our canine research program are aggressively lobbying the Senate Appropriations Committee to pass the House bill that would gut our program. They said it's quite possible the Senate will simply pass the House bill with minimal changes.

Would it be possible to have SECVA call the chair and ranking member regarding this issue?

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/25/2017 7:22:03 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Animal research update

Yup

Not the time though to tackle - tom
Will do

Sent from my iPhone

On Aug 25, 2017, at 2:43 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Of note- how John continues to include Jake unnecessarily and Darin even when he is no longer here
>
> Sent from my iPad
>
> Begin forwarded message:
>
> **From:** "Alaigh, Poonam, M.D." (b) (6) @va.gov>
> **Date:** August 25, 2017 at 2:31:51 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: Animal research update**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Ullyot, John
> **Sent:** Friday, August 25, 2017 02:30 PM Eastern Standard Time
> **To:** Tucker, Brooks; Alaigh, Poonam, M.D.; DJS
> **Cc:** Cashour, Curtis; Hutton, James; Pape, Lisa M.; Beck, Lucille B.; Jensen, Jon M.; Johnson, Glenn; Leinenkugel, Jake; Selnick, Darin
> **Subject:** Re: Animal research update
>
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>
> John U.
>
> ---
>
> **From:** "Tucker, Brooks" <Brooks.Tucker@va.gov>
> **Date:** Friday, August 25, 2017 at 2:27 PM
> **To:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>, DJS <vacodjs1@va.gov>
> **Cc:** Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>, Curt Cashour <Curt.Cashour@va.gov>, "Hutton, James" <James.Hutton@va.gov>, "Pape, Lisa M." <Lisa.Pape2@va.gov>, "Beck, Lucille B."

AMERICAN OVERSIGHT

<Lucille.Beck@va.gov>, "Jensen, Jon M." <Jon.Jensen@va.gov>, "Johnson, Glenn" <Glenn.Johnson3@va.gov>
Subject: RE: Animal research update

Thank you, Dr. Alaigh.

Please keep me and John Ullyot apprised on how you want to proceed and with whom from VHA.

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Adding Jon Jensen and Glenn Johnson for ongoing awareness.

Brooks D. Tucker

Assistant Secretary

Office of Congressional and Legislative Affairs

O: (202) 461-6449

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

brooks.tucker@va.gov

From: Alaigh, Poonam, M.D.
Sent: Friday, August 25, 2017 2:24 PM
To: DJS; Tucker, Brooks
Cc: Ullyot, John; Cashour, Curtis; Hutton, James; Pape, Lisa M.; Beck, Lucille B.
Subject: RE: Animal research update

AMERICAN OVERSIGHT

Looping my team- I think [redacted] should also be engaged

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Friday, August 25, 2017 02:20 PM Eastern Standard Time
To: Tucker, Brooks
Cc: Ullyot, John; Cashour, Curtis; Hutton, James; Alaigh, Poonam, M.D.
Subject: RE: Animal research update

Brooks- thanks for letting me know

I think we are best at this point to have VHA engage directly at this point with staff- either the head of research or the acting ISH if she feels comfortable, I think keeping this fact based and not political is the next step- after that I can consider getting involved

Sent with Good (www.good.com)

-----Original Message-----
From: Tucker, Brooks
Sent: Friday, August 25, 2017 09:07 AM Eastern Standard Time
To: DJS
Cc: Ullyot, John; Cashour, Curtis; Hutton, James; Alaigh, Poonam, M.D.
Subject: FW: Animal research update

Mr. Secretary, See below -recommend we discuss at your earliest convenience with John Ullyot and Dr. Alaigh in the room.

Respectfully,

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Office of Congressional and Legislative Affairs
O: (202) 461-6449
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
brooks.tucker@va.gov

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From: Cashour, Curtis
Sent: Friday, August 25, 2017 8:25 AM
To: Tucker, Brooks
Cc: Ullyot, John; Hutton, James
Subject: Animal research update

AMERICAN OVERSIGHT

I spoke with folks from PVA and DAV yesterday regarding animal research. They said the opponents of our canine research program are aggressively lobbying the Senate Appropriations Committee to pass the House bill that would gut our program. They said it's quite possible the Senate will simply pass the House bill with minimal changes.

Would it be possible to have SECVA call the chair and ranking member regarding this issue?

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/25/2017 6:43:17 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: Animal research update

Of note- how John continues to include Jake unnecessarily and Darin even when he is no longer here

Sent from my iPad

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> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** August 25, 2017 at 2:31:51 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
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> **To:** Tucker, Brooks; Alaigh, Poonam, M.D.; DJS
> **Cc:** Cashour, Curtis; Hutton, James; Pape, Lisa M.; Beck, Lucille B.; Jensen, Jon M.; Johnson, Glenn; Leinenkugel, Jake; Selnick, Darin
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>
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>
> ---
>
> **From:** "Tucker, Brooks" <Brooks.Tucker@va.gov>
> **Date:** Friday, August 25, 2017 at 2:27 PM
> **To:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>, DJS <vacodjs1@va.gov>
> **Cc:** Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>, Curt Cashour <Curt.Cashour@va.gov>, "Hutton, James" <James.Hutton@va.gov>, "Pape, Lisa M." <Lisa.Pape2@va.gov>, "Beck, Lucille B." <Lucille.Beck@va.gov>, "Jensen, Jon M." <Jon.Jensen@va.gov>, "Johnson, Glenn" <Glenn.Johnson3@va.gov>
> **Subject:** RE: Animal research update
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AMERICAN OVERSIGHT

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brooks.tucker@va.gov

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Department of Veterans Affairs
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Washington, D.C. 20420
brooks.tucker@va.gov

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Cc: Ullyot, John; Hutton, James
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Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/12/2017 6:38:04 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: What about

Omg no

Sent from my iPhone

> On Aug 12, 2017, at 1:52 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> (b) (6) for the adush role- better than having nobody and we can buy time to find the right leader - struggling to think about a solution
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/12/2017 5:52:35 PM
To: David Shulkin [drshulkin@aol.com]
Subject: What about

(b) (6) for the adush role- better than having nobody and we can buy time to find the right leader - struggling to think about a solution

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 8/2/2017 10:36:49 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

https://law.stackexchange.com/questions/7100/can-the-president-veto-a-bill-that-was-passed-by-2-3-of-each-house

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/4/2017 1:33:55 PM
To: Bruce Moskowitz [brucem(b) (6)@mac.com]
Subject: Re: Geotagging

Sounds great

Thanks Bruce

Sent from my iPhone

> On Aug 4, 2017, at 7:32 AM, Bruce Moskowitz <brucemo(b) (6)mac.com> wrote:
>
> This is the group that can get this done in a matter of weeks if I twist his arm!
> https://www.azavea.com/about/teammate/robert-cheetham/
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucemo(b) (6)@mac.com]
Sent: 8/4/2017 11:32:11 AM
To: Poonam Alaigh [(b) (6)@hotmail.com]; David shulkin [drshulkin@aol.com]; (b) (6)@aol.com
Subject: Geotagging

This is the group that can get this done in a matter of weeks if I twist his arm!
https://www.azavea.com/about/teammate/robert-cheetham/

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/5/2017 7:35:40 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Did you know

Wow

Sent from my iPhone

> On Aug 5, 2017, at 2:38 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> (b) (6) has a (b) (6) and is still recovering
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 8/5/2017 6:38:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Did you know

(b) (6) has a (b) (6) and is still recovering

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/4/2017 10:27:17 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Did the prednisone help

No

Sent from my iPhone

> On Aug 4, 2017, at 5:32 AM, Poonam Alaigh o<(b) (6) n@hotmail.com> wrote:
>
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/4/2017 9:32:59 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Did the prednisone help

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/12/2017 10:29:08 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] Catch up
Attachments: AC CV 2017 .doc; ATT00001.htm; (b) (6) Bio 2017.docx; ATT00002.htm

Actually- on re-reading her note, she knows too much and has been a close friend of Joe and Karen- I would stay away. She is not operational, didn't run qualcare well, has a big mouth, name drops, and is looking for basically consulting and negotiating deals. We don't have that available

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." (b) (6) @va.gov>
> **Date:** August 12, 2017 at 6:25:08 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: [EXTERNAL] Catch up**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** DJS
> **Sent:** Saturday, August 12, 2017 04:57 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** FW: [EXTERNAL] Catch up
>
> Should we consider her?
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6) [(b) @(b) (6) com]
> **Sent:** Saturday, August 12, 2017 04:31 PM Eastern Standard Time
> **To:** Shulkin, David J., MD
> **Subject:** [EXTERNAL] Catch up
>
> David, I watched with pride the news conference today with the President. You did an outstanding job and congratulations on all the success with the VA and bringing some quality programs to our veterans.
> Since I left Cigna I have doing strategic and business development consulting for a couple of major health systems in the Northeast (not just NJ). I have included my CV and Bio. If I can be of any help to you

AMERICAN OVERSIGHT

Either in the Northeast or Southwest (I have a second home in Scottsdale), please let me know. I think I could help if you need assistance negotiating deals with providers in the community. Share my CV with your team if appropriate and if I can help don't hesitate to have someone on your team call.

Keep up the good work. With the other events of the day I'm sure it didn't go as you had planned, but It was still very impactful. Thanks again

(b) (6)

AMERICAN OVERSIGHT

(b) (6)

(b) (6)

(b) (6)

E-mail: (b) @(b) (6) com

EDUCATION:

(b) (6), (b) (2)

EXPERIENCE:

6/17-Present	(b) (6), (b) (2)
2000 – 4//17	
8/93 – 4/17	
2/09 – 4/17	

BOARD APPOINTMENTS:

- (b) (6), (b) (2)

CIVIC ASSOCIATIONS:

- (b) (6), (b) (2)

PROFESSIONAL ASSOCIATIONS:

- (b) (6), (b) (2)

AMERICAN OVERSIGHT

AWARDS:

2016 (b) (6), (b) (2)
2015
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AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

(b) (6)

(b) (6), (b) (2)

A Wholly-Owned Subsidiary of Cigna

(b) (6), (b) (2)

[redacted]

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 11:32:31 PM
To: IP [[redacted]@frenchangel59.com]
Subject: Re: RE:

Thanks so much Ike.

Sent from my iPhone

> On Aug 18, 2017, at 6:38 PM, IP <[redacted]@frenchangel59.com> wrote:
>
> David,
>
> I spoke to Poonam and we had a very good conversation. I am sure everything
> will be fine
>
> I will discuss tomorrow. We need more people like Poonam.
>
> All my Best,
>
> Ike
>
> -----Original Message-----
> From: David Shulkin [mailto:secshulkin@gmail.com]
> Sent: Friday, August 18, 2017 4:52 PM
> To: Ike Perlmutter
> Subject:
>
> Ike- Poonam is getting really anxious about not hearing any decision on the
> UnderSecretary Nomination and is thinking its not going to happen and
> beginning to talk about leaving.
>
> If there is anyway we can get the White House office to reassure her- it
> would help a lot.
>
> There may be nothing we can do at this point but i thought I would mention
> it to you
>
> Thanks
>
> David
>
> Sent from my iPhone
>

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 8/18/2017 10:38:03 PM
To: 'David Shulkin' [secshulkin@gmail.com]
Subject: RE:

David,

I spoke to Poonam and we had a very good conversation. I am sure everything will be fine

I will discuss tomorrow. We need more people like Poonam.

All my Best,

Ike

-----Original Message-----
From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Friday, August 18, 2017 4:52 PM
To: Ike Perlmutter
Subject:

Ike- Poonam is getting really anxious about not hearing any decision on the UnderSecretary Nomination and is thinking its not going to happen and beginning to talk about leaving.

If there is anyway we can get the White House office to reassure her- it would help a lot.

There may be nothing we can do at this point but i thought I would mention it to you

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 8:51:35 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]

Ike- Poonam is getting really anxious about not hearing any decision on the UnderSecretary Nomination and is thinking its not going to happen and beginning to talk about leaving.

If there is anyway we can get the White House office to reassure her- it would help a lot.

There may be nothing we can do at this point but i thought I would mention it to you

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/8/2017 12:52:59 AM
To: Marc Sherman [mbsh(b) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Sounds good- looking forward to it!

On Mon, Aug 7, 2017 at 8:51 PM Marc Sherman <mbs(b) (6) @gmail.com> wrote:
I am available next Thursday, but not Wednesday. Let's just keep dinner for this Wednesday and I will endeavor to change my conflict and come to DC.

On Mon, Aug 7, 2017 at 7:39 PM, Poonam Alaigh <(b) (6) @gmail.com> wrote:
Actually only Wednesday 8/16 dinner works for me next week

On Mon, Aug 7, 2017 at 7:14 PM Poonam Alaigh <(b) (6) @gmail.com> wrote:
Marc, I am traveling Thursday onwards this week and returning to dc next week and available Wednesday 8/16 or Thursday 8/17 if it happens to work. Not sure if any of those days work for David though.

On Mon, Aug 7, 2017 at 5:00 PM Marc Sherman <mbs(b) (6) @gmail.com> wrote:
Poonam and David

I have a conflict for Wednesday dinner. I now can't be in DC that day. I am so sorry. Is there any chance that you could make Thursday work instead?

Marc

On Fri, Aug 4, 2017 at 5:37 PM, Poonam Alaigh <(b) (6) @gmail.com> wrote:
Awesome- lets confirm 6:30pm at your favorite restaurant- send me the name again. Have wonderful weekend to both of you.

On Fri, Aug 4, 2017 at 5:22 PM Marc Sherman <mbs(b) (5) gmail.com> wrote:
Yes, looking forward to it. We can pick place and time that morning? Have a great weekend.

Marc Sherman
(b) (6)

On Aug 3, 2017 6:02 PM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc/- spoke to david, he is not sure of his schedule for next Wednesday with stuff influx/ the two of us can meet and hopefully David can join- does that still works for you?

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Tuesday or Wednesday next week (August 8 or 9)?

AMERICAN OVERSIGHT

Marc Sherman
(b) (6)

On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 8/8/2017 12:51:57 AM
To: Poonam Alaigh [(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

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Marc Sherman
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On Aug 3, 2017 6:02 PM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
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I can make it work- hopefully David can too

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Marc Sherman
(b) (6)

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AMERICAN OVERSIGHT

Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/7/2017 11:39:29 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

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Tuesday or Wednesday next week (August 8 or 9)?

Marc Sherman
(b) (6)

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Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/7/2017 11:14:36 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Marc, I am traveling Thursday onwards this week and returning to dc next week and available Wednesday 8/16 or Thursday 8/17 if it happens to work. Not sure if any of those days work for David though.

On Mon, Aug 7, 2017 at 5:00 PM Marc Sherman <mbs(b) (6) @gmail.com> wrote:
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Marc Sherman
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Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/7/2017 10:17:57 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: Coming weeks

Marc- not a problem

Unfortunately i am not available thursday evening

David

Sent from my iPhone

On Aug 7, 2017, at 5:00 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> Poonam and David
>
> I have a conflict for Wednesday dinner. I now can't be in DC that day. I am so sorry. Is there any chance that you could make Thursday work instead?
>
> Marc
>
> On Fri, Aug 4, 2017 at 5:37 PM, Poonam Alaigh <(b) (6) @gmail.com> wrote:
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>
> On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
> Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 8/7/2017 9:00:49 PM
To: Poonam Alaigh [(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Poonam and David

I have a conflict for Wednesday dinner. I now can't be in DC that day. I am so sorry. Is there any chance that you could make Thursday work instead?

Marc

On Fri, Aug 4, 2017 at 5:37 PM, Poonam Alaigh <(b) (6) @gmail.com> wrote:
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Marc Sherman
(b) (6)

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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/4/2017 9:37:46 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Awesome- lets confirm 6:30pm at your favorite restaurant- send me the name again. Have wonderful weekend to both of you.

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Yes, looking forward to it. We can pick place and time that morning? Have a great weekend.

Marc Sherman
(b) (6)

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Tuesday or Wednesday next week (August 8 or 9)?

Marc Sherman
(b) (6)

On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 8/4/2017 9:22:42 PM
To: Poonam Alaigh [(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Yes, looking forward to it. We can pick place and time that morning? Have a great weekend.

Marc Sherman
(b) (6)

On Aug 3, 2017 6:02 PM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc/- spoke to david, he is not sure of his schedule for next Wednesday with stuff influx/ the two of us can meet and hopefully David can join- does that still works for you?

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I can make it work- hopefully David can too

On Wed, Aug 2, 2017 at 8:38 AM Marc Sherman <mbsh(b) (6) @gmail.com> wrote:
Tuesday or Wednesday next week (August 8 or 9)?

Marc Sherman
(b) (6)

On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/3/2017 10:02:05 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Marc/- spoke to david, he is not sure of his schedule for next Wednesday with stuff influx/ the two of us can meet and hopefully David can join- does that still works for you?

On Wed, Aug 2, 2017 at 9:50 AM Poonam Alaigh <(b) (6) @gmail.com> wrote:
I can make it work- hopefully David can too

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Tuesday or Wednesday next week (August 8 or 9)?

Marc Sherman
(b) (6)

On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/2/2017 2:08:06 PM
To: Poonam Alaigh [(b) (6) @gmail.com]
Subject: Re: Coming weeks

Im not scheduling anything due to my (b) but if i feel better i would be glad to

Sent from my iPhone

On Aug 2, 2017, at 9:51 AM, Poonam Alaigh <(b) (6) @gmail.com> wrote:

> Sorry- meant Wednesday Aug 9th can work - david?
>
> On Wed, Aug 2, 2017 at 9:50 AM Poonam Alaigh <(b) (6) @gmail.com> wrote:
> I can make it work- hopefully David can too
>
> On Wed, Aug 2, 2017 at 8:38 AM Marc Sherman <mbs(b) (6) @gmail.com> wrote:
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> (b) (6)
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> Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/2/2017 1:51:58 PM
To: Marc Sherman [mb(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Sorry- meant Wednesday Aug 9th can work - david?

On Wed, Aug 2, 2017 at 9:50 AM Poonam Alaigh <(b) (6) @gmail.com> wrote:
I can make it work- hopefully David can too

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(b) (6)

On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/2/2017 1:50:52 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

I can make it work- hopefully David can too

On Wed, Aug 2, 2017 at 8:38 AM Marc Sherman <mbs(b) (6) @gmail.com> wrote:
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Marc Sherman
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On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
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AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 8/2/2017 12:38:16 PM
To: (b) (6) @gmail.com
CC: Secshulkin@gmail.com
Subject: Re: Coming weeks

Tuesday or Wednesday next week (August 8 or 9)?

Marc Sherman
(b) (6)

On Aug 2, 2017 6:34 AM, "Poonam Alaigh" <(b) (6) @gmail.com> wrote:
Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/2/2017 10:34:41 AM
To: mbs(b) (6) @gmail.com
CC: David Shulkin [Secshulkin@gmail.com]
Subject: Coming weeks

Marc- are you in town for a catch up dinner with david and I ? A lot happening and would be good for us to meet

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/5/2017 5:54:29 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Yes id like to change it-

Sent from my iPhone

On Aug 5, 2017, at 8:34 AM, (b) (6) <(b) (6) @gmail.com> wrote:

> feels like the same place when I worked up there the last time. Being apart of the group, I felt wierd bc I was able to think outside the box. Coming back to VHA was the best thing ever.
>
> On Aug 4, 2017 7:17 AM, "David Shulkin" <drshulkin@aol.com> wrote:
> Ok- now I know
>
> I need to decide who I replace first that would increase the overall team IQ the most
>
> Sent from my iPad
>
> On Aug 4, 2017, at 7:10 AM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> > I heard it was cancelled bc the team said you wouldn't like it and those people said that it would take up too much room. People also complained that it would take too long to set up (5hours) which was not true. It would've taken 1hr or 1.5hr at most. It was made into one of those unnecessary big deals. It could've been set up and if you didn't like it, they would've came back to take it down.
> >
> > On Aug 4, 2017 6:59 AM, "David shulkin" <Drshulkin@aol.com> wrote:
> > Do you know what ever happened to my stand up desk?
> >
> > Sent from my iPhone
>
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 8/5/2017 12:34:57 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

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Sent from my iPad

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> Do you know what ever happened to my stand up desk?
>
> Sent from my iPhone

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 8/4/2017 11:16:56 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Ok- now I know

I need to decide who I replace first that would increase the overall team IQ the most

Sent from my iPad

On Aug 4, 2017, at 7:10 AM, (b) (6) <(b) (6) @gmail.com> wrote:

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> Do you know what ever happened to my stand up desk?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 8/4/2017 11:10:00 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I heard it was cancelled bc the team said you wouldn't like it and those people said that it would take up too much room. People also complained that it would take too long to set up (5hours) which was not true. It would've taken 1hr or 1.5hr at most. It was made into one of those unnecessary big deals. It could've been set up and if you didn't like it, they would've came back to take it down.

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> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/4/2017 10:59:10 AM
To: (b) (6) [(b) (6) @gmail.com]

Do you know what ever happened to my stand up desk?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/5/2017 6:03:20 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: No more tantrums

Stay off your feet as much as you can over the weekend and also in the office- try alternate cold and hot compressors in addition to everything else you are doing

So relieved that I at least heard from you - was hoping you didn't end up in the ER or something with the way you sounded yesterday. I know it will get better, but want it to be soon.

Sent from my iPad

On Aug 5, 2017, at 1:53 PM, David shulkin <Drshulkin@aol.com> wrote:

> No - not any better-
>
> no - he is a surgeon and i want to hold off on surgery for a few more weeks if i can
>
> The airport walks yesterday really destroyed me- My support teams are idiots- why they could get me carts instead of me walking i dont know- surrounded by incompetent peopke
>
> Sent from my iPhone
>
> On Aug 5, 2017, at 1:24 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Pain any better- did you talk to that (b) person that Es mentioned? Getting worried since I haven't heard from you
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) @hotmail.com
> > **Date:** August 4, 2017 at 7:04:06 PM EDT
> > **To:** David Shulkin <drshulkin@aol.com>
> > **Subject: No more tantrums**
> >
> > I will work on it, that is ny word to you- really bothered that I make your pain worse- apologies. Just call me this weekend if you can to discuss Bruce and Ike - don't call Ike before we speak.
> >
> > Let me know what I can do to be there for you .
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/5/2017 5:53:23 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: No more tantrums

No - not any better-

no - he is a surgeon and i want to hold off on surgery for a few more weeks if i can

The airport walks yesterday really destroyed me- My support teams are idiots- why they could get me carts instead of me walking i dont know- surrounded by incompetent peopke

Sent from my iPhone

On Aug 5, 2017, at 1:24 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Pain any better- did you talk to that (b) person that Es mentioned? Getting worried since I haven't heard from you
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) @hotmail.com
> **Date:** August 4, 2017 at 7:04:06 PM EDT
> **To:** David Shulkin <drshulkin@aol.com>
> **Subject: No more tantrums**
>
> I will work on it, that is ny word to you- really bothered that I make your pain worse- apologies. Just call me this weekend if you can to discuss Bruce and Ike - don't call Ike before we speak.
>
> Let me know what I can do to be there for you .
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/5/2017 5:24:58 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: No more tantrums

Pain any better- did you talk to that (b) person that Es mentioned? Getting worried since I haven't heard from you

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) @hotmail.com
> **Date:** August 4, 2017 at 7:04:06 PM EDT
> **To:** David Shulkin <drshulkin@aol.com>
> **Subject: No more tantrums**
>
> I will work on it, that is ny word to you- really bothered that I make your pain worse- apologies. Just call me this weekend if you can to discuss Bruce and Ike - don't call Ike before we speak.
>
> Let me know what I can do to be there for you .
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/4/2017 10:00:12 PM
To: (b) [(b) (6) hotmail.com]
Subject: Fwd: Fox News

The derm part was the big hit

Sent from my iPhone

Begin forwarded message:

> **From:** Marc Sherman <mbs(b) (6) @gmail.com>
> **Date:** August 4, 2017 at 5:22:55 PM EDT
> **To:** IP <(b)@frenchangel59.com>, L Perl <(b) (6) @gmail.com>, Bruce Moskowitz <brucem(b) (6) @mac.com>, Secshulkin@gmail.com, Poonam Alaigh <(b) (6) @gmail.com>
> **Subject: Fox News**
>
> I am not sure this is what was sent out last week, but this is a great piece that has tremendous benefits in many many regards.
>
> http://video.foxnews.com/v/5531164928001/?#sp=show-clips
>
> Marc
>
> Marc Sherman
> (b) (6)

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/4/2017 9:59:53 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; Poonam Alaigh [(b) (6) @gmail.com]
Subject: Re: Fox News

Thanks had not seen

Sent from my iPhone

On Aug 4, 2017, at 5:22 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> I am not sure this is what was sent out last week, but this is a great piece that has tremendous benefits in many many regards.
>
> http://video.foxnews.com/v/5531164928001/?#sp=show-clips
>
> Marc
>
> Marc Sherman
> (b) (6)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 8/4/2017 9:22:55 PM
To: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; Secshulkin@gmail.com; Poonam Alaigh [(b) (6) @gmail.com]
Subject: Fox News

I am not sure this is what was sent out last week, but this is a great piece that has tremendous benefits in many many regards.

http://video.foxnews.com/v/5531164928001/?#sp=show-clips

Marc

Marc Sherman
(b) (6)

AMERICAN OVERSIGHT

Message

From: (b) (6), (b) (b) (6) @va.gov]
Sent: 8/10/2017 6:25:36 PM
To: David shulkin [Drshulkin@aol.com]
CC: (b) (6) [(b) (6) @gmail.com]
Subject: RE:

Will do

(b) (6), (b) (2)

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, August 10, 2017 2:21 PM
To: (b) (6), (b) (2)
Cc: (b) (6)
Subject:

Lets tweet the cabinet member of the day video and tweet out the ny times article on dc va

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/10/2017 6:20:44 PM
To: (b) (6), (b) [(b) (6) @va.gov]
CC: (b) (6) [(b) (6) @gmail.com]

Lets tweet the cabinet member of the day video and tweet out the ny times article on dc va

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/29/2017 9:43:15 PM
To: Drshulkin@aol.com
Subject: South Korea

I am not going- I told (b) already

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/14/2017 2:13:21 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Darin

I joined the call early today and no one knew I was on- before you and Vivieca got there and it was primarily Jake and the pin heads and Jake was the King Pin holding court with them and telling them what to do - as soon as the others arrived - there was drop dead silence as though nothing else happened

Sent from my iPad

> On Aug 14, 2017, at 10:10 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> 18 th
>
> Sent from my iPhone
>
>> On Aug 14, 2017, at 8:32 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> When is he leaving- he is monopolizing meetings still and wants to hear his own voice- he is obsessed with VHA and is purposefully developing a close relationship with the VSOs in addition to the Hill - he is on a mission
>>
>> Sent from my iPhone
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/14/2017 2:10:27 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Darin

18 th

Sent from my iPhone

> On Aug 14, 2017, at 8:32 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> When is he leaving- he is monopolizing meetings still and wants to hear his own voice- he is obsessed with VHA and is purposefully developing a close relationship with the VSOs in addition to the Hill - he is on a mission
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/14/2017 12:32:49 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Darin

When is he leaving- he is monopolizing meetings still and wants to hear his own voice- he is obsessed with VHA and is purposefully developing a close relationship with the VSOs in addition to the Hill - he is on a mission

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/31/2017 2:48:56 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Despite the pain
Attachments: IMG_0265.JPG; ATT00001.txt

I was able to capture a partial but awesome smile!! Hope you feel better!

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 7/28/2017 1:59:22 AM
To: (@frenchangel59.com; lper(b) @gmail.com; (b @frenchangel59.com; brucemc(b) (6) @mac.com; mbs(b) (6) @gmail.com; Secshulkin@gmail.com
Subject: Re: New email

Adding David's new email too

On Thursday, July 27, 2017, Poonam Alaigh <(b) (6) @gmail.com> wrote:
Please note my new email for future communication amongst us. Looking forward to us connecting on Sunday. Thanks

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/28/2017 1:55:36 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: New email

Secshulkin@gmail.com is the new email for ike's communications in the future

Sent from my iPhone

Begin forwarded message:

> **From:** Poonam Alaigh <(b) (6) @gmail.com>
> **Date:** July 27, 2017 at 9:54:10 PM EDT
> **To:** (b) @frenchangel59.com, lper(b) (6) @gmail.com, (b) @frenchangel59.com, brucem(b) (6) @mac.com, mbs(b) (6) @gmail.com, Drshulkin@aol.com
> **Subject: New email**
>
> Please note my new email for future communication amongst us. Looking forward to us connecting on Sunday. Thanks

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 7/28/2017 1:54:10 AM
To: (@frenchangel59.com; lper(b) @gmail.com; (b @frenchangel59.com; brucem(b) (6) @mac.com; mbs(b) (6) @gmail.com; Drshulkin@aol.com
Subject: New email

Please note my new email for future communication amongst us. Looking forward to us connecting on Sunday. Thanks

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/8/2017 11:21:16 AM
To: Ike Perlmutter [(b)(6)@frenchangel59.com]
Subject: UnderSecretary candidates

Ike- The Commission on the UnderSecretary forwarded 4 names to the White House for consideration

Poonam Alaigh MD
(b) (6) MD
(b) (6) MD
And a fourth doctor from Caremoor in California

They have indicated a preference for Dr Heyt

Dr (b) was supposed to visit with me this week but rescheduled due to personal issues -- this again delays the process and im growing concerned about how long it will take to get a new person in and up to speed- We have too much going on as you know

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/30/2017 5:02:07 PM
To: (b) (6) [(b) (6)@gmail.com]
Subject: Re: Invictus

I think you are right

Lets stick to the opening

Sent from my iPhone

On Jul 30, 2017, at 12:07 PM, (b) (6) <(b) (6)@gmail.com> wrote:

> I don't think this means potus is going :
>
> See he asks if you are leading the closing Presidential Delegation
>
> I took that to mean are you leading for the US
>
> I'll verify but we don't get quick responses about potus schedule for events.
>
> On Sun, Jul 30, 2017 at 12:05 PM David shulkin <Drshulkin@aol.com> wrote:
> Does this mean flotus is opening and potus is closing?
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "(b) (6), (b) (2) EOP/WHO" <(b) (6)@who.eop.gov>
> > **Date:** July 30, 2017 at 11:58:32 AM EDT
> > **To:** "(b) (6), (b) (2) EOP/WHO" <(b) (6)@who.eop.gov>
> > **Cc:** "(b) (6), (b) (2) (b) (6)va.gov>, drshulkin <drshulkin@aol.com>
> > **Subject: Re: Invictus**
> >
> > Will the Secretary be there for the Opening Ceremonies on Sept 23? If so, I assume he would like to join the Presidential Delegation that is lead by FLOTUS. Or will he be going for the closing and leading the Presidential Delegation for those ceremonies?
> >
> > I met with our embassy staff and Invictus Games organizers last week in Toronto and will be presenting options to FLOTUS next week, so we can lay out her schedule.
> >
> > Thanks
> > (b) (6), (b)
>
> Sent from my iPhone

AMERICAN OVERSIGHT

On Jul 30, 2017, at 11:54 AM, (b) (6), (b) (2) EOP/WHO (b) (6) @who.eop.gov> wrote:

Good Afternoon,

So glad to hear the Secretary will be attending! Our operations team just returned from the pre-advance and we are still working on travel details since we have UNGA the previous week in NYC.

We will keep you in the loop as we confirm travel plans in an attempt to coordinate.

Have a lovely day,

(b) (6),

Sent from my iPhone

> On Jul 30, 2017, at 11:50 AM, (b) (6), (b) (2) (b) (6) va.gov> wrote:
>
> Good Morning Mrs. (b) (6), (b)
>
> We were excited to hear that the First Lady will be attending the Invictus Games this year in Toronto. Secretary Shulkin is also scheduled to be at the games.
>
> Do you believe there is an opportunity for them to travel to the games together? We would welcome the opportunity to coordinate some appearances together.
>
> Best,
> (b) (6)
>
> (b) (6)
> Special Advisor to the Secretary
> Department of Veterans Affairs

AMERICAN OVERSIGHT

(b) (6) va.gov

(b) (6)

--

Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 7/30/2017 4:07:59 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Invictus

I don't think this means potus is going :

See he asks if you are leading the closing Presidential Delegation

I took that to mean are you leading for the US

I'll verify but we don't get quick responses about potus schedule for events.

On Sun, Jul 30, 2017 at 12:05 PM David shulkin <Drshulkin@aol.com> wrote:
Does this mean flotus is opening and potus is closing?

Sent from my iPhone

Begin forwarded message:

> **From:** "(b) (6) . EOP/WHO" (b) (6) @who.eop.gov>
> **Date:** July 30, 2017 at 11:58:32 AM EDT
> **To:** "(b) (6) . EOP/WHO" (b) (6) @who.eop.gov>
> **Cc:** "(b) (6) ." (b) (6) va.gov>, drshulkin <drshulkin@aol.com>
> **Subject: Re: Invictus**
>
> Will the Secretary be there for the Opening Ceremonies on Sept 23? If so, I assume he would like to join the Presidential Delegation that is lead by FLOTUS. Or will he be going for the closing and leading the Presidential Delegation for those ceremonies?
>
> I met with our embassy staff and Invictus Games organizers last week in Toronto and will be presenting options to FLOTUS next week, so we can lay out her schedule.
>
> Thanks
> (b) (6)
>
> Sent from my iPhone
>
> > On Jul 30, 2017, at 11:54 AM, (b) (6) EOP/WHO (b) (6) @who.eop.gov> wrote:
> >
> > Good Afternoon,

AMERICAN OVERSIGHT

So glad to hear the Secretary will be attending! Our operations team just returned from the pre-advance and we are still working on travel details since we have UNGA the previous week in NYC.

We will keep you in the loop as we confirm travel plans in an attempt to coordinate.

Have a lovely day,

(b) (6)

Sent from my iPhone

> On Jul 30, 2017, at 11:50 AM, (b) (6) R. (b) (6) va.gov> wrote:
>
> Good Morning Mrs. (b) (6)
>
> We were excited to hear that the First Lady will be attending the Invictus Games this year in Toronto. Secretary Shulkin is also scheduled to be at the games.
>
> Do you believe there is an opportunity for them to travel to the games together? We would welcome the opportunity to coordinate some appearances together.
>
> Best,
> (b) (6)
>
> (b) (6)
> Special Advisor to the Secretary
> Department of Veterans Affairs
> (b) (6) va.gov
> (b) (6)

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/5/2017 5:58:32 PM
To: Thomas Bowman [(b) (6) @yahoo.com]
Subject: Fwd:

Dont know if you caught the clip below

Sent from my iPhone

Begin forwarded message:

> **From:** DJS <vacodjs1@va.gov>
> **Date:** August 5, 2017 at 1:47:02 PM EDT
> **To:** 'Shulkin ' <drshulkin@aol.com>
>
> https://m.youtube.com/watch?feature=youtu.be&v=150dTZl_9YU
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/5/2017 5:58:08 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Fwd:

Bruce- I wanted to make sure you saw our telehealth demo the other day with POTUS- it went well and he enjoyed it and got good press all around- the clip below is fun because the two guests were our biggest and loudest critics in the last few years
>
> https://m.youtube.com/watch?feature=youtu.be&v=150dTZl_9YU
>
>
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 7/30/2017 8:49:33 PM
To: Marisol Garcia [(b)@frenchangel59.com]
CC: Poonam Alaigh [(b) (6) @gmail.com]; Secshulkin@gmail.com; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; IP [(@frenchangel59.com]
Subject: Re: REMINDER - VA - Follow-up with Secretary Shulkin and Poonam Alaigh - TODAY Sunday, July 30th - 5:15 PM to 6:00 PM EST

Proposed Agenda:

- Bring to date on current issues and plans
- Status of Choice
  - Program and funding
  - Action Plan
- AMC push back on starts and stops (or no starts)
  - Apple
  - Terry Fadem
  - Wharton
  - Donated research time
    - PTSD
    - Suicide
    - Reduction of disability claims
- What is needed (from us)

On Sun, Jul 30, 2017 at 1:35 PM, Marisol Garcia <(b)@frenchangel59.com> wrote:

Sunday, July 30th

5:15 PM – 6:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

Passcode: (b) (6)

AMERICAN OVERSIGHT

Participants:

Laurie Perlmutter, Poonam Alaigh, Secretary David Shulkin, Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

Marisol Garcia

(b) (6) (Cell)

(b) @frenchangel59.com

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 7/30/2017 6:36:08 PM
To: Marisol Garcia [(b)@frenchangel59.com]; Secshulkin@gmail.com; brucem(b) (6) @mac.com; (@frenchangel59.com; lper(b) @gmail.com; mbs(b) (6) @gmail.com
Subject: Re: REMINDER - VA - Follow-up with Secretary Shulkin and Poonam Alaigh - TODAY Sunday, July 30th - 5:15 PM to 6:00 PM EST

Confirmed!

On Sun, Jul 30, 2017 at 1:35 PM Marisol Garcia <(b) @frenchangel59.com> wrote:

Sunday, July 30th

5:15 PM – 6:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

Passcode: (b) (6)

Participants:

Laurie Perlmutter, Poonam Alaigh, Secretary David Shulkin, Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

AMERICAN OVERSIGHT

Marisol Garcia

(b) (6) (Cell)

(b) @frenchangel59.com

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 7/30/2017 5:35:07 PM
To: 'Poonam Alaigh' [(b) (6) @gmail.com]; Secshulkin@gmail.com; lper(b) @gmail.com; brucem(b) (6) @mac.com; mbs(b) (6) @gmail.com; (@frenchangel59.com
Subject: REMINDER - VA - Follow-up with Secretary Shulkin and Poonam Alaigh - TODAY Sunday, July 30th - 5:15 PM to 6:00 PM EST

Sunday, July 30th

5:15 PM – 6:00 PM EST

Dial-in Information:
US: 1-866-244-(b) (6)

Passcode: (b) (6)

Participants:
Laurie Perlmutter, Poonam Alaigh, Secretary David Shulkin, Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,
Marisol Garcia
(b) (6) (Cell)
(b) @frenchangel59.com

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 8/2/2017 11:24:37 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: TMZ

Yea. And you look happy.

On Aug 2, 2017 7:21 PM, "David Shulkin" <drshulkin@aol.com> wrote:

> Pretty funny
>
> Sent from my iPad
>
> On Aug 2, 2017, at 7:07 PM, (b) (6) <(b) (6)@gmail.com> wrote:
>
> http://amp.tmz.com/2017/08/02/v-a-secretary-david-shulkin-transgenders-donald-trump-military-ban

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 8/2/2017 11:21:43 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: TMZ

Pretty funny

Sent from my iPad

On Aug 2, 2017, at 7:07 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> http://amp.tmz.com/2017/08/02/v-a-secretary-david-shulkin-transgenders-donald-trump-military-ban

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 8/2/2017 11:07:13 PM
To: drshulkin@aol.com
Subject: TMZ

http://amp.tmz.com/2017/08/02/v-a-secretary-david-shulkin-transgenders-donald-trump-military-ban

AMERICAN OVERSIGHT

Message

From: Vivieca Simpson [(b) (6) @gmail.com]
Sent: 8/20/2017 2:50:22 PM
To: David shulkin [drshulkin@aol.com]
Subject: Re:

No, a lot of people were punished for following him and he was able to leave ahead of the heat. (b) (6) is around today because Phillip gave bad advice to the team regarding how to manage him.

On Aug 10, 2017 16:55, "David Shulkin" <drshulkin@aol.com> wrote:

> Phillip matkovsky wants to come back to VA
>
> Thoughts?
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 8/10/2017 9:55:52 PM
To: Vivieca Simpson [(b) (6) @gmail.com]

Phillip matkovsky wants to come back to VA

Thoughts?

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/1/2017 11:52:59 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Practice tmrw

Im going without the slides tommorow

Sorry for the indecision

Will you come?

Sent from my iPhone

> On Aug 1, 2017, at 7:20 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> Hi, in addition to Thursday morning, White House requested another practice tmrw Afternoon. Shared you were on the hill until 5:30
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 8/1/2017 11:20:01 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Practice tmrw

Hi, in addition to Thursday morning, White House requested another practice tmrw Afternoon. Shared you were on the hill until 5:30
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/27/2017 10:18:35 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Quick run down

Thanks for the update

Its a good idea as i should send to vba too because their homes and families are at risk too

Sent from my iPhone

> On Aug 27, 2017, at 6:02 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Just got off a 1:1 call with a Skye - most important need now is difficulty in getting staff into the facility- the current team has been there since the start of the hurricane. They will need food supply for the employees on Tuesday and patients will need additional supplies and food by midweek. They are coordinating with VACO IOC, National Guard and FEMA. The staff also have issues with flooding in their own homes and significant damage and childcare issues going on.
>
> Although the Houston facility is open, all clinics there are closed. In addition 5 CBOCS are closed with more likely to close soon.
>
> One Veteran who was at home had chest pain but could not get through 911 since that system is tremendously overburdened and strained, our nursing staff helped the son perform CPR over the phone but died.
>
>
> Do you want to send a message of encouragement out to the staff in Houston or should I? Might be better if you did recognizing their heroic efforts, commitment and sacrifice
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/7/2017 8:50:39 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Fwd: Update

Not a complete surprize - He wont be coming

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @yahoo.com>
Date: August 7, 2017 at 4:13:05 PM EDT
To: David Shulkin <drshulkin@aol.com>, David Shulkin <davidshulkin@gmail.com>
Subject: Update

Hope all is well with you and the family.

As I now finish week four of my radiation treatments, I am experiencing some radiation sickness and fatigue (probably in part due to the hormone therapy also). I am taking multiple naps each day in spite of the eight hours of sleep I get each night.

My two sisters and wife (with whom I share caretaking responsibilities for our 4 parents) are concerned about my return to a full-time position. They are all in agreement that I neither have the energy levels nor enthusiasm to work as intensely as I have done throughout my career.

As much as I relish the opportunity to contribute to the turnaround at the VA, and more importantly, the chance to work with you again, I think the time has come for me to slow down. I am disappointed for myself, and troubled if I have disappointed you.

The balance of my career will consist of board seats and part-time consulting/advisory engagements in the NYC market. I appreciate everything you have done for me and I apologize if this creates any problems for you.

The realization and acceptance of my morbidity/mortality has been a very tough pill for me to swallow.

I look forward to reading about all of the great things you will be achieving in the next few years. I am one of your biggest fans.

Much good health and great success.

(b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/10/2017 10:24:53 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: question

Agree

Sent from my iPhone

On Aug 10, 2017, at 6:00 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Good response - don't like this email to you at all-would advice to stay away from her. Don't think she is a good fit for our team
>
> Sent from my iPhone
>
> On Aug 9, 2017, at 6:25 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** David shulkin <Drshulkin@aol.com>
> > **Date:** August 9, 2017 at 6:24:55 PM EDT
> > **To:** (b) (6) @verizon.net
> > **Subject: Re: question**
> >
> > (b) i dont really understand what your asking or the GSA process or what fedramp high is
> >
> > Im really not sure though this is an appropriate request of a cabinet secretary so while i am sure it is all up and up- im going to be safe and respectfully decline
> >
> > Sent from my iPhone
> >
> > On Aug 9, 2017, at 5:09 PM, (b) (6) @verizon.net wrote:
> >
> > > Hey David
> > > Congrats on the telehealth Whitehouse announcement. It was impressive!
> > >
> > > I am going outside the process to just ask a direct question - we need to get the IBM watson cloud to fedramp high, and to do so need endorsement of sorts (not commitment) from agencies and demonstrate to GSA that there is interest in our offerings (watson for oncology, genomics, blue mix etc) .
> > > I'm hoping you or someone you designate would be willing to do so. I am hearing they are going to try to get

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John Kelly to reach out, so of course I'm trying to cut through the 'process' and just get it done.

If you are amenable, I will send an email via work emails.... This is a huge barrier for us now, and finally have gotten corporate IBM to recognize the importance. There is a GSA process and I won't burden you with it - just want to send an email to the right person, if not you and officially ask.

BTW - did you get to see any of the tennis matches? I'm so sorry we couldn't unbundle the IBM packages. Also Poonam had to cancel dinner with me Monday but will meet with her next week. Hopefully, she's had time to think about where I might fit and provide value. ;-)

talk to you soon I hope.

still working on your precision medicine team -- :-) need to get comms to approve a narrative so we can get a post reporter to do a story.

thanks -

(b)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/10/2017 10:00:11 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: question

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(b)

AMERICAN OVERSIGHT

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Sent: 8/9/2017 10:25:10 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: question

Sent from my iPhone

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To: (b) (6) @verizon.net
Subject: Re: question

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thanks -

(b)

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/30/2017 9:48:54 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Re:

Yes in the process

From: David shulkin <Drshulkin@aol.com>
Sent: Sunday, July 30, 2017 5:03 PM
To: Poonam Alaigh
Subject: Fwd: Re:

Do not share with others but this is a detailed update on cerner project

Can we get windoms enpmotment engagement done?

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) @amida.com>
> **Date:** July 30, 2017 at 1:44:07 PM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re:**
>
> Hi David - we received the signed agreement on late Friday afternoon.
>
> Five FTEs working exclusively on data continuity. Its a start.
>
> We began work "as if" last Monday, and three of us were in Kansas City this week (including me).
>
> Its early days and it is too soon to make any declarative statements, but here is my read so far:
>
> - good news
> The commitment is there. People are taking your decision seriously, and are working toward coming up with a workable solution, and fast. Jackie Wynn is a godsend, but she has her hands full too. (I was on the phone with her when your message arrived on an internal MITRE matter; we speak constantly). There are strong people in all three institutions: VA, MITRE, and Cerner. I've been impressed with the BAH team supporting the initiative (I know one of the guys there, very solid). John Windom has been professional, responsive, and supportive (did you know that he does not have an employment agreement with VA yet?)
>
> - not-so good news
> Confidentially, the VA-IT team is not strong, and not strong enough to be a good partner in this process. Leadership is very status conscience, and they are more concerned with posture than

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delivery. (This is not big news, it is just true here too). There are two people who I know on the team - one is a subject matter expert who reported to me when I worked at VA - who are good (smart, responsive, mission oriented, clear answers). The rest seem less outcome/execution oriented. Process needs structure badly, and right away (John W needs someone to help him ask the right questions). Lots of "notional diagrams", a little light on system inventories and underlying (comprehensive) data models.

- Cerner
Too soon to tell. If you're going to go commercial, you definitely made the right choice. The kick-off meeting was so-so, more marketing than substance, but, again, they have some very good people on their side, including a few who are knowledgeable about (or worked on) the DHMSM project. So that's helpful. The discussions are superficial - like how important training is (without saying what training they'll do) and we've not gotten to the engineering issues as quickly as I would have expected or want. I've needed to hold fire until I was officially on board (I was only invited as an unpaid observer, and friend of the agency and MITRE). I am unclear on exactly what they are going to offer from a functionality perspective; I think they are too. (This is ordinary engineering stuff, but somebody has to drive it methodically . . . and relentlessly).

My three biggest questions at the moment (only the first is something you can actually help with):

1) When will Windom be officially appointed?

2) We need a for-real data inventory that is unencumbered by mishegas and "embedded" functionality; I can't get a straight answer on this yet. My path to solution at the moment is JLV (do you know what this is?), in part because it is the system I personally know the best, in part because it has the best documentation, and in part because both VA and DoD are signed on. Let's call that a lucky punch, but we need some luck here too. You've got to start somewhere, and this is a good place to start. Everything else I've seen so far is much less helpful (but, again, this is very early and a lot can change).

3) We need a very clear answer from Cerner about what will and will not be included in their Health-e-Intent data aggregation product. As I suspected, it is not in service yet at DoD (this was the trigger of my "heads up" memo to Jen in February). And their information architecture (think of this as just "what goes in, into what black box, and what comes out" all from a format and structure perspective) is meager so far. My intuition tells me that they have it, they just don't have it in a good form yet. But it is very high in my priority list: we need to know, exactly, what sockets are we going to plug into. It really is as simple as that.

Some folks from DoD/Leidos were not thrilled with the questions on Health-e-Intent; they clearly did not do their homework with regards to the actual data flows prior to award. Its easy to turn on a system; harder to get validated and audited data feeds to it. They're not approaching this in a way that I recognize, yet. I certainly don't have the details (ie they could be farther along than they shared so far). All I've said so far is "we need to pay very close attention to that; there's no win here if a VA clinician does not have real-time access to the complete longitudinal record, period." You can imagine how that went over . . . .

Very best regards,

AMERICAN OVERSIGHT

(b)

On Sun, Jul 30, 2017 at 12:51 PM, David shulkin <Drshulkin@aol.com> wrote:
(b) (6) any update on how things are going? I have very little visibility

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/30/2017 9:03:08 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Re:

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Very best regards,

(b) [redacted]

On Sun, Jul 30, 2017 at 12:51 PM, David shulkin <Drshulkin@aol.com> wrote:
(b) (6) any update on how things are going? I have very little visibility

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Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/30/2017 5:01:37 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Now?

Nothing- i know i can ask you if i need anything

Thanks

Sent from my iPhone

> On Jul 30, 2017, at 12:11 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> What can I do for you
>
> Sent from my iPhone
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>> On Jul 30, 2017, at 11:48 AM, David Shulkin <drshulkin@aol.com> wrote:
>>
>> No
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>> Sent from my iPad
>>
>>> On Jul 30, 2017, at 11:18 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
>>> Any better?
>>>
>>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/30/2017 4:11:04 PM
To: David Shulkin [drshulkin@aol.com]
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AMERICAN OVERSIGHT

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Subject: Now?

Any better?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/3/2017 2:35:11 PM
To: brucem(b) (6) @mac.com; (@frenchangel59.com
CC: David Shulkin [Secshulkin@gmail.com]
Subject: Fwd: Update

---------- Forwarded message ---------
From: Poonam Alaigh <(b) (6) @hotmail.com>
Date: Thu, Aug 3, 2017 at 10:33 AM
Subject: Fwd: Update
To: (b) (6) @gmail.com <(b) (6) @gmail.com>

Sent from my iPhone

Begin forwarded message:

From: Poonam Alaigh <(b) (6) @hotmail.com>
Date: August 3, 2017 at 10:32:59 AM EDT
To: Bruce Moskowitz <brucem(b) (6) @mac.com>
Cc: "(b) (6) @aol.com" <(b) (6) @aol.com>
Subject: Re: Update

Bruce, just spoke to (b) to send a message to all participants to freeze all Apple discussions until the 3 of us have spoken today. Darin is officially out as of Monday so it's an important time to reset. We cannot move with that includes our governing board

Sent from my iPhone

On Aug 3, 2017, at 7:54 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

The big issue for the choice program and the Apple project is to swiftly move to have a geotagged network of physicians and hospitals that can see Veterans on a timely basis, insure quality standards and practice cost containment.

Sent from my iPad
Bruce Moskowitz M.D.

On Aug 3, 2017, at 6:12 AM, (b) (6) @aol.com wrote:

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Good morning, I have prepared a brief high level letter to update the governance group of the EHR component of our initiative. I sent to VAIT and Apple for comments before sending along to you. I expect to hear back from Apple today and will forward as soon as I do. At that time we can discuss any additional edits and the distribution.

In order to maintain an up to date list of participants in this project, we added (b) (6) to the working group at VA. This is the same resource we discussed earlier but wanted you to have the name.

Also, Darin was working on getting a MOU set up with VA and Apple however nothing had yet happened when he transitioned off the project. I will connect Apple with someone from our office of general counsel and will participate in all calls and keep you apprised. I will be exploring further the purpose/s for this document today and will update you.

Pat Wallace

Sent from my iPhone

> On Aug 2, 2017, at 6:22 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
>
> May have no signal this am if can't reach me try after 4
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> > On Aug 1, 2017, at 5:05 PM, (b) (6) @aol.com wrote:
> >
> > Thank you so much for your response. I will be available at 6:45am tomorrow to review updated information. I will give you a call at the number you provided. Thank you, (b)
> >
> > Sent from my iPhone

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On Aug 1, 2017, at 4:33 PM, Bruce Moskowitz <brucemo(b) (6) @mac.com> wrote:

Try me at 6 (b) (6) or (6) only time in am is 645

Sent from my iPad

Bruce Moskowitz M.D.

On Aug 1, 2017, at 3:55 PM, (b) (6) (b) @aol.com wrote:

Hi Dr Mosko witz, I am hoping that you have some time today to discuss the status of our project with the five centers and Apple.

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I am availab le after 4:30p m. I am also availab le very early tomorr ow if that is a better fit for your schedu le. T hank You.

(b) (6)

Sent from my iPhone

On Jul 13, 2017, at 9:06 A

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ontodaywouldwork

Sentfrommyi Pad

BruceMoskowitzM.D.

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On Jul 13, 2017, at 8:56 AM, (b) (6) @aol.com wrote:

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orningDrMoskowitz,

Thetechnologyteamfrom VAhasbeenm

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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6)@mac.com]
Sent: 7/13/2017 1:06:29 PM
To: (b) (6)@aol.com
CC: Poonam Alaigh MD [(b) (6)@hotmail.com]; DJS [drshulkin@aol.com]
Subject: Re: Update

Noon today would work

Sent from my iPad
Bruce Moskowitz M.D.

> On Jul 13, 2017, at 8:56 AM, (b) (6)@aol.com wrote:
>
> Good Morning Dr Moskowitz,
>
> The technology team from VA has been meeting with Apple team to discuss key issues associated with the EHR as followup to the large conference call held in late June.
>
> These issues and progress have included:
>
> 1) understanding the current status of VA use of the FHIR standards which are essential for the veterans digital platform. The VA has teams who have been using FHIR standards for different apps and some of the work required for EHR has already started
>
> 2) they provided a draft of key milestones and projected timeline to share with the CIOs and governance group. There are some edits being made to this document but will send along via separate email.
>
> 3) Resources needed: identification of an additional resource from VA that had not been previously identified. This would be part time support for this initiative and we are currently addressing that request
>
> As you know, the development of this functionality is more of a marathon process and the projected timeline is March-April 2018. The actual work has begun and is moving along.
>
> The "Care Finder" app was discussed with (b) (6) (Apple) in a call this week. The next step is for you and I to discuss the specific features to be included in this app; review on VA side and then move it over to Apple. Pending their feedback, we would likely go thru a similar process as used with EHR by having tech teams working together to start to identify key steps, timeline and resources needed etc. This would be built in a simultaneous (not sequential) timeframe to EHR and most likely have a much shorter timeframe. So much of the underpinnings for the Care Finder are already done.
>
> As an FYI, I received a call from Darin letting me know that he would no longer be working on the project.
>
> Available for a discussion when convenient for your schedule.
>
> (b)
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>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 7/13/2017 12:56:20 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Poonam Alaigh MD [(b) (6) @hotmail.com]; DJS [drshulkin@aol.com]; (b) [(b) (6) @aol.com]
Subject: Update

Good Morning Dr Moskowitz,

The technology team from VA has been meeting with Apple team to discuss key issues associated with the EHR as followup to the large conference call held in late June.

These issues and progress have included:

1) understanding the current status of VA use of the FHIR standards which are essential for the veterans digital platform. The VA has teams who have been using FHIR standards for different apps and some of the work required for EHR has already started

2) they provided a draft of key milestones and projected timeline to share with the CIOs and governance group. There are some edits being made to this document but will send along via separate email.

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As an FYI, I received a call from Darin letting me know that he would no longer be working on the project.

Available for a discussion when convenient for your schedule.

(b)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/2/2017 12:22:44 AM
To: Vivieca Simpson [(b) (6) @gmail.com]; (b) (6) [(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd:

If i ever complain about our committees see this

https://m.youtube.com/watch?v=YEaeP6CK42o

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/25/2017 2:38:05 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: I am not sure

I need you to read this now!! This is evolving into a dictatorial culture- will harm us at VHA and your VA legacy of success - obviously my advice is not important to you anymore- you feel you can be alone in this journey and you are trusting the very people that are bringing you down!!

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) @hotmail.com
> **Date:** July 24, 2017 at 7:04:30 PM EDT
> **To:** Drshulkin@aol.com
> **Subject: I am not sure**
>
> I am completely clueless but we definitely are not in sync- I cant make change if your team continues to put roadblocks and I dont have your support- I cant run VHA if I have to continue to do "MOther May I" and everything I commit to gets overturned and shot down- I have no credibility with my staff and team anymore. This is getting so frustrating- I want to help the facility with crisis management and I spoke to you about what I wanted to do, told you that I cant commit one way or the other on patient safety at this time but you keep repeating the same thing.
>
> Maybe we change the entire press release and just state that you heard from me and this is what you are directing me to do- maybe that will make you feel more comfortable. I dont care either ways, I just cant have my team put all this hard work, and then lose all my credibility.
>
> After this, no matter what you say, I really dont think that you trust me or my judgement- it is pretty obvious. I will stop all press releases from VHA moving forward- I dont have the energy or time to deal with it. YOu know everything about VHA, you just decide what we need to do, what press releases we need to put out and what actions we need to take. I will follow not lead- the good thing is that I am adaptable.
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/26/2017 11:08:03 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: How are you feeling now

About 30 percent better this am

Showed tight compression at l4 -l5

Will start physical therapy

Sent from my iPhone

> On Jul 26, 2017, at 4:14 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Now? What did the MRI show?
>
> Sent from my iPhone
>
>> On Jul 25, 2017, at 7:44 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Anesthesia wearing off
>>
>> Pain returning but may be a little better- ill have to see in am
>>
>> Sent from my iPhone
>>
>>> On Jul 25, 2017, at 7:19 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
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>>> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/26/2017 8:14:36 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: How are you feeling now

Now? What did the MRI show?

Sent from my iPhone

> On Jul 25, 2017, at 7:44 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Anesthesia wearing off
>
> Pain returning but may be a little better- ill have to see in am
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>> On Jul 25, 2017, at 7:19 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
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>> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/25/2017 11:43:56 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: How are you feeling now

Anesthesia wearing off

Pain returning but may be a little better- ill have to see in am

Sent from my iPhone

> On Jul 25, 2017, at 7:19 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
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> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/25/2017 11:19:16 PM
To: Drshulkin@aol.com
Subject: How are you feeling now

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/20/2017 10:10:08 PM
To: Poonam Alaigh [(b) (6) @gmail.com]
Subject: Fwd: Priority List
Attachments: Priority ToDo List 081817 1P.PDF; Untitled attachment 92695.htm

Sent from my iPhone

Begin forwarded message:

> **From:** "IP" <(b)@frenchangel59.com>
> **Date:** August 18, 2017 at 4:07:28 PM MDT
> **To:** "'David Shulkin'" <secshulkin@gmail.com>
> **Subject: Priority List**

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Department of Veterans Affairs Proposed Priorities

August 19, 2017

No.	Issue	Details	Risk
1	Regulatory Personnel restructuring restrictions	The quality of personnel in the VA is mixed. Many of the personnel that have risen to management over time are complacent, unqualified for the role they occupy and do not view the goal of transformation and qualtiy care delivery to be their first priority. The existing system does not allow for effective restructuring of positions, leadership or management, resulting in an organization of unmotivated and misqualified "managment".	Without a change in the ability of the Secretary to make discretionary personnel changes at all levels the transformation will be limited.
2	Benefits Eligibility	There continues to be a backlog in application approvals for benefits. The program needs a system upgrade and restructuring.	There are currently approximately 500,000 applications by veterans that are waiting approval. Many of those applicants have needs that a time delay will impact.
3	Choice 2.0	Choice 2.0 is the extension of the existing Choice program that allows Verterans to utilize private medical facilities for healthcare without the 30/40 limitations. The Choice program is critical to the transformation of the VA because the VA medical facilites can not handle the volume, quality or connvenience. Choice requires a funding source and an efficient way to claim and distribute the payments. The program has not been approved by Congress and needs funding, the development of an effective managed care network that monitors access, cost and quality.	Without the implementation (properly done) of the Choice 2.0 program, the VA will be unable to properly serve the veterans healthcare needs in an efficient and quality manner. This could lead to a recurrance of the scheduling and inability to deliver healthcare problems of the Obama Administration.
4	Hiring Restriction and delays	It takes way to long to go from hring decision to approval. This process currently takes from 3 to more than 6 months. In the meantime, the transformation of the respective areas languish and set the entire process behind.	There is a limited period of time in which to effect a transformation and the delays caused by the hiring approval and start date delays are a great impediment to accomplishing a transformation in a reasonable period of time. This goes hand in hand with the risk presented in number 1.
5	Regulatory contracting restrictions	There are not enough qualified leadership personnel at the VA (see number 1) to create a useful strategy throughout the Department in all areas needing reform. Nor are there enough potential hires in the short time available, even if the hiring impediments above are fixed. The marketplace has skills and ideas through available contractors, but engaging those contractors are subject to the low bid procurement regulations. These skills are not the same as buying a commodity and the system therefore forces the hriing of the lowest common denominator. However, the VA has paid enough for consultants who come in and submit a 150-300 page report on their views. The VA needs to be able to hire consultants who come in and fix things and have the authority to do so. Currently, we are told that a consultant does not have any authority to direct a VA employee and the employee can ignore that direction with impunity.	Result - failure of transformation.
6	Political reviews	The Secretary must be given the freedom to bring in C Level and other positions to fulfill his leadership team as he sees necessary achieve his goals. There seem to be way too many political roadblocks to that process.	This will result in an ineffective team, unable to accomplish a transformation. It won't get done.
7	Licensing and IP Management	Billions of dollars are unprotected because the VA does not have the skill to do so. We have recommeded a solution to prevent this long term leakage, but the regulations are a deterrent to putting this solution in place. We have identified a qualified IP management expert and got him to agree to create an IP management protocol and system for the VA, but after tremendous effort to identify the best person, the VA learned that there was no vehicle or mechanism to simply hire the specialist.	The VA will end up giving away and not protecting ***Billions of dollars worth of intellectual property***.
8	Facility reallignment	There are 1,200 VA facilities that are underutilized or unused. These facilities come at a significantcost and manpower waste. Congress needs to act. We met with Congressional leadership on this program and presented a viable way to move it forward. VA Committee leadership was in agreement but this program seems to be stalled.	Money that can be used for veterans' benefits and care are being diverted unnessarily to useless facilities maintenance. These facilities could also be used to generate potential revenue or partnerships. This delay costs the VA ***$25 million per year***.
9	CIO	The organization has tremendous IT and IT enhancement needs. This cannot be done without a sophisticated and capable CIO in leadership. It appears that a CIO is immenent, but it took 7 months to accomplish this.	As systems get built, they will be inadequate for the needs of the organization and its strategic goals without the leadership of a CIO. This will cause great waste in time, money and quality of care.
10	Medical Center Rating System	CMS had agreed to implement their hospital rating system this summer at the VA in order to qualify hospital quality or lack of quality. This is required to make certain operating and care delivery decisions. CMS now informs the VA that the implementation will be significantly delayed into 2018.	This delay will prevent the identification of medical center quality problems and promote quality of care failures for our veterans.
11	EMR replacement	The VA will adopt the DOD Cerner system and append the EPIC system for a multi-functional system that will be interoperable with the DOD and private care providers. The contract to move forward should have been submitted and approved by now.	This system is the nervous system of the entire medical care delivery system and MUST be implemented as quickly as possible. The delay in contracting will have lasting effects.

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 10:35:59 PM
To: IP [[redacted]@frenchangel59.com]
Subject: Re: Priority List

This is excellent!

Sent from my iPhone

On Aug 18, 2017, at 6:07 PM, IP <[redacted]@frenchangel59.com> wrote:

<Priority ToDo List 081817 1P.PDF>

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 8/18/2017 10:07:28 PM
To: 'David Shulkin' [secshulkin@gmail.com]
Subject: Priority List
Attachments: Priority ToDo List 081817 1P.PDF

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 7/26/2017 3:11:53 PM
To: L Perl [(b) (6) @gmail.com]; (b) (6) @hotmail.com; David shulkin [Drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; mbs(b) (6) @gmail.com; (@frenchangel59.com

Subject: VA - Follow-up with Secretary Shulkin and Poonam Alaigh - Sunday, July 30th - 5:15 PM to 6:00 PM EST
Location: Conference Call

Start: 7/30/2017 9:15:00 PM
End: 7/30/2017 9:45:00 PM
Show Time As: Tentative

Recurrence: (none)

Sunday, July 30th

5:15 PM – 6:00 PM EST

Dial-in Information:

US: 1-866-244-(b) (6)

Passcode: (b) (6)

Participants:

Laurie Perlmutter, Poonam Alaigh, Secretary David Shulkin, Dr. Bruce Moskowitz, Marc Sherman and Ike

Thank you,

Marisol Garcia

(b) (6) (Office)

(b) (6) (Cell)

(b) @frenchangel59.com

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 7/27/2017 11:15:40 PM
To: drshulkin@aol.com
Subject: Article

http://www.nydailynews.com/amp/newswires/news/business/new-deal-reached-fix-va-budget-crisis-vets-protest-article-1.3362579

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/27/2017 11:21:37 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Working the town

Sounds good

Sent from my iPhone

> On Jul 27, 2017, at 6:02 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> I think we have to use the strategy of working the town- forgot to tell you that I had dinner with Leah Binder yesterday- good networking discussion and she wants to do a welcome reception. Meeting with one of the staffers for dinner today - while you do the more formal meetings, I will do the more 1:1 so we develop both the breadth and depth that we need
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/27/2017 10:02:45 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Working the town

I think we have to use the strategy of working the town- forgot to tell you that I had dinner with Leah Binder yesterday- good networking discussion and she wants to do a welcome reception. Meeting with one of the staffers for dinner today - while you do the more formal meetings, I will do the more 1:1 so we develop both the breadth and depth that we need

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/26/2017 4:34:19 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Didn't know if you knew

Ok

Sent from my iPhone

> On Jul 26, 2017, at 11:56 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> But I just heard that Darin wanted to be secretary of the VA and has been pitching for it- it now all makes sense - there are booby traps being laid all around us with these pinheads- they know they can't touch VHA and thus you as long as I am here and I have made loyal team with me- we will speak to you when you come here later today
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/26/2017 3:56:46 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Didn't know if you knew

But I just heard that Darin wanted to be secretary of the VA and has been pitching for it- it now all makes sense - there are booby traps being laid all around us with these pinheads- they know they can't touch VHA and thus you as long as I am here and I have made loyal team with me- we will speak to you when you come here later today

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/25/2017 7:06:40 PM
To: Marisol Garcia [(b)@frenchangel59.com]
Subject: Re: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM - Please reply to this email

Marisol- ive been tied up
Does Ike still need to speak to me?

Sent from my iPhone

On Jul 25, 2017, at 10:34 AM, Marisol Garcia <(b)@frenchangel59.com> wrote:

> Please reply to this email.
>
> ---
>
> **From:** Alaigh, Poonam, M.D.
> **Sent:** Tuesday, July 25, 2017 10:29 AM
> **To:** 'Marisol Garcia'; 'David shulkin'
> **Subject:** RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM
>
> I can make it work but have to entertain company at 6pm - so can be available for 30min- David?
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Marisol Garcia [(b)@frenchangel59.com]
> **Sent:** Tuesday, July 25, 2017 10:26 AM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.; 'David shulkin'
> **Subject:** RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM
>
> Sorry – The only time that works for Ike and the rest is 5:30 PM – so sorry
>
> That doesn't work at all?
>
> ---
>
> **From:** Alaigh, Poonam, M.D. [mailto:Poonam.Alaigh@va.gov]
> **Sent:** Tuesday, July 25, 2017 10:14 AM
> **To:** 'Marisol Garcia'; 'David shulkin'
> **Subject:** RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM
>
> The early to mid morning works best for me either Saturday or Sunday.
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

-----Original Message-----
From: Marisol Garcia [(b) @frenchangel59.com]
Sent: Tuesday, July 25, 2017 10:12 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.; David shulkin
Subject: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM

Poonam and David,

Ike would like to have a call with Laurie, Bruce, Marc and both of you.

Please let me know if 5:30 PM works for you.

Thank you,

Marisol

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/25/2017 6:36:22 PM
To: Marisol Garcia [(b)@frenchangel59.com]
Subject: Re: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM - Please reply to this email

Yes that works

Sent from my iPhone

On Jul 25, 2017, at 10:34 AM, Marisol Garcia <(b)@frenchangel59.com> wrote:

> Please reply to this email.
>
> ---
>
> **From:** Alaigh, Poonam, M.D.
> **Sent:** Tuesday, July 25, 2017 10:29 AM
> **To:** 'Marisol Garcia'; 'David shulkin'
> **Subject:** RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM
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>
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> **From:** Marisol Garcia [(b)@frenchangel59.com]
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> **To:** Alaigh, Poonam, M.D.; 'David shulkin'
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AMERICAN OVERSIGHT

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Thank you,

Marisol

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/25/2017 3:07:36 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: Marisol Garcia [(b) @frenchangel59.com]
Subject: Re: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM - Please reply to this email

Works for me

Sent from my iPhone

On Jul 25, 2017, at 10:38 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Yes- thanks
>
> Sent from my iPhone
>
> On Jul 25, 2017, at 10:35 AM, Marisol Garcia <(b) @frenchangel59.com> wrote:
>
> > Please reply to this email.
> >
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AMERICAN OVERSIGHT

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Marisol

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/25/2017 2:38:38 PM
To: Marisol Garcia [(b) @frenchangel59.com]
CC: David shulkin [Drshulkin@aol.com]
Subject: Re: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM - Please reply to this email

Yes- thanks

Sent from my iPhone

On Jul 25, 2017, at 10:35 AM, Marisol Garcia <(b) @frenchangel59.com> wrote:

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> **From:** Alaigh, Poonam, M.D.
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Thank you,

Marisol

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 7/25/2017 2:34:43 PM
To: 'David shulkin' [Drshulkin@aol.com]; (b) (6) @hotmail.com
Subject: RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM - Please reply to this email

Please reply to this email.

From: Alaigh, Poonam, M.D.
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AMERICAN OVERSIGHT

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Marisol

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/13/2017 1:12:00 PM
To: Darin Selnick [(b) (6) @gmail.com]
Subject: Re: DAV Comments on Yesterday

Thanks

Sent from my iPhone

On Aug 13, 2017, at 9:05 AM, Darin Selnick (b) (6) @gmail.com> wrote:

> Here is what DAV posted on their facebook yesterday about the signing of the legislation:
>
> "Despite the attempts of interest groups to push VA closer to privatization, the President moved to provide an integrated healthcare system that funds critical areas of VA and supports the Choice program."
>
> What I think is more interesting are the comments from their members. Here are the first few, you can check it out at **https://www.facebook.com/DAV/**
>
> (b) (6) VA doesn't need more money. They need to stop wasting the money they have. It's time to start giving veterans a lot more choice in seeing the doctor of their choice and not one beholden to the VA.
> (b) (6) Little off topic, but how come the VA hospital can't have a smiling pic of the president on the wall?
> (b) (6) Do not let the VA go privatized. It will be terrible for Vets.
> (b) (6) I am using the fee basis service but the v.a. web site and secure messaging a total failure. I can not use site at all, I like like 200 miles away from the v.a. I tried to work with the v.a. and go paperless saving the v.a. loads of money, however it stopped working and now everything goes to me like 10 bucks for an envelope that was free before. It is sent express mail now so you can see the cost involved. w.t.f.?
> (b) (6) this is fine and good if you live 50 miles or more from a VA clinic or hospital..I live 43 miles from VA nashville so i cant use CHOICE program.I have to settle for 6 month apart appointments from VA.its BS.
> (b) (6) Mr Trump will they use it wisely?? Not on buildings or bonuses or such but veterans to get needed care im sure hoping
> (b) (6) The Choice Program send veterans to the lowest bidding doctor's office, which means the veterans get "cheap" healthcare, which means bad treatment from inexperienced doctors. Initially, the program was put in place as a last resort, in case the VA was overwhelmed.
> (b) (6) THE VA REMAINS AS CORRUPT AS EVER. BUNCH OF DUMMIES TO BELIEVE THIS CRAP.
> (b) (6) Routine care for veterans must be privatized. The VSOs opposing this are selling out the veterans they should be representing.
>
> Here is my favorite comment:
> (b) (6) I've been delighted to be using the "Choice Care" program for the last 3 years. The nearest CBOC for me was a 50-mile one-way drive. The only thing they offerred were standard labs and wellness visits. The closest VAMC is 70 miles for me. Many of our local vets are

AMERICAN OVERSIGHT

enrolled in Choice Care due to their distances from VA care. We even have a local Optometrist, Audiologist, and Podiatrist working directly with our VAMC" to provide services right here in our home towns. I've never seen this program as some evil shift towards privatization; rather, expansion of personal-care options for our millions of veterans is always one more step forward within the ever-expanding system.

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 8/13/2017 1:05:37 PM
To: David shulkin [Drshulkin@aol.com]
Subject: DAV Comments on Yesterday

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"Despite the attempts of interest groups to push VA closer to privatization, the President moved to provide an integrated healthcare system that funds critical areas of VA and supports the Choice program."

What I think is more interesting are the comments from their members. Here are the first few, you can check it out at **https://www.facebook.com/DAV/**

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Darin

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

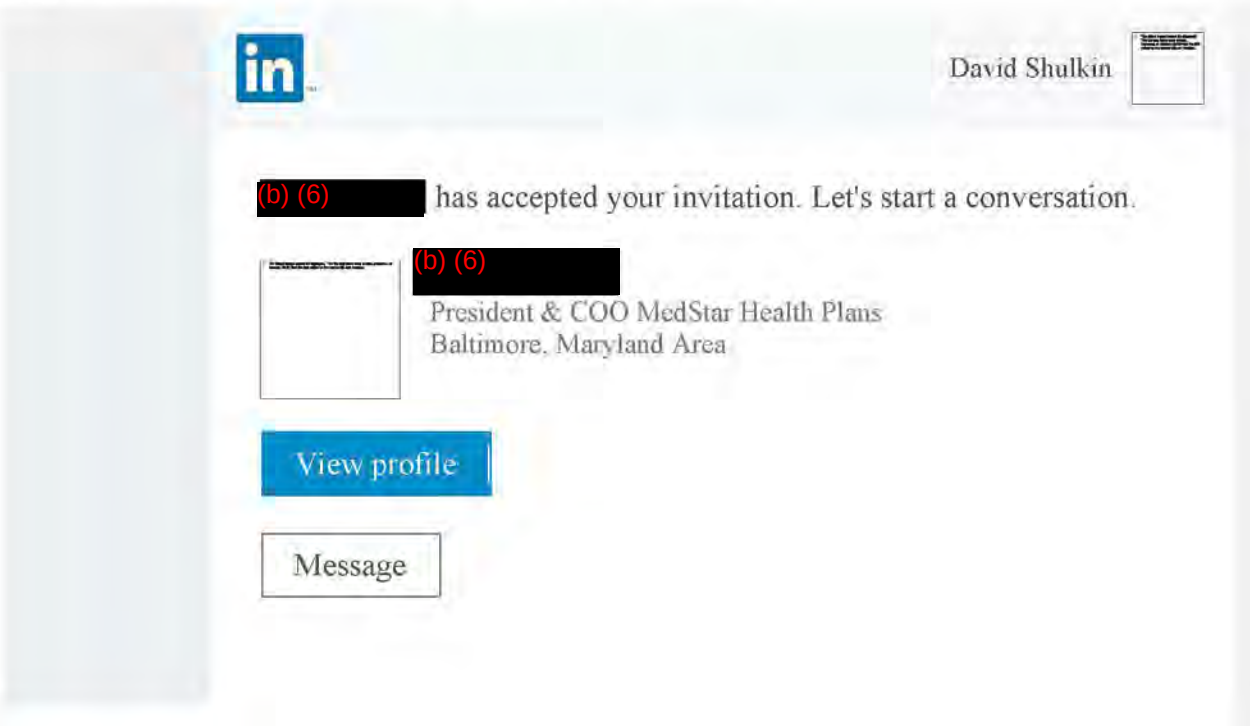
From: David shulkin [Drshulkin@aol.com]
Sent: 8/11/2017 10:22:43 AM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: See David's connections, activity and experience

Agree

Sent from my iPhone

On Aug 10, 2017, at 8:59 PM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

> No harm trying - if nothing else we have another connection.
>
> Sent from my iPad
>
> On Aug 10, 2017, at 8:58 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Doubt he will leave medstar for us at this point- Steve thought he was unemployed
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) via LinkedIn <invitations@linkedin.com>
> > **Date:** August 10, 2017 at 6:23:47 PM EDT
> > **To:** David Shulkin <DrShulkin@aol.com>
> > **Subject: See David's connections, activity and experience**
> >
> > ---



AMERICAN OVERSIGHT

People you may know

(b) (6)
Editor-in-Chief at Health Affairs
+ Connect

(b) (6) , MD, MS-HQS
Internist at Premier Medical Associates Inc.
+ Connect

(b) (6)
Specialist Leader at Deloitte
+ Connect

See more

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You are receiving Accepted Invitation emails.

This email was intended for David Shulkin (Secretary U.S. Department of Veterans Affairs).
Learn why we included this.

LinkedIn

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 8/11/2017 12:59:56 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: See David's connections, activity and experience

No harm trying - if nothing else we have another connection.

Sent from my iPad

On Aug 10, 2017, at 8:58 PM, David shulkin <Drshulkin@aol.com> wrote:

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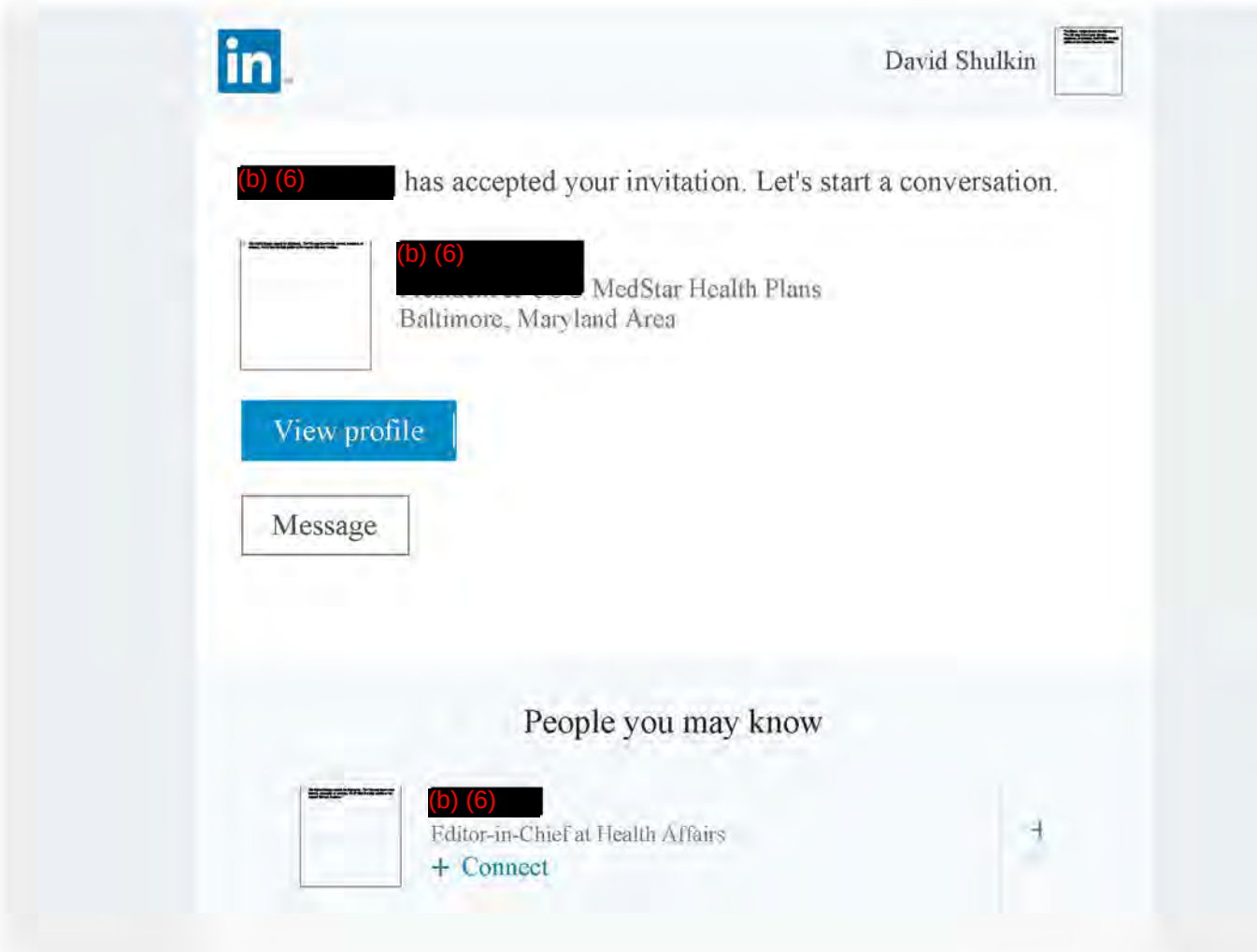

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(b) (6) , MD, MS-HQS
Internist at Premier Medical Associates Inc.
+ Connect

(b) (6)
Specialist Leader at Deloitte
+ Connect

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Unsubscribe | Help

You are receiving Accepted Invitation emails.

This email was intended for David Shulkin (Secretary U.S. Department of Veterans Affairs).
Learn why we included this.

LinkedIn

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/11/2017 12:58:28 AM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: See David's connections, activity and experience

Doubt he will leave medstar for us at this point- Steve thought he was unemployed

Sent from my iPhone

Begin forwarded message:

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Date: August 10, 2017 at 6:23:47 PM EDT
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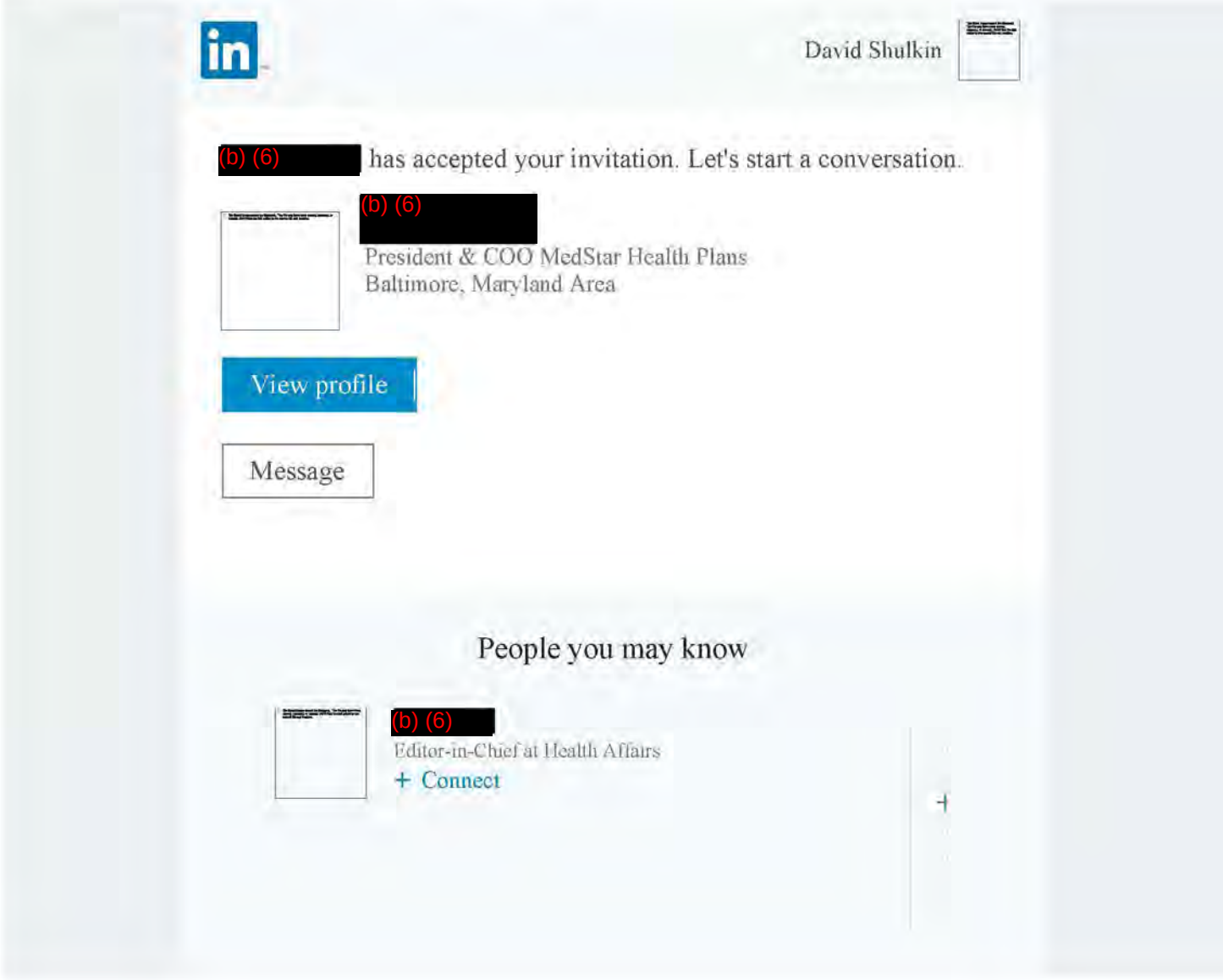
Subject: See David's connections, activity and experience



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Internist at Premier Medical Associates Inc.
+ Connect

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+ Connect

See more

Unsubscribe | Help

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Learn why we included this.

LinkedIn

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Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 7/23/2017 9:41:29 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fw: Senators call for quick confirmation of 6 VA appointees - News - Stripes

Sent from Yahoo Mail on Android

On Sun, Jul 23, 2017 at 12:23 PM, (b) (6)
<(b) (6) @mac.com> wrote:

https://www.stripes.com/news/senators-call-for-quick-confirmation-of-6-va-appointees-1.478872#.WXTNHMaZMkj

Senators call for quick confirmation of 6 VA appointees

AMERICAN OVERSIGHT

STARS AND STRIPES

WASHINGTON – The man slated to take the No. 2 spot at the Department of Veterans Affairs said the VA has a trust problem and he wants to fix it.

"While there are significant challenges confronting the VA, I believe one of the most pervasive is regaining the trust of veterans, their families and the American people," Thomas Bowman told senators Wednesday. "The Phoenix VA Medical Center scandal in 2014, and since then, other scandals associated with an inability to appropriately hold VA employees... accountable for unsatisfactory performance or misconduct, seriously undermined the trust and confidence in the VA."

Bowman, who now works as the staff director for the Senate Veterans' Affairs Committee, was nominated by Trump to the position of deputy secretary of the VA – a spot most recently held by Sloan Gibson during the administration of former President Barack Obama.

If confirmed, he will work under VA Secretary David Shulkin to lead the 350,000-employee agency, the second-largest in the federal government.

article continues below

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"Modernizing the VA... working with Congress, [veterans service organizations] and other stakeholders to boldly and aggressively address needs highlighted by each of them will build upon what Trump, Shulkin and the Congress have already started, to hopefully regain that trust," Bowman said.

He and five other VA appointees were questioned Wednesday during a Senate veterans committee hearing. The committee intends to vote Thursday to send the nominations to the Senate floor for confirmation.

"It's very important we get these done now so they can get to work," said Sen. Johnny Isakson, R-Ga., chairman of the committee. "Every day they're not working, our veterans are not being served, and that's not good for our country."

AMERICAN OVERSIGHT

Sen. Jon Tester, D-Mont., the ranking Democrat on the committee, agreed senators needed to expedite the nominations.

"As the VA faces debilitating workforce shortages and tough decisions about veterans' care and benefits, it's critically important that we thoroughly and quickly vet nominees to serve at the VA," he said.

Before working in Congress, Bowman held leadership positions at the VA, including chief of staff. He was also a senior adviser to the director of VA health care in Florida and the Caribbean. He's a retired Marine Corps colonel and earned degrees from the University of Texas and Western New England College.

"There needs to be some common sense coming out of the department," Tester said. "I hope you're the guy to provide that."

Senators also heard from Brooks Tucker, nominated to be the assistant VA secretary of congressional and legislative affairs. Tucker worked on Trump's transition team and is now a senior adviser to Shulkin. He was previously a senior policy adviser to Sen. Richard Burr, R-N.C. He's a retired lieutenant colonel in the Marine Corps.

James Byrne was nominated to be VA's general counsel. He most recently worked as general counsel and the lead cyber and counterintelligence attorney at Lockheed Martin.

Trump nominated (b) (6) Allen, Amanda Meredith and Joseph Toth to the U.S. Court of Appeals for Veterans Claims, which hears cases from veterans who think their claims for VA benefits were denied unjustly.

Allen is a law professor and director of the Veterans Law Institute at Stetson University in Gulfport, Florida. Meredith is the deputy staff director and general counsel for the Senate veterans committee and Toth served as a judge advocate in the Navy. In 2011, Toth partnered with prosecutors in Afghanistan to establish rule of law in the district where the Taliban was formed.

The Senate committee is expected to vote on the six nominations Thursday at noon.

wentling.nikki@stripes.com
Twitter: @nikkiwentling

AMERICAN OVERSIGHT

Message

From: Darin Selnick (b) (6) @gmail.com]
Sent: 7/22/2017 10:47:31 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: CVA Backs House Plan to Fix Choice Program Budget Shortfall

FYI

Darin
---------- Forwarded message ----------
From: **CVA - Press** <press@cv4a.org>
Date: Sat, Jul 22, 2017 at 3:21 PM
Subject: CVA Backs House Plan to Fix Choice Program Budget Shortfall
To: (b) (6) @gmail.com

For Immediate Release: July 22, 2017
Press contact: press@cv4a.org

CONCERNED VETERANS FOR AMERICA

CVA Backs House Plan to Fix Choice Program Budget Shortfall

Arlington, VA — On Friday, the House Veterans Affairs Committee (HVAC) released a legislative solution to the Veteran Choice Program budget shortfall. The bill would create additional funds for the choice program which would be offset by continuing existing fees within other VA programs and reforming certain VA pensions.

Concerned Veterans for America (CVA) Policy Director Dan Caldwell issued the following statement:

> "We fully support the House VA Committee's bill to fix the budget shortfall within the Veteran Choice Program. Chairman Roe and his committee have put forward a practical solution that will address the problem quickly and in a fiscally responsible manner. This plan will ensure that the veterans who have been able to successfully use the choice program will not face any lapses in care due to the program running out of money in the coming weeks.
>
> "We urge Congress to reject strawman arguments from defenders of the status quo who are using this moment to advance their anti-choice agenda instead of doing what's best for veterans. There is no reason to tie fixing the Veteran Choice Program to other unnecessary spending increases, especially considering that a VA appropriations bill with a nearly two billion dollar budget is already in the works.
>
> "This whole scenario underscores the need for a permanent choice reform that will remove the VA as the middleman standing between veterans and their health care. After the budget shortfall is addressed, legislators must work as quickly as possible to develop a solution that will give veterans real choice over where and when to see a doctor, inside or outside of the VA."

AMERICAN OVERSIGHT

The Veteran Choice Program, which was enacted under Veterans' Access to Care through Choice, Accountability, and Transparency Act, was intended as a temporary solution to the wait list scandal of 2014. The Program was flawed — allowing veterans to only receive care at VA-approved facilities if they meet the "30-day, 40-mile" rule, for example — and has been implemented poorly.

CVA has proposed the creation of a government-chartered non-profit to oversee the traditional VA medical system in addition to creating a veterans health insurance program that would offer all veterans at the VA the ability to access care in the private sector. These proposals would empower veterans to use these benefits at his or her own discretion – inside or outside of the VA.

###

If you would rather not receive future communications from Concerned Veterans For America, let us know by clicking here.
Concerned Veterans For America, 2300 Wilson Blvd, Arlington, VA 22201 United States

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/2/2017 11:01:09 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

If i need anything i know i can ask- thanks

Sent from my iPhone

> On Aug 2, 2017, at 6:54 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> I don't want you to ever re-live the Atlantic experience except with good memories.
>
> I really want to see you back to your normal state- it will happen I know, but will take time- always does with back ailments.
>
> (b) (6) (b) (6)
>
> Sent from my iPhone
>
>> On Aug 2, 2017, at 5:51 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Thats how i felt about atlantic- so i know how you feel
>>
>> But as you know it usually turns out to be best
>>
>> Neither of us would be on this journey now
>>
>> Once the analgesia (b) (6) i
>>
>> Sent from my iPhone
>>
>>> On Aug 2, 2017, at 3:13 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
>>> I know I shouldn't, but I haven't been able to sleep much thinking of everything we spoke about- I know that all I can do is do my best and make a positive impact today, but if it doesn't happen, I know that we, especially you, gave it our best shot. But still so disturbing- something so obvious, so needed, so perfect should not be so difficult and impossible.
>>>
>>> Sent from my iPad
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/2/2017 10:54:18 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I don't want you to ever re-live the Atlantic experience except with good memories.

I really want to see you back to your normal state- it will happen I know, but will take time- always does with back ailments.

(b) (6) [redacted]

Sent from my iPhone

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>
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>
> But as you know it usually turns out to be best
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>>
>> Sent from my iPad
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/2/2017 9:51:40 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Thats how i felt about atlantic- so i know how you feel

But as you know it usually turns out to be best

Neither of us would be on this journey now

Once the analgesia wore off- the Pain is so bad all night i could not sleep- the procedure really inflamed it

Sent from my iPhone

> On Aug 2, 2017, at 3:13 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> I know I shouldn't, but I haven't been able to sleep much thinking of everything we spoke about- I know that all I can do is do my best and make a positive impact today, but if it doesn't happen, I know that we, especially you, gave it our best shot. But still so disturbing- something so obvious, so needed, so perfect should not be so difficult and impossible.
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/2/2017 7:13:49 AM
To: Drshulkin@aol.com

I know I shouldn't, but I haven't been able to sleep much thinking of everything we spoke about- I know that all I can do is do my best and make a positive impact today, but if it doesn't happen, I know that we, especially you, gave it our best shot. But still so disturbing- something so obvious, so needed, so perfect should not be so difficult and impossible.

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Alaigh, Poonam, M.D. [(b) (6) @va.gov]
Sent: 7/25/2017 2:29:06 PM
To: 'Marisol Garcia' [(b)@frenchangel59.com]; 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM

I can make it work but have to entertain company at 6pm - so can be available for 30min- David?

Sent with Good (www.good.com)

-----Original Message-----
From: Marisol Garcia [(b) @frenchangel59.com]
Sent: Tuesday, July 25, 2017 10:26 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.; 'David shulkin'
Subject: RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM

Sorry – The only time that works for Ike and the rest is 5:30 PM – so sorry

That doesn't work at all?

From: Alaigh, Poonam, M.D. [mailto(b) (6) @va.gov]
Sent: Tuesday, July 25, 2017 10:14 AM
To: 'Marisol Garcia'; 'David shulkin'
Subject: RE: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM

The early to mid morning works best for me either Saturday or Sunday.

Sent with Good (www.good.com)

-----Original Message-----
From: Marisol Garcia [(b) @frenchangel59.com]
Sent: Tuesday, July 25, 2017 10:12 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.; David shulkin
Subject: [EXTERNAL] Call for Sunday, July 30th at 5:30 PM

Poonam and David,

Ike would like to have a call with Laurie, Bruce, Marc and both of you.

Please let me know if 5:30 PM works for you.

Thank you,

AMERICAN OVERSIGHT

Marisol

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/20/2017 5:31:35 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Statement on Manchester Third-Party Review

No, I will take the sword for you- but I don't like the fact that everyone can speak for me- I am fine with the concept but not the words- anyway its water under the bridge but we should try that this doesn't happen again again

Sent from my iPad

On Jul 20, 2017, at 5:38 AM, David shulkin <Drshulkin@aol.com> wrote:

> That was not the intent of anyone- it seemed that we were stating the obvious
>
> If the USH is not overseeing this then who would? The only other persons possible would be the dep sec or secva.
>
> Since i am already taking all of the heat for this in the press - i will be glad to take this on And handle the oversight. That way you can stay out if it
>
> Sent from my iPhone
>
> On Jul 20, 2017, at 12:58 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:
>
> > It was not worded right by any means- it is a setup- I am very concerned and not happy at all- how is there a commitment declared on my behalf without my approval or consent - and I was with you, you could've just walked over to me and had a quick discussion
> >
> > Sent from my iPhone
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> > > The Department now is responding to the story and once again playing defense to a bad story.

AMERICAN OVERSIGHT

I cannot figure out how it puts you as a target- this was as is the role of the USh - youve delegated it for now - which is your perogative but the USH holds the responsibility

Im not sure what you would have suggested we could have done different.

Sent from my iPhone

On Jul 19, 2017, at 10:00 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> David you have to talk to me about this before you work out an action plan with John for VHA - Miguel or I were not involved and n get agreed to thisA this puts me in a vulnerable position and boxes me terribly - I now become the direct target
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 19, 2017 at 9:56:58 PM GMT+1
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: Statement on Manchester Third-Party Review**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Wright, Vivieca (Simpson)
> **Sent:** Wednesday, July 19, 2017 04:48 PM Eastern Standard Time
> **To:** Ullyot, John; Blackburn, Scott R.; Leinenkugel, Jake; Alaigh, Poonam, M.D.
> **Subject:** RE: Statement on Manchester Third-Party Review
>
> John adding Poonam because she was not aware of this Statement.

AMERICAN OVERSIGHT

-----Original Message-----
From: Ullyot, John
Sent: Wednesday, July 19, 2017 03:46 PM Eastern Standard Time
To: Blackburn, Scott R.; Leinenkugel, Jake; Wright, Vivieca (Simpson)
Subject: Statement on Manchester Third-Party Review

FYI — good news — as discussed a number of outlets informed us they are writing pieces today with Manchester VAMC whistleblowers very skeptical about the original OMI report and OMI's ability to conduct a credible re-investigation of the same facts at Manchester VAMC.

We responded with the following after discussing with SecVA (this had been my recommendation at Tuesday's staff meeting):

Secretary Shulkin has been clear that the top-to-bottom review he ordered following the Boston Globe article will be comprehensive, transparent, and brand new. The Undersecretary of Health will personally supervise the review, and we're also identifying a third-party panel of medical experts to be named shortly who will review the final report and provide input to the VA. Manchester Veterans deserve no less.

-- Curt Cashour, Press Secretary, U.S. Department of Veterans Affairs

Thanks,

John U.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/20/2017 4:38:42 AM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: Statement on Manchester Third-Party Review

That was not the intent of anyone- it seemed that we were stating the obvious

If the USH is not overseeing this then who would? The only other persons possible would be the dep sec or secva.

Since i am already taking all of the heat for this in the press - i will be glad to take this on And handle the oversight. That way you can stay out if it

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AMERICAN OVERSIGHT

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Sent from my iPhone

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> **To:** Ullyot, John; Blackburn, Scott R.; Leinenkugel, Jake; Alaigh, Poonam, M.D.
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AMERICAN OVERSIGHT

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Thanks,

John U.

AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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John U.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/19/2017 9:00:08 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Statement on Manchester Third-Party Review

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AMERICAN OVERSIGHT

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-- Curt Cashour, Press Secretary, U.S. Department of Veterans Affairs

Thanks,

John U.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/20/2017 6:51:33 AM
To: Thomas Bowman [(b) (6) @yahoo.com]

Tom- lets try to connect about the choice funding situation today.

Im in London today but could connect today if you have some time

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/25/2017 2:44:45 PM
To: David Shulkin [drshulkin@aol.com]
Subject: South Korea

I am going - I was thinking otherwise because of all the stuff we have to do here. But you have a great handle and can lead VHA without the slightest need for me- so am going- don't know what the future will be so might as well use the time I have today

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/22/2017 4:51:08 PM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Paralyzed Veterans of America Urges Open-Minded Debate on Future Funding For Veterans Healthcare

Interesting I had not seen

Sent from my iPad

On Jul 22, 2017, at 12:30 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> I thought you would like to see this from PVA
>
> http://www.prnewswire.com/news-releases/paralyzed-veterans-of-america-urges-open-minded-debate-on-future-funding-for-veterans-healthcare-300492566.html
>
> Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 7/22/2017 4:30:08 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Paralyzed Veterans of America Urges Open-Minded Debate on Future Funding For Veterans Healthcare

I thought you would like to see this from PVA

http://www.prnewswire.com/news-releases/paralyzed-veterans-of-america-urges-open-minded-debate-on-future-funding-for-veterans-healthcare-300492566.html

Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/21/2017 10:01:33 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: We have the Grace of God

Yup lucky

Sent from my iPhone

On Aug 21, 2017, at 10:47 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> http://www.cnn.com/2017/08/21/politics/kfile-sam-clovis-lgbt-comments/index.html
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/21/2017 4:47:39 PM
To: David shulkin [Drshulkin@aol.com]
Subject: We have the Grace of God

http://www.cnn.com/2017/08/21/politics/kfile-sam-clovis-lgbt-comments/index.html

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Mail Delivery Subsystem [mailer-daemon@googlemail.com]
Sent: 7/28/2017 1:54:02 AM
To: secshulkin@gmail.com
Subject: Delivery Status Notification (Failure)
Attachments: icon.png; warning_triangle.png; details.txt; new email address

Address not found

Your message wasn't delivered to (b) (6) @hoitmail.com because the address couldn't be found. Check for typos or unnecessary spaces and try again.

LEARN MORE

This link will take you to a third-party site

The response from the remote server was:

```
550 5.1.1 <(b) (6) n@hoitmail.com> Recipient not found. <http://x.co/irbounce>
```

AMERICAN OVERSIGHT

Reporting-MTA: dns; googlemail.com
Arrival-Date: Thu, 27 Jul 2017 18:54:01 -0700 (PDT)
X-Original-Message-ID: <CAPxZ7ipz2OyS2e6iS-Htic06kBktS92se8jjCACK-
vV2pob_yA@mail.gmail.com>

Final-Recipient: rfc822; (b) (6) n@hoitmail.com
Action: failed
Status: 5.1.1
Remote-MTA: dns; smtp.secureserver.net. (68.178.213.37, the server for the
 domain hoitmail.com.)
Diagnostic-Code: smtp; 550 5.1.1 <(b) (6) n@hoitmail.com> Recipient not found.
<http://x.co/irbounce>
Last-Attempt-Date: Thu, 27 Jul 2017 18:54:02 -0700 (PDT)

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 7/28/2017 1:54:01 AM
To: (b) (6) @frenchangel59.com; brucem(b) (6) @mac.com; mbs(b) (6) @gmail.com; lper(b) (6) @gmail.com; (b) (6) @hoitmail.com
Subject: new email address

Dear Friends- I have set up a new email address just for our secure communication on issues in the future. I will use this account for future secured communications, although I will still respond to my aol account if you send me a message there as well.

Thanks

David Shulkin

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 7/28/2017 1:54:01 AM
To: [redacted]@frenchangel59.com; brucem[redacted]@mac.com; mbs[redacted]@gmail.com; lper[redacted]@gmail.com; [redacted]@hoitmail.com
Subject: new email address

Dear Friends- I have set up a new email address just for our secure communication on issues in the future. I will use this account for future secured communications, although I will still respond to my aol account if you send me a message there as well.

Thanks

David Shulkin

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/26/2017 5:42:30 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: John U

Of course not- but why is he inserting himself- I would never take him up on this

Sent from my iPhone

On Jul 26, 2017, at 1:35 PM, David shulkin <Drshulkin@aol.com> wrote:

> Im not sure - id take scott up on this
>
> Sent from my iPhone
>
> On Jul 26, 2017, at 1:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > FYI- ??
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** July 26, 2017 at 1:30:12 PM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: John U**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Blackburn, Scott R.
> > **Sent:** Wednesday, July 26, 2017 12:16 PM Eastern Standard Time
> > **To:** Alaigh, Poonam, M.D.
> > **Subject:** John U
> >
> > Hi,
> >
> > I know there is some friction between VHA/OPIA. Let me know if I can help. I am happy to sit down with you/John to help you guys work things out. The Department needs you both to be successful. So if there is anything I can do to help that, I want to help. Just let me know.

AMERICAN OVERSIGHT

Scott Blackburn

Interim Deputy Secretary

Department of Veterans Affairs

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/26/2017 5:35:53 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: John U

Im not sure - id take scott up on this

Sent from my iPhone

On Jul 26, 2017, at 1:30 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> FYI- ??
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 26, 2017 at 1:30:12 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: John U**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Blackburn, Scott R.
> **Sent:** Wednesday, July 26, 2017 12:16 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** John U
>
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>
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>
> Scott
>
> **Scott Blackburn**

AMERICAN OVERSIGHT

Interim Deputy Secretary

Department of Veterans Affairs

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/26/2017 5:30:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: John U

FYI- ??

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 26, 2017 at 1:30:12 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: John U**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Blackburn, Scott R.
> **Sent:** Wednesday, July 26, 2017 12:16 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** John U
>
> Hi,
>
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>
> Scott
>
> **Scott Blackburn**
>
> Interim Deputy Secretary
>
> Department of Veterans Affairs

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/25/2017 6:23:05 PM
To: (b) (6) ((b) (6) apple.com]
CC: (b) (6) [(b) (6) @apple.com]; Poonam Alaigh [(b) (6) @gmail.com]; David Shulkin [secshulkin@gmail.com]
Subject: VA Meeting

Thank you for your very valuable discussion today. Your group has the talent to develop a portable medical record that brings important innovation to both patients and health care workers. What we learn from doing this for the VA will give Apple the opportunity if they decide to move forward, to bring this innovation to the general public. The history of the VA has been cooperative R&D that has translated to improved health care for not only Americans but the population worldwide. I mentioned just a few, the CT scan, the Cardiac Stent, the Pacemaker, the nicotine patch and the hepatitis vaccine. I look forward to providing any assistance necessary for a successful outcome.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/23/2017 12:43:01 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Hoping

You are having a great birthday celebration- Happy Birthday again birthday boy- will have to do another one in dc when I am there

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/22/2017 5:45:39 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Quick advice

Thanks but this is not a (b) (6)

But i will deal with it-

Sent from my iPhone

On Jul 22, 2017, at 1:35 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Have you seen anybody- what about some PT- I know its tough with all the travel that is coming up but
>
> - (b) (6)
> -
> -
> -
> -

From: David Shulkin <drshulkin@aol.com>
Sent: Saturday, July 22, 2017 12:52 PM
To: Poonam Alaigh
Subject: Re: Happy birthday

Thanks Poonam

I wish my (b) (6)

Sent from my iPad

> On Jul 22, 2017, at 8:05 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> Getting started with a whole bunch of stuff and just realized the day- happy birthday to a friend who is most dearest and precious. Wish you the worlds happiness and success on this blessed day!! A friend always and unconditionally- Poonam
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/22/2017 5:35:19 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Quick advice

Have you seen anybody- what about some PT- I know its tough with all the travel that is coming up but

- (b) (6)
- [redacted]

From: David Shulkin <drshulkin@aol.com>
Sent: Saturday, July 22, 2017 12:52 PM
To: Poonam Alaigh
Subject: Re: Happy birthday

Thanks Poonam

I wish my (b) (6) [redacted]

Sent from my iPad

> On Jul 22, 2017, at 8:05 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> Getting started with a whole bunch of stuff and just realized the day- happy birthday to a friend who is most dearest and precious. Wish you the worlds happiness and success on this blessed day!! A friend always and unconditionally- Poonam
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/20/2017 4:08:08 PM
To: Thomas Bowman [(b) (6) @yahoo.com]

Heard it went well today- Did you feel good about it?

Any sense that we can get a vote before recess?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 7/28/2017 11:01:07 PM
To: L Perl [(b) (6) @gmail.com]; brucem(b) (6) @mac.com; (@frenchangel59.com; mbs(b) (6) @gmail.com
CC: David Shulkin [Secshulkin@gmail.com]
Subject: Hospital Star Ratings

We just got notified from Medicare in the Department of Health and Human Services that they won't be able to do star ratings for our hospitals until December 2018.

As a solution to this and knowing how critical it is for us, David and I have our quality teams working on using the same methodology to develop star ratings for our hospitals that compare to the private hospitals. We hope to have something that we can share with you in the next 3-4 weeks. We will need to involve "the Five" as part of this discussion.

More when we speak on Sunday

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 8/2/2017 11:17:49 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

http://amp.tmz.com/2017/08/02/v-a-secretary-david-shulkin-transgenders-donald-trump-military-ban

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/19/2017 9:56:06 PM
To: Thomas Bowman [(b) (6) @yahoo.com]

Heard it went well today- Did you feel good about it?

Any sense that we can get a vote before recess?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 7/14/2017 10:04:34 PM
To: David shulkin [drshulkin@aol.com]
Subject: FW: Article - Darin Selnick

FYI

From: IP [mailto:[redacted]@frenchangel59.com]
Sent: Friday, July 14, 2017 4:51 PM
To: 'Kushner, Jared C. EOP/WHO'
Subject: RE: Article - Darin Selnick

David is very upset.

Right now David is overseas – on his return we'll talk.

Have a nice Shabbas and give our love to Ivanka.

From: Kushner, Jared C. EOP/WHO [mailto:[redacted]@who.eop.gov]
Sent: Friday, July 14, 2017 4:27 PM
To: IP
Subject: Re: Article - Darin Selnick

This is (b) (5) [redacted]

Sent from my iPad

On Jul 13, 2017, at 4:33 PM, IP <[redacted]@frenchangel59.com> wrote:

> I don't have to say anything; just look at the highlighted.
>
> >http://dailycaller.com/2016/10/20/va-slowed-private-care-option-by-hiring-firm-pentagon-fired/<
>
> # VA Slowed Private Care Option By Hiring Firm Pentagon Fired
>
> Luke Rosiak, Investigative Reporter
> 10:45 PM 10/20/2016
>
> Officials with the Department of Veterans Affairs (VA) chose a contractor to run its Choice Card program who was previously fired for allegedly defrauding the government after working on a similar contract with the Department of Defense (DOD.)
>
> The contractor, TriWest, now takes so long to schedule appointments with private healthcare providers that many veterans could shorten wait times by opting for traditional VA care, whose delays Choice was intended to allow veterans to escape.
>
> Choice Card links vets with private doctors, but VA seemingly tried to sabotage the program, fearing it jeopardizes its budget.

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TriWest contracts to administer parts of Tricare, the active military's healthcare system, since 1996. TriWest paid $10 million in September, 2011, to settle charges that it defrauded the government by negotiating low prices with doctors but not passing the resulting savings on to taxpayers.

"Those who overbill Tricare threaten to undermine the health care provided to our men and women in uniform," Tony West, assistant attorney general for the Civil Division of the Department of Justice, said of the legal settlement at the time.

But the standards seem to be lower for care owed to those who formerly wore the uniform of the U.S. military, because VA gave TriWest a contract in September, 2013, to run its Community Care program, a precursor to Choice Card that allowed veterans to use private doctors in some circumstances.

Inspector general reports said that program was run poorly, pointing the blame both at TriWest and the way VA set up their work. Meanwhile, Congress created the Choice Card program to enable any veteran delayed more than 30 days for VA care, or who didn't live close to a VA facility, to seek private health care services.

VA managers and leaders of the American Federation of Government Employees (AFGE) union, which represents most of the department's employees opposed it, fearing that fewer veterans in the government system would mean smaller budgets and fewer civil service jobs.

When VA leaders claimed budget shortfalls threatened closure of hospitals, they asked Congress to let them re-purpose $3.3 billion originally authorized for the Choice Card program.

When the bill became law anyway, VA gave the Choice Card contract to TriWest and HealthNet, another company that worked on Community Care.

A VA spokesperson said that "in order to enact [Choice] within 90 days, VA held an industry day to try to partner with industry to operate the program. Unfortunately, given the timeline set to roll out the program, VA's only option was to modify a previously existing national community care contract, which was never intended to handle the scope" of the Choice Card model.

Official data obtained by The Daily Caller News Foundation shows that more vets are now waiting months for private care because contractors take so long to schedule appointments.

Consequently, VA bureaucrats and their union will likely get the result they sought: veterans going back into the government healthcare system despite its delays.

Private care doctors aren't happy with the Choice Card initiative either, because the companies, which also manage payments, have been so slow to pay, causing many private care physicians to refuse veterans, leading to the same result.

A knowledgeable VA source told TheDCNF that after a patient does finally see a private doctor, TriWest takes up to 75 days to get the medical results of that appointment back into the VA system. That makes followup care impossible.

Darin Selnick, an Air Force veteran and former VA official under George W. Bush who now runs Concerned Veterans For America's Fixing Veterans Health Care Taskforce, said that "TriWest and HealthNet may not have been the best choices," but much of the failure is because VA "didn't want it to work."

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Officials at VA "didn't like the idea of patients going outside," because "what does any organization want to do? It wants to get more money, more people, more power, it wants to grow," Selnick added.

Scheduling delays happen because the system has a middleman, Selnick said. What other health care plan has "a system where you have to call a 1-800 number and they set up an appointment for you" with a provider that they select?," he asked.

Half of all veterans are on Medicare anyway, so the VA should simply pay a small supplement to Medicare providers, instead of creating multiple administrative layers of VA bureaucrats and contractors in between veterans and healthcare workers, Selnick noted, which would purportedly save billions of tax dollars annually.

Those close to the issue believe "the chief problem with Choice is that we've had to rely on VA to implement it, and the department is just not very good at implementing things," a spokesman for the House Committee on Veterans Affairs, which designed the Choice Card program, told TheDCNF

The committee never requested a third-party administrator to schedule appointments, the spokesman noted.

Companies involved in the Choice program defend their record. "Overall, TriWest is processing 90% of clean claims from providers within 30 days," the company explained, adding that it got "exceptional" and "very good" performance ratings for its Tricare work, and saved the military money, but voluntarily entered a settlement on the assumption that more savings were possible.

Hiring people with prior records of failure is a pattern at VA. When hospital directors come under criticism for poor management, VA executives routinely remove them, then reinstate them at another hospital where the poor performance continues.

Only weeks after the Chicago VA fired Deloris Judd from the federal workforce for patient abuse and dishonesty, the Phoenix VA hired her to work on the Choice Card program.

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 7/13/2017 12:38:02 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]; (@frenchangel59.com; David shulkin [drshulkin@aol.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: See DUNKIRK Early in IMAX and Support Veterans.

The head of IMAX is a very close friend of ours and very much wants to help our vets.. Best....L

On Wed, Jul 12, 2017 at 6:15 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
Yes this is awesome- we have to see if we can get the others to do the same thing in honor of our Veterans for the relevant movies

Sent from my iPhone

On Jul 12, 2017, at 6:43 PM, Bruce Moskowitz <brucemo(b) (6) @mac.com> wrote:

This is very magnanimous

Sent from my iPad
Bruce Moskowitz M.D.

On Jul 12, 2017, at 12:35 PM, (b @frenchangel59.com wrote:

I don't know if you saw this.

See an Advance Screening of DUNKIRK in IMAX When You Support Industry Military Veterans

<image001.jpg>

JULY 11, 2017 VISIT OUR WEB SITE

Exclusive Pre-Release IMAX Screening of *Dunkirk* to Support Veterans

For a donation of $50 to MPTF's Veterans Benefits Assistance Program, you can attend an exclusive pre-release screening of *DUNKIRK* in IMAX. The Veterans Benefits

AMERICAN OVERSIGHT

Assistance Program helps entertainment industry military veterans, their surviving spouses, and their families obtain VA pension benefits that they are entitled to but may need help navigating the maze of VA paperwork to access. MPTF's social workers walk veterans and their families through the VA claims process every step of the way until benefit awards are received.

In the past year, MPTF has screened nearly 700 entertainment industry military veterans and their surviving spouses, helping them to collectively obtain over $200,000 in retroactive benefits plus additional ongoing monthly support. Please help us help a veteran by **making a gift today.**

For each donation of $50 you will receive a special invitation to attend an exclusive advance screening of ***Dunkirk*** on July 19th at 7PM at AMC Century City 15 in IMAX with popcorn and a soft drink included.

<image002.jpg>

Your contribution will help MPTF to serve those in our industry who have served our country.

MPTF Supporters just like you help to make a difference every day.

MAKE A GIFT

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MPTF
The Wasserman Campus | 23388 Mulholland Drive | Woodland Hills, CA 91364
Toll-free: 855-760-MPTF | Donor Relations: 818-876-1977 | MPTF Foundation: 818-876-1900
info@mptf.com

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MAKE A GIFT VOLUNTEER

It's easy to update your Email Preferences. Be sure to add info@mptf.com to your address book or safe senders list so our emails get to your inbox. You may also review our Privacy Policy.

<image003.gif>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/12/2017 6:11:42 PM
To: (b)@frenchangel59.com
Subject: Re: See DUNKIRK Early in IMAX and Support Veterans.

I did- seems good

Sent from my iPhone

On Jul 12, 2017, at 6:35 PM, <(b)@frenchangel59.com> <(b)@frenchangel59.com> wrote:

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See an Advance Screening of DUNKIRK in IMAX When You Support Industry Military Veterans

<image001.jpg>

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<image002.jpg>

Your contribution will help MPTF to serve those in our industry who have served our country.

AMERICAN OVERSIGHT

MPTF Supporters just like you help to make a difference every day.

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info@mptf.com

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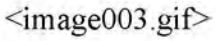
It's easy to update your Email Preferences. Be sure to add info@mptf.com to your address book or safe senders list so our emails get to your inbox. You may also review our Privacy Policy.



AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/12/2017 4:43:31 PM
To: (@frenchangel59.com
CC: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Curtis.Coy@va.gov; lper(b) @gmail.com
Subject: Re: See DUNKIRK Early in IMAX and Support Veterans.

This is very magnanimous

Sent from my iPad
Bruce Moskowitz M.D.

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<image001.jpg>

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<image002.jpg>

AMERICAN OVERSIGHT

Your contribution will help MPTF to serve those in our industry who have served our country.

MPTF Supporters just like you help to make a difference every day.

MAKE A GIFT

Home | Privacy Policy | Email Preferences

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Toll-free: 855-760-MPTF | Donor Relations: 818-876-1977 | MPTF Foundation: 818-876-1900
info@mptf.com

MAKE A GIFT VOLUNTEER

It's easy to update your Email Preferences. Be sure to add info@mptf.com to your address book or safe senders list so our emails get to your inbox. You may also review our Privacy Policy.

<image003.gif>

AMERICAN OVERSIGHT

Message

From: [redacted]@frenchangel59.com [[redacted]@frenchangel59.com]
Sent: 7/12/2017 4:35:19 PM
To: 'David shulkin' [drshulkin@aol.com]; 'Poonam Alaigh' [(b) (6) @hotmail.com]; 'Marc Sherman' [mbs(b) (6) @gmail.com]; 'Bruce Moskowitz' [brucem(b) (6) @mac.com]; Curtis.Coy@va.gov
CC: lper(b) @gmail.com
Subject: FW: See DUNKIRK Early in IMAX and Support Veterans.

I don't know if you saw this.

See an Advance Screening of DUNKIRK in IMAX When You Support Industry Military Veterans

JULY 11, 2017 VISIT OUR WEB SITE

Exclusive Pre-Release IMAX Screening of *Dunkirk* to Support Veterans

For a donation of $50 to MPTF's Veterans Benefits Assistance Program, you can attend an exclusive pre-release screening of *DUNKIRK* in IMAX. The Veterans Benefits Assistance Program helps entertainment industry military veterans, their surviving spouses, and their families obtain VA pension benefits that they are entitled to but may need help navigating the maze of VA paperwork to access. MPTF's social workers walk veterans and their families through the VA claims process every step of the way until benefit awards are received.

In the past year, MPTF has screened nearly 700 entertainment industry military veterans and their surviving spouses, helping them to collectively obtain over $200,000 in retroactive benefits plus additional ongoing monthly support. Please help us help a veteran by **making a gift today.**

For each donation of $50 you will receive a special invitation to attend an exclusive advance screening of ***Dunkirk*** on July 19th at 7PM at AMC Century City 15 in IMAX with popcorn and a soft drink included.

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Your contribution will help MPTF to serve those in our industry who have served our country.

MPTF Supporters just like you help to make a difference every day.

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MPTF
The Wasserman Campus | 23388 Mulholland Drive | Woodland Hills, CA 91364
Toll-free: 855-760-MPTF | Donor Relations: 818-876-1977 | MPTF Foundation: 818-876-1900
info@mptf.com

MAKE A GIFT VOLUNTEER

It's easy to update your Email Preferences. Be sure to add info@mptf.com to your address book or safe senders list so our emails get to your inbox. You may also review our Privacy Policy.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/19/2017 4:09:53 PM
To: Bruce Moskowitz [brucemo(b) (6) @mac.com]
CC: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) @gmail.com; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Kaiser Permanente and managed care

This is really good guidance

Thanks Bruce

Sent from my iPhone

> On Jul 19, 2017, at 2:44 PM, Bruce Moskowitz <brucemo(b) (6) mac.com> wrote:
>
> I spoke with the senior administrators to get their thoughts on managed care contracting and the VA. The takeaway points:
> The VA should first look to contract with large not for profit health systems, Geisinger, intermountain, Partners etc.
>
> If the VA contracts with Humana etc there will be more risk for cost containment, quality of care controls and most important serious ability to access care in a timely fashion.
>
> Claims have to be processed in 30 days to have credibility.
>
> The not for profits use Peer to Peer review to maintain quality of care and prevent over utilization
>
> Kaiser has "secret shoppers" to check on all aspects of care.
>
> Claims over 5,000 dollars are meticulously reviewed by administrators and physicians
>
> The VA has no system in place to direct Veterans to the correct hospital and emergency center in a geographic region. Kaiser is also struggling with this. MGH has a system.
>
> Discharge planning is a significant problem for the choice program and needs to have an automated system in place.
>
> Access to appointments with electronic monitoring of followup and ancillary testing access is more advanced in the non profit system.
>
>
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/19/2017 1:44:31 PM
To: IP [(b) (6) @frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) @gmail.com; David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Kaiser Permanente and managed care

I spoke with the senior administrators to get their thoughts on managed care contracting and the VA. The takeaway points:
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Access to appointments with electronic monitoring of followup and ancillary testing access is more advanced in the non profit system.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]kp.org]
Sent: 7/11/2017 6:08:12 PM
To: [redacted] M.D. [redacted] mayo.edu]
CC: David shulkin [Drshulkin@aol.com]; Ike Perlmutter [@frenchangel59.com]; Laurie Perlmutter [@gmail.com]; Bruce Moskowitz [brucemc[redacted]@mac.com]; Marc Sherman [mbs[redacted]@gmail.com]; [redacted] [redacted]@ccf.org]; [redacted] [redacted]@jhmi.edu]; [redacted] M.D. [redacted]@PARTNERS.ORG]
Subject: Re: VA update

Totally agree. Progress in deed!!

Sent from my iPhone

On Jul 9, 2017, at 7:59 PM, [redacted] M.D. <[redacted] mayo.edu> wrote:

Caution: This email came from outside Kaiser Permanente. Do not open attachments or click on links if you do not recognize the sender.

David - this is an impressive set of changes in a very short period of time! You are making bold moves and we are supportive and proud of your example. Well done David. We remain here to help you if you see something we can do to be supportive.
My best.
[redacted]

[redacted] **M.D.**
President and CEO
Mayo Clinic Administration
[redacted]
Phone [redacted]
Fax: [redacted]

Mayo Clinic
[redacted]
www.mayoclinic.org

On Jul 9, 2017, at 8:52 AM, David shulkin <Drshulkin@aol.com> wrote:

Dear Colleagues- I know we have not had a call recently and therefore I wanted to provide you with just a brief update on recent activities. Thanks to your guidance we have been making a lot of progress recently. For purpose of brevity, I will just mention a few.

1) Accountability- we had the new law passed two weeks ago and since then have been making big changes to the culture. We are communicating

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internally that people will be held accountable and have removed, suspended or demoted close to 800 people, As important I have taken two additional steps.
First, we are the first agency ever to commit to publishing our accountability actions- part of my goal to be the most transparent organization in government.
Second, we are now requiring a signoff on all settlements with employees- as we had a system that was out of control giving millions to employees to make them
go away rather than to take appropriate actions.

2) Technology- we are making good progress on the EMR - and are engaging EPIC as well as Cerner in the discussions. We still do not have a CIO- which makes
it challenging - but I have now identified a truly remarkable candidate that I am beginning the vetting process on. In addition we will be announcing new
programs in national access to telehealth at the end of the month that will be a game-changer for veterans.

3) Choice- we are seeking an immediate re-authorization of the Choice program and are working with Congress to get that done before the summer recess.
We are making good progress for a bill in the Fall that would eliminate the 40/30 rules and give much broader access to Choice and add quality parameters to the
ensure that veterans get the best quality care.

4) Facilities- I have recently published our list of 1100 vacant or underutilized facilities and plans to immediately move on 142 of these with a commitment to address all within
2 years. We do need some legislative help with this and we are working with leadership to get this done. We are also working much closer with DOD to integrate facility planning
and with the private sector about public private partnerships.

5) Strategic Shifting of Priorities- All facilities are now presenting plans to me to shift resources towards "foundational services" for veterans that include programs like PTSD treatment,
traumatic brain injury, prosthetics, behavioral health, spinal cord injury, war related injuries, blind rehabilitation, and away from general services that can be dealt with better in the private
sector. This is having a big impact on the way that people are thinking about how we invest in the future.

6) Disability redesign- This turns out to be a fundamental issue for us. This system is so broken that it is actually driving inappropriate demand on the healthcare side. The Commission on
Care identified this as a big issue and this is something I am now beginning to address. We are making progress on get our time to deal with claims much lower. We have a new process
that will take claims from 125 days down to under a week and we are rolling this out in September.

7) Suicide prevention- our biggest push here will be to work towards autoenrollment for service members that are leaving to enter the
VA. Last week I learned that when we went back to look at
a large number of young veterans that had committed suicide that the average gap in time for treatment from leaving service to getting VA care was 1.5 years. That is just way too long.

AMERICAN OVERSIGHT

Lots more is going on but this gives a flavor. I will be leaving mid week for an international conference on veterans affairs in London with our allies, but should be in touch on email or phone if you need me (international number(b) (6) [redacted]

Thanks again for your continued support.

David Shulkin

NOTICE TO RECIPIENT: If you are not the intended recipient of this e-mail, you are prohibited from sharing, copying, or otherwise using or disclosing its contents. If you have received this e-mail in error, please notify the sender immediately by reply e-mail and permanently delete this e-mail and any attachments without reading, forwarding or saving them. Thank you.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/9/2017 7:58:39 PM
To: L Perl [(b) (6) @gmail.com]
Subject: Re: VA update

Thank you Laurie- its been you and Ike that has given us all the needed support to do what needs to be done- we are all eternally grateful

David

Sent from my iPhone

On Jul 9, 2017, at 3:46 PM, L Perl <(b) (6) @gmail.com> wrote:

> David ---such tremendous achievements in a relatively short period of time. Congratulations! Best...Laurie
>
> On Sun, Jul 9, 2017 at 9:52 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Dear Colleagues- I know we have not had a call recently and therefore I wanted to provide you with just a brief update on recent activities.
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Lots more is going on but this gives a flavor. I will be leaving mid week for an international conference on veterans affairs in London with our allies, but should be in touch on email or phone if you need me (international number (b) (6) [redacted]

Thanks again for your continued support.

David Shulkin

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 7/9/2017 7:46:48 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; Marc Sherman [mbs(b) (6) @gmail.com]; (b) (6) [(b) (6) @ccf.org]; (b) (6) [(b) (6) kp.org]; (b) [(b) (6) @jhmi.edu]; (b) (6) M.D. (b) (6) @partners.org]; (b) (6) (6) M.D. (b) (6) (b) mayo.edu]
Subject: Re: VA update

David ---such tremendous achievements in a relatively short period of time.
Congratulations! Best...Laurie

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Thanks again for your continued support.

David Shulkin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/9/2017 1:52:36 PM
To: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; Marc Sherman [mbs(b) (6) @gmail.com]; (b) (6) [(b) (6) @ccf.org]; (b) (6) [(b) (6) kp.org]; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) M.D. [(b) (6) @PARTNERS.ORG]; (b) (6) M.D (b) (6) (b) mayo.edu]
Subject: VA update

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AMERICAN OVERSIGHT

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Thanks again for your continued support.

David Shulkin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/17/2017 7:02:22 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Did you let Ike know

Interesting that our access to care site has no quality ratings for new hampshire

Access is pretty mediocre to poor and satisfaction is high

Sent from my iPhone

> On Jul 17, 2017, at 6:18 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
>
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/17/2017 5:41:18 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Did you let Ike know

Yes

Sent from my iPhone

> On Jul 17, 2017, at 6:18 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
>
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/17/2017 5:18:42 AM
To: Drshulkin@aol.com
Subject: Did you let Ike know

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/11/2017 3:30:14 PM
To: Marc Sherman [mbs(b) (6)@gmail.com]; Bruce Moskowitz [brucem(b) (6)@mac.com]; Ike Perlmutter [(@frenchangel59.com]
Subject: Fwd:

Peter's background

Sent from my iPhone

Begin forwarded message:

>
>
> https://www.linkedin.com/in/petershelby
>
>
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/11/2017 3:31:57 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: CIO

If you can get Radu he is superb a forward thinker. He has led many conferences and is highly regarded. As for your Annals article it is well done.

Sent from my iPad
Bruce Moskowitz M.D.

On Jul 11, 2017, at 11:10 AM, David shulkin <Drshulkin@aol.com> wrote:

> Were meeting some good cio candidates- and my thinking is to take your advice (always a good idea) and take several people to help get a real talent pool on board.
>
> One guy i really like because of military, government, health and emr, and private sector experience is (b) (6) good references too- his CV is attached.
>
> Another guy that interviewed very well with my team (but i did not meet yet) is Radu Shrestha- he is the CTO at the university of pittsburg medical center. He nay be perfect as CIO of the health administration- a position we never had but really need. Bruce have you heard of him? We need to keep it confidential at this point as they dont know he is looking until we indicate we are ready to move forward- I will meet him as soon as I return.
>
> David
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** DJS <vacodjs1@va.gov>
> > **Date:** July 11, 2017 at 10:57:55 AM EDT
> > **To:** 'Shulkin ' <drshulkin@aol.com>
> > **Subject: FW: (No Subject)**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** (b) (6)
> > **Sent:** Tuesday, July 11, 2017 10:48 AM Eastern Standard Time
> > **To:** DJS
> > **Subject:** RE: (No Subject)
> >
> > Yes, attached.

AMERICAN OVERSIGHT

--

(b) (6)

White House Liaison

Department of Veterans Affairs

(b) (6) office

(b) (6) cell

From: DJS
Sent: Tuesday, July 11, 2017 10:48 AM
To: (b) (6)
Subject: RE: (No Subject)

Can you send me an electronic copy?

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Tuesday, July 11, 2017 10:43 AM Eastern Standard Time
To: DJS
Cc: Wright, Vivieca (Simpson); (b) (6)
Subject: RE:

Yes, I do. I submitted his info to PPO for vetting yesterday after I received his biographical form returned.

--
(b) (6)
White House Liaison
Department of Veterans Affairs
(b) (6) office
(b) (6) cell

-----Original Message-----
From: DJS
Sent: Tuesday, July 11, 2017 10:43 AM

AMERICAN OVERSIGHT

To: (b) (6)
Cc: Wright, Vivieca (Simpson); (b) (6)
Subject:

(b) do you have (b) (6) cv- the candidate for cio

Sent with Good (www.good.com)

<(b) (6) _17.docx>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/11/2017 3:10:59 PM
To: Ike Perlmutter [(b) @frenchangel59.com]
CC: Marc Sherman [mbsh(b) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: CIO
Attachments: (b) (6), (b) (2) 17.docx; Untitled attachment 93491.htm

Were meeting some good cio candidates- and my thinking is to take your advice (always a good idea) and take several people to help get a real talent pool on board.

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> **Subject:** RE: (No Subject)
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(b) (6)

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Department of Veterans Affairs

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Sent: Tuesday, July 11, 2017 10:48 AM
To: (b) (6)
Subject: RE: (No Subject)

Can you send me an electronic copy?

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Tuesday, July 11, 2017 10:43 AM Eastern Standard Time
To: DJS
Cc: Wright, Vivieca (Simpson); (b) (6)
Subject: RE:

Yes, I do. I submitted his info to PPO for vetting yesterday after I received his biographical form returned.

--
(b) (6)
White House Liaison
Department of Veterans Affairs
(b) (6) office
(b) (6) cell

-----Original Message-----
From: DJS
Sent: Tuesday, July 11, 2017 10:43 AM
To: (b) (6)
Cc: Wright, Vivieca (Simpson); (b) (6)
Subject:

(b) do you have (b) (6) cv- the candidate for cio

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

(b) (6), (b) (2)

(b) (6) @thee.ws

(b) (6)

Career Objective/Mission

(b) (6), (b) (2)

Key Career Achievements

- (b) (6), (b) (2)

Key Competencies

- (b) (6), (b) (2)

Career History Summary

Company	Role	Dates
(b) (6), (b) (2)		2015 – Present
		2013 – 2015
		2012 – 2013
		2010 – 2012
		2009 – 2010
		2008 – 2009
		2000 – 2008
		1996 - 2000

Personal and Confidential
Please do not distribute

AMERICAN OVERSIGHT

(b) (6), (b) (2)
(b) (6) @thee.ws

PROFESSIONAL EXPERIENCE

(b) (6), (b) (2) **2015 - Present**
(b) (6), (b) (2)

(b) (6), (b) (2) **2013 - 2015**
(b) (6), (b) (2)

Health Information Exchange Experience:

- (b) (6), (b) (2)

(b) (6), (b) (2) r **2012 – 2013**
(b) (6), (b) (2)

(b) (6), (b) (2) **2010 – 2012**
(b) (6), (b) (2)

Consulting Experience:

- (b) (6), (b) (2)

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AMERICAN OVERSIGHT

(b) (6), (b) (2)
(b) (6)e@thee.ws

(b) (6), (b) (2)

(b) (6), (b) (2) **2009 - 2010**
(b) (6), (b) (2)

Management Experience:

- (b) (6), (b) (2)
-
-
-
-

(b) (6), (b) (2) **2008-2009**
(b) (6), (b) (2)

IT Strategy:

- (b) (6), (b) (2)
-
-
-
-

Personal and Confidential
Please do not distribute

AMERICAN OVERSIGHT

Phillip LaJoie
(b) (6) @thee.ws

IT Management Experience:

- (b) (6), (b) (2)
-
-
-

(b) (6), (b) (2) (b) (6), (b) (2)
(b) (6), (b) (2) **2000-2008**
(b) (6), (b) (2)

(b) (6), (b) (2) **2000-2000**
(b) (6), (b) (2)

(b) (6), (b) (2) **1996-2000**

Personal and Confidential
Please do not distribute

AMERICAN OVERSIGHT

(b) (6), (b) (2)
(b) (6) @thee.ws
(b) (6), (b) (2)

QUALIFICATIONS

(b) (6), (b) (2)

PROFESSIONAL CERTIFICATIONS AND TRAINING

(b) (6), (b) (2)

PROFESSIONAL MEMBERSHIPS

(b) (6), (b) (2)

Personal and Confidential
Please do not distribute

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 7/11/2017 2:02:45 PM
To: 'David shulkin' [drshulkin@aol.com]
CC: 'L Perl' [(b) (6)@gmail.com]; 'Bruce Moskowitz' [brucem(b) (6)@mac.com]; 'Marc Sherman' [mbs(b) (6)@gmail.com]
Subject: RE: Fwd:

I agree with Marc 100%.

From: Marc Sherman [mailto:mbs(b) (6)@gmail.com]
Sent: Monday, July 10, 2017 10:30 PM
To: David shulkin <drshulkin@aol.com>
Cc: L Perl <(b) (6)@gmail.com>; IP <(b) (6)@frenchangel59.com>; Bruce Moskowitz <brucem(b) (6)@mac.com>
Subject: Re: Fwd:

Great article. Let's hope it stays that way. There are some good political lessons and advice buried within the article □

Marc Sherman
(b) (6)

On Jul 10, 2017 10:18 PM, "David Shulkin" <drshulkin@aol.com> wrote:

> Interesting
> >
> > https://www.google.com/amp/s/mobile.nytimes.com/2017/07/10/us/politics/house-senate-veteran-affairs-committees.amp.html
> >
> >
> >
> > Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 7/11/2017 2:29:41 AM
To: David shulkin [drshulkin@aol.com]
CC: L Perl [(b) (6) @gmail.com]; IP [@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Fwd:

Great article. Let's hope it stays that way. There are some good political lessons and advice buried within the article

Marc Sherman
(b) (6)

On Jul 10, 2017 10:18 PM, "David Shulkin" <drshulkin@aol.com> wrote:

> Interesting
>
> https://www.google.com/amp/s/mobile.nytimes.com/2017/07/10/us/politics/house-senate-veteran-affairs-committees.amp.html
>
>
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/11/2017 2:18:31 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Ike Perlmutter [(@frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]
Subject: Fwd:

Interesting
>
> https://www.google.com/amp/s/mobile.nytimes.com/2017/07/10/us/politics/house-senate-veteran-affairs-committees.amp.html
>
>
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/12/2017 6:13:33 PM
To: Darin Selnick [(b) (6)@gmail.com]
Subject: Re:

I will

Sent from my iPhone

> On Jul 12, 2017, at 12:33 PM, Darin Selnick <(b) (6)gmail.com> wrote:
>
> You might want to let Bruce know I am off the project.
>
> Thanks
>
> Darin
>
> Sent from my iPhone
>
>> On Jul 12, 2017, at 6:13 AM, Darin Selnick (b) (6)@gmail.com> wrote:
>>
>> I have not communicated with apple since we talked last, I only yesterday had a social lunch with (b) (6) to let her know I would not be involved. I will have them talk to (b) moving forward.
>>
>> Darin
>>
>> Sent from my iPhone
>>
>>> On Jul 12, 2017, at 3:19 AM, David shulkin <Drshulkin@aol.com> wrote:
>>>
>>> Darin- please dont communicate further with Apple- im really trying to protect you
>>>
>>> Glad to discuss more when i return
>>>
>>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 7/12/2017 10:33:27 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

You might want to let Bruce know I am off the project.

Thanks

Darin

Sent from my iPhone

> On Jul 12, 2017, at 6:13 AM, Darin Selnick [(b) (6)@gmail.com> wrote:
>
> I have not communicated with apple since we talked last, I only yesterday had a social lunch with (b) (6) to let her know I would not be involved. I will have them talk to (b) moving forward.
>
> Darin
>
> Sent from my iPhone
>
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>>
>> Darin- please dont communicate further with Apple- im really trying to protect you
>>
>> Glad to discuss more when i return
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 7/12/2017 10:13:46 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

I have not communicated with apple since we talked last, I only yesterday had a social lunch with (b) (6) to let her know I would not be involved. I will have them talk to (b) moving forward.

Darin

Sent from my iPhone

> On Jul 12, 2017, at 3:19 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> Darin- please dont communicate further with Apple- im really trying to protect you
>
> Glad to discuss more when i return
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/12/2017 7:19:25 AM
To: Darin Selnick [(b) (6) @gmail.com]

Darin- please dont communicate further with Apple- im really trying to protect you

Glad to discuss more when i return

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/10/2017 7:23:32 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] thank you

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 10, 2017 at 8:22:27 AM GMT+1
> **To:** 'Poonam Alaigh' <(b) (6)@hotmail.com>
> **Subject: FW: [EXTERNAL] thank you**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6)
> **Sent:** Sunday, July 09, 2017 06:51 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** FW: [EXTERNAL] thank you
>
> FYI.
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6) [(b) (6)@gmail.com]
> **Sent:** Saturday, July 08, 2017 03:12 PM Eastern Standard Time
> **To:** (b) (6)
> **Subject:** [EXTERNAL] thank you
>
> Dear Dr. (b) (6)
>
> I want to thank you for your call yesterday. It was a pleasure speaking with you! I wanted to let you know that I heard from Dr. (b) last night via e-mail and have connected with him.
>
> I will channel your story about Duke as I continue through the process.
>
> I hope our professional paths cross again in the future.
>
> Thank you,

AMERICAN OVERSIGHT

(b) (6)

[redacted], *PsyD MBA*
Pre-Doctoral Intern / Organizational Consultant
Organizational Development Services, Widener University

(b) (6) [redacted]@gmail.com
(b) (6) [redacted]

"Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom." -Viktor E. Frankl

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/17/2017 9:41:44 PM
To: IP [[redacted]@frenchangel59.com]
Subject: Re: Story in Boston Globe today

Im doing a thorough review- agree its not good

But there are more like this out there

We need a whole different group of managers to get this straightened out and as you know we have very little bench

David

Sent from my iPhone

On Jul 17, 2017, at 7:01 PM, IP <[redacted]@frenchangel59.com> wrote:

> David,
>
> https://www.bostonglobe.com/metro/2017/07/16/top-two-officials-removed-manchester-hospital/rnHF7NS39X7v3GelSmMTLN/story.html
>
> The attached article is very, very scary. What's happening at the Manchester New Hampshire VA is outrageous and unacceptable.
>
> Please let me know when we're going to get the ranking report (1 to 5 Stars) on the VA locations. I believe we were supposed to get this report on June 30th. It's very important that we get this information as soon as possible.
>
> Thank you,
> Ike
>
> ---
>
> **From:** DJS [mailto:vacodjs1@va.gov]
> **Sent:** Sunday, July 16, 2017 3:47 PM
> **To:** 'ip'
> **Subject:** FW: Story in Boston Globe today
>
> FYI
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** DJS
> **Sent:** Sunday, July 16, 2017 03:45 PM Eastern Standard Time
> **To:** 'ip'

AMERICAN OVERSIGHT

Subject: FW: Story in Boston Globe today

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Sunday, July 16, 2017 03:31 PM Eastern Standard Time
To: 'ip'
Subject: FW: Story in Boston Globe today

FYI- I wanted to keep you in the loop

David

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Sunday, July 16, 2017 01:58 PM Eastern Standard Time
To: 'Miller, Stephen EOP/WHO'
Cc: 'Andrew Bremberg'; 'Reed Cordish'
Subject: Story in Boston Globe today

There is a story today in the Boston Globe today that has a number of serious allegations regarding management at the Manchester New Hampshire VA.

While these issues are new to me, I am truly disappointed that local management kept these issues from us and that numerous whistleblowers had indicated management was not listening.

I made the decision, effective immediately to remove the medical center director and chief of staff and put in place the deputy network director. I will be sending a team immediately from D.C.to investigate the issues and report back. The team will include a member of the new Whistleblower Protection Office.

Furthermore I have been in touch with Governor Sinunu will be speaking directly with press tomorrow in New Hampshire to deal with these issues head on.

I can assure you many of the issues reported on are very old and others inaccurate and much good is occurring in Manchester. But overall I consider this a failure of management and I will hold people accountable.

We will continue to have issues in VA but my commitment will remain to act quickly, transparently, and work to fix systems and restore trust.

Let me know if you have questions

David Shulkin

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: IP [redacted@frenchangel59.com]
Sent: 7/17/2017 6:01:50 PM
To: David shulkin [drshulkin@aol.com]
CC: lper(b) @gmail.com; brucem(b) (6) @mac.com; mbs(b) (6) @gmail.com
Subject: FW: Story in Boston Globe today

David,

https://www.bostonglobe.com/metro/2017/07/16/top-two-officials-removed-manchester-hospital/rnHF7NS39X7v3GelSmMTLN/story.html

The attached article is very, very scary. What's happening at the Manchester New Hampshire VA is outrageous and unacceptable.

Please let me know when we're going to get the ranking report (1 to 5 Stars) on the VA locations. I believe we were supposed to get this report on June 30th. It's very important that we get this information as soon as possible.

Thank you,
Ike

From: DJS [mailto:vacodjs1@va.gov]
Sent: Sunday, July 16, 2017 3:47 PM
To: 'ip'
Subject: FW: Story in Boston Globe today

FYI

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Sunday, July 16, 2017 03:45 PM Eastern Standard Time
To: 'ip'
Subject: FW: Story in Boston Globe today

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Sunday, July 16, 2017 03:31 PM Eastern Standard Time
To: 'ip'
Subject: FW: Story in Boston Globe today

AMERICAN OVERSIGHT

FYI- I wanted to keep you in the loop

David

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Sunday, July 16, 2017 01:58 PM Eastern Standard Time
To: 'Miller, Stephen EOP/WHO'
Cc: 'Andrew Bremberg'; 'Reed Cordish'
Subject: Story in Boston Globe today

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We will continue to have issues in VA but my commitment will remain to act quickly, transparently, and work to fix systems and restore trust.

Let me know if you have questions

David Shulkin

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 7/8/2017 3:24:13 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Look

It's a GHATP from Texas, I remember now taking the picture when we were in Chicago for ACHE.

On Sat, Jul 8, 2017 at 7:40 AM David shulkin <Drshulkin@aol.com> wrote:
Who is that?

Sent from my iPhone

> On Jul 8, 2017, at 12:15 AM, (b) (6) <(b) (6)@gmail.com> wrote:
>
> I randomly saw this today on linkedin.
> <Screenshot_2017-07-08-00-20-19.png>

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/8/2017 11:40:50 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Look

Who is that?

Sent from my iPhone

> On Jul 8, 2017, at 12:15 AM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> I randomly saw this today on linkedin.
> <Screenshot_2017-07-08-00-20-19.png>

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@gmail.com]
Sent: 7/8/2017 4:15:46 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Look
Attachments: Screenshot_2017-07-08-00-20-19.png

I randomly saw this today on linkedin.

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/7/2017 11:37:14 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Fwd: Re:

Just spoke to him and he will take care of it this morning

Sent from my iPad

On Jul 7, 2017, at 7:16 AM, David shulkin <Drshulkin@aol.com> wrote:

> Can you send a reminder to (b) (6) just to confirm with philly that they might meet her
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) <j(b) (6)@gmail.com>
> **Date:** July 6, 2017 at 10:52:40 PM EDT
> **To:** David Shulkin <Drshulkin@aol.com>
> **Subject: Re:**
>
> Hi David,
>
> Thanks for checking in, I have not heard anything yet.
>
> (b)
>
> > On Jul 6, 2017, at 8:55 PM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > (b) did you hear anything yet from the philadelphia VA?
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/7/2017 11:16:50 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Re:

Can you send a reminder to (b) (6) just to confirm with philly that they might meet her

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <j(b) (6) @gmail.com>
Date: July 6, 2017 at 10:52:40 PM EDT
To: David Shulkin <Drshulkin@aol.com>
Subject: Re:

Hi David,

Thanks for checking in, I have not heard anything yet.

(b)

On Jul 6, 2017, at 8:55 PM, David shulkin <Drshulkin@aol.com> wrote:

(b) did you hear anything yet from the philadelphia VA?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 4:44:46 PM
To: IP [(b)@frenchangel59.com]
Subject: Re: RE:

Ike- he has been sent home for the time being (i knew i hadnt seen him in a while) until they sort out his final disposition

Thanks for following up

David

Sent from my iPhone

On Jul 6, 2017, at 9:56 AM, IP <(b)@frenchangel59.com> wrote:

> It's very nice.
>
> **From:** David shulkin [mailto:Drshulkin@aol.com]
> **Sent:** Thursday, July 06, 2017 7:16 AM
> **To:** Ike Perlmutter <(b)@frenchangel59.com>; Laurie Perlmutter <(b) (6)@gmail.com>; Marc Sherman <mbs(b) (6)@gmail.com>; Bruce Moskowitz <brucem(b) (6)@mac.com>
> **Subject:** Fwd:
>
> In case you wanted to see yesterday's fox interview
>
> https://m.youtube.com/watch?v=ob0mD5V4VX0
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 7/6/2017 1:56:21 PM
To: 'David shulkin' [Drshulkin@aol.com]; 'Laurie Perlmutter' [(b) (6)@gmail.com]; 'Marc Sherman' [mbs(b) (6)@gmail.com]; 'Bruce Moskowitz' [brucem(b) (6)@mac.com]
Subject: RE:

It's very nice.

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Thursday, July 06, 2017 7:16 AM
To: Ike Perlmutter <(b) (6)@frenchangel59.com>; Laurie Perlmutter <(b) (6)@gmail.com>; Marc Sherman <mbs(b) (6)@gmail.com>; Bruce Moskowitz <brucem(b) (6)@mac.com>
Subject: Fwd:

In case you wanted to see yesterday's fox interview

https://m.youtube.com/watch?v=ob0mD5V4VX0

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 11:16:15 AM
To: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Fwd:

In case you wanted to see yesterday's fox interview

https://m.youtube.com/watch?v=ob0mD5V4VX0

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/8/2017 5:11:15 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: The Smart-Medicine Solution to the Health-Care Crisis - The Wall Street Journal.

And less on our shoulders!

Sent from my iPad

On Jul 8, 2017, at 8:15 AM, Poonam Alaigh <(b) (6)@hotmail.com> wrote:

> Charlie?? Putting a lot on his shoulders
>
> Sent from my iPhone
>
> On Jul 8, 2017, at 7:49 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Bruce- this is absolutely the way to go- we are trying to move this way- i just brought in a new head of technology innovation- a true entrepreneur millenial-
> >
> > Where should we start? One particular technology or approach this broadly?
> >
> > David
> >
> > Sent from my iPhone
> >
> > On Jul 8, 2017, at 7:25 AM, Bruce Moskowitz <brucem(b) (6)@mac.com> wrote:
> >
> > > This is the only possible alternative to improving health care especially the telemedicine part and patient records. We have access to everything in this article for free via the 5 academic centers and the other entities mentioned in the article.
> > >
> > > The cost of doing business under the same model that the VA has been using is prohibitively expensive and lacks the ability to provide timely care.
> > >
> > > I thought you would be interested in the following story from The Wall Street Journal.
> > >
> > > **The Smart-Medicine Solution to the Health-Care Crisis**
> > >
> > > https://www.wsj.com/article_email/the-smart-medicine-solution-to-the-health-care-crisis-1499443449-lMyQjAxMTE3MzAzODkwNjg1Wj/

AMERICAN OVERSIGHT

Download the Wall Street Journal app here: WSJ.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/8/2017 12:15:16 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: The Smart-Medicine Solution to the Health-Care Crisis - The Wall Street Journal.

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> >
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> >
> > I thought you would be interested in the following story from The Wall Street Journal.
> >
> > **The Smart-Medicine Solution to the Health-Care Crisis**
> >
> > https://www.wsj.com/article_email/the-smart-medicine-solution-to-the-health-care-crisis-1499443449-lMyQjAxMTE3MzAzODkwNjg1Wj/
> >
> > Download the Wall Street Journal app here: WSJ.
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/8/2017 11:49:24 AM
To: Charlie Wiggins [(b) (6) @remedyventures.com]
Subject: Fwd: The Smart-Medicine Solution to the Health-Care Crisis - The Wall Street Journal.

Fyi

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Date:** July 8, 2017 at 7:25:06 AM EDT
> **To:** David shulkin <drshulkin@aol.com>, Poonam Alaigh <(b) (6) @hotmail.com>, mbs(b) (6) @gmail.com, L Perl <(b) (6) @gmail.com>, IP <(b)@frenchangel59.com>
> **Subject: The Smart-Medicine Solution to the Health-Care Crisis - The Wall Street Journal.**
>
> This is the only possible alternative to improving health care especially the telemedicine part and patient records. We have access to everything in this article for free via the 5 academic centers and the other entities mentioned in the article.
>
> The cost of doing business under the same model that the VA has been using is prohibitively expensive and lacks the ability to provide timely care.
>
> I thought you would be interested in the following story from The Wall Street Journal.
>
> **The Smart-Medicine Solution to the Health-Care Crisis**
>
> https://www.wsj.com/article_email/the-smart-medicine-solution-to-the-health-care-crisis-1499443449-lMyQjAxMTE3MzAzODkwNjg1Wj/
>
> Download the Wall Street Journal app here: WSJ.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/8/2017 11:49:11 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; mbs(b) (6) @gmail.com; L Perl [(b) (6) @gmail.com]; IP [@frenchangel59.com]
Subject: Re: The Smart-Medicine Solution to the Health-Care Crisis - The Wall Street Journal.

Bruce- this is absolutely the way to go- we are trying to move this way- i just brought in a new head of technology innovation- a true entrepreneur millenial-

Where should we start? One particular technology or approach this broadly?

David

Sent from my iPhone

On Jul 8, 2017, at 7:25 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> This is the only possible alternative to improving health care especially the telemedicine part and patient records. We have access to everything in this article for free via the 5 academic centers and the other entities mentioned in the article.
>
> The cost of doing business under the same model that the VA has been using is prohibitively expensive and lacks the ability to provide timely care.
>
> I thought you would be interested in the following story from The Wall Street Journal.
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> **The Smart-Medicine Solution to the Health-Care Crisis**
>
> https://www.wsj.com/article_email/the-smart-medicine-solution-to-the-health-care-crisis-1499443449-lMyQjAxMTE3MzAzODkwNjg1Wj/
>
> Download the Wall Street Journal app here: WSJ
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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/8/2017 11:25:06 AM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]; mbs(b) (6) @gmail.com; L Perl [(b) (6) @gmail.com]; IP [@frenchangel59.com]
Subject: The Smart-Medicine Solution to the Health-Care Crisis - The Wall Street Journal.

This is the only possible alternative to improving health care especially the telemedicine part and patient records. We have access to everything in this article for free via the 5 academic centers and the other entities mentioned in the article.

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The Smart-Medicine Solution to the Health-Care Crisis

https://www.wsj.com/article_email/the-smart-medicine-solution-to-the-health-care-crisis-1499443449-lMyQjAxMTE3MzAzODkwNjg1Wj/

Download the Wall Street Journal app here: WSJ.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/3/2017 2:41:18 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]; brucem(b) (6) @mac.com; (@frenchangel59.com
CC: David Shulkin [Secshulkin@gmail.com]
Subject: Fwd: FW: Please STAND DOWN

---------- Forwarded message ---------
From: Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov>
Date: Thu, Aug 3, 2017 at 10:37 AM
Subject: FW: Please STAND DOWN
To: palaigh89 <(b) (6) @gmail.com>

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Thursday, August 03, 2017 10:36 AM Eastern Standard Time
To: Mulligan, Ricci; (b) (6) @apple.com
Cc: Alaigh, Poonam, M.D.
Subject: Please STAND DOWN

(b) and Ricci,

Effective **immediately**, **please stand down ALL activities** related to the VA project between the VA, 5 Centers and Apple on the digital EHR until we receive clearance from Dr. Alaigh to resume activities. Please confirm receipt of this email and confirm that you have communicated with all members of your workgroups and respective teams. Thank you,

(b) (6)

Senior Advisor, Acting Under Secretary for Health

Department of Veterans Affairs

Veterans Health Administration

810 Vermont Avenue, NW

Rm. 815c

Washington, DC 20420

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/11/2017 2:24:57 AM
To: Darin Selnick (b) (6) @gmail.com]

http://www.startribune.com/va-makes-public-its-disciplinary-action-against-employees/433135853/

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/11/2017 2:24:07 AM
To: Thomas Bowman [(b) (6) [redacted]@yahoo.com]

http://www.startribune.com/va-makes-public-its-disciplinary-action-against-employees/433135853/

Sent from my iPad

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 7/8/2017 11:51:27 AM
To: David Shulkin [drshulkin@aol.com]
Subject: quick updates

Hi Dr. Shulkin,
Here are a few quick updates to help for when we catch up by phone later:

-Telehealth event - I've pinged several folks at the WH to try to nail down a date (most recently last night). (b) (6) and Darin have also been pinging separately. It's apparently still with the WH scheduling team. We will keep pushing.

-Google DeepMind- Ready to announce any time. Comms working on this. We will have a draft press release ready for your review by Monday.

-Whole Health - Should be active in 18 sites by this fall - we could announce this first phase of rollout as part of comprehensive suicide prevention (or as a solution to the opioid problem) in September? That way it would be clearly connected to one of your priority areas. We have time on your schedule the week of 7/24 when Tracy is in town to provide a deeper dive

-Sanford Health gift - We have a call next week with them. It seems most of the tests on their Sanford chip have already been run on our MVP samples, so we want to ask for something more with immediate clinical impact. As you suggested, I think prostate ca markers would make sense so we can build on the work we're already doing in oncology. I'll have an update for you by the time you get back. Maybe we can look to September (prostate ca awareness month) or if/when we do another Launchpad-like event?

-IBM Watson - (b) and the team do feel the collaboration is valuable and most of the kinks have already been worked out. If we expand to prostate, the volume should increase. (An additional 100 samples were uploaded this week). The issue of staffing on our side is real but more for the POP/ precision oncology program in general - not specific to Watson. For POP, they already have the funding and FTE, they just needed exemptions to actually hire. This is happening now.

-Novartis- I'm talking with (b) (6) today about this. I would envision a network of potentially "co-branded" sites to support rapid ramp-up of clinical trials. Novartis could help provide ongoing staffing support at sites. They are interested but we need to work out details. It would be good to have this fit in with the other investments in oncology that we are making.

-Regeneron- We are working out how we can provide access to our data without transferring the data - and how much access we want to provide them with in exchange for # exome sequencing. Our folks went to Regeneron in NYC for a day-long face to face that went very well. In our next conference call we will negotiate the nuts and bolts of the deal. Should have a good sense of what we can get to with them in the next 2-3 weeks.

-HBOT- CCI had a great meeting with FDA and got official approval for off-label use. This was the major concern of our SMEs and clinicians. CCI is working to launch a small HBOT pilot in San Antonio.
CCI is also working on a new Light therapy protocol for chronic pain and PTSD in Boston (about 60 veterans) and also SGB for PTSD. These could be announced soon.

Thanks and talk to you soon!
Jen

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 7/25/2017 6:31:50 PM
To: 'Poonam Alaigh' [(b) (6)@hotmail.com]
CC: Drshulkin@aol.com; 'Laurie Perlmutter' [(b) (6)@gmail.com]
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Poonam,

Please let us know what exactly we need to do to get the twins their house back from the bank.

Thank you,
Ike

From: Poonam Alaigh [mailto(b) (6)@hotmail.com]
Sent: Monday, July 24, 2017 7:58 PM
To: Ike Perlmutter; Laurie Perlmutter
Cc: Drshulkin@aol.com
Subject: Fwd: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Ike and Laurie- while we are trying to get more info, please see articles and links on the latest regarding the twins that you brought to our attention- a lot of donations and funds being raised. THANK YOU!!

Sent from my iPad

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 24, 2017 at 7:53:58 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6)@hotmail.com>
> **Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Pape, Lisa M.
> **Sent:** Monday, July 24, 2017 05:19 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News
>
> Read these articles
>
> Lisa Pape, LISW
> Acting VHA COS

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-----Original Message-----
From: (b) (6)
Sent: Monday, July 24, 2017 12:10 PM Eastern Standard Time
To: Pape, Lisa M.; (b) (6) (b) (6)
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; VISN Support Team 3; (b) (6) VHA 10NA3 Action; (b) (6) (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

I couldn't find the follow up on-air video online, but here are two online articles:

http://fox40.com/2017/07/21/veterans-affairs-community-step-up-to-help-84-year-old-homeless-twins/

http://www.foxnews.com/us/2017/07/23/homeless-84-year-old-war-veteran-twins-helped-by-veterans-affairs-donations-from-community.print.html#

From: Pape, Lisa M.
Sent: Saturday, July 22, 2017 11:01 AM
To: (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
Cc: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; (b) (6) W (VACO) <(b) (6) @va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; VHA 10NC Action <vha10ncaction@va.gov>; VHA 10B <vha10b@va.gov>; VISN Support Team 3 <VISNST3@va.gov>; (b) (6) (b) (6) @va.gov>; VHA 10NA3 Action <VHA10NA3Action@va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Nope

Lisa Pape, LISW
Acting VHA COS

-----Original Message-----
From: (b) (6)
Sent: Saturday, July 22, 2017 01:54 PM Eastern Standard Time
To: (b) (6) Pape, Lisa M.
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action;

AMERICAN OVERSIGHT

VHA 10B; VISN Support Team 3; (b) (6) VHA 10NA3 Action; (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Would defer to Ms. Pape.

From: (b) (6)
Sent: Saturday, July 22, 2017 10:35 AM
To: (b) (6) Pape, Lisa M.
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; VISN Support Team 3; (b) (6) VHA 10NA3 Action; (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Good morning,

Please advise if a ROC is still needed. If not, we will close out the request. Thanks.

(b)

From: (b) (6)
Sent: Friday, July 21, 2017 7:38 PM
To: (b) (6) (b) (6) (b) (6) Pape, Lisa M.; VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VISN Support Team 3; (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Good evening,

The last update I just received from the VAMC is that the Veterans both arrived at the Mather ED where they were seen by social work/homeless and the one brother who had the accident earlier this week was seen by medical. His injuries were minor and nothing new was needed medically.

They were provided a meal while there and offered a hotel room for the weekend to be paid by Voluntary Services, but they declined the latter because they planned to return to their friends' home. They also met with a benefits counselor from Volunteers of America to start the process for VBA benefits. They will meet again with someone from the VA Homeless Program and the CoC Housing Navigator early next week to assess what permanent housing solution would be best for them.

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Please let me know if there are any additional questions at this time.

Thank you,

(b) (6)

From: (b) (6)
Sent: Friday, July 21, 2017 1:05 PM
To: (b) (6) (b) (6) @va.gov>; (b) (6) <(b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; Pape, Lisa M. <Lisa.Pape2@va.gov>; VHA 10B (b) (6) @va.gov>
Cc: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; (b) (6) W (VACO) (b) (6) @va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; VHA 10NC Action <vha10ncaction@va.gov>; VISN Support Team 3 <VISNST3@va.gov>; (b) (6) (b) (6) @va.gov>
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Hello, adding VST 3 for their awareness, thanks.

From: (b) (6)
Sent: Friday, July 21, 2017 4:02 PM
To: (b) (6) (b) (6) Pape, Lisa M.; VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

I just received notification that the Veterans are on their way to the VAMC in Mather, but perhaps they will stop at the SSVF office too. A Homeless Social Worker is waiting for them at the ED to assess their needs – it seems they want to make sure the Veteran who was in an accident a few nights ago and presented at the ED has his medical needs assessed ASAP too.

This was truly a collaborative effort and we appreciate your support. The Veterans were located at a park, Fox 40 was there and the Veterans friends and a CoC navigator were there. There will be a followup story on Fox 40 tonight at 6pm Pacific.

AMERICAN OVERSIGHT

From: (b) (6)
Sent: Friday, July 21, 2017 12:54 PM
To: (b) (6) (b) (6) @va.gov>; Pape, Lisa M. <Lisa.Pape2@va.gov>; VHA 10B <vha10b@va.gov>
Cc: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; (b) (6) W (VACO) (b) (6) @va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; VHA 10NC Action <vha10ncaction@va.gov>; VHA 10B <vha10b@va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
Subject: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Please see this additional update:

SSVF has confirmed that one of the SSVF grantees, Volunteers of America, has made contact with the Veterans and they will be arriving at the grantee location within the hour for an intake screening. The SSVF grantee is in close proximity to the local VAMC (walking distance) and the SSVF Regional Coordinator has ensured that the grantee keep (b) (6) VAMC staff updated on the progress so that the coordinated assessment goes smoothly and the Veterans are connected to the available resources. The VA staff, SSVF grantees, and community partners are really putting forth a coordinated joint effort.

From: (b) (6)
Sent: Friday, July 21, 2017 2:36 PM
To: Pape, Lisa M.; VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) (b) (6) W (VACO); Hyduke, Barbara
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Lisa,

This is the response we have so far:

- The Chief Public Affairs Officer at NCHCS, (b) (6) added OPIA, VISN 21 PAO & VHA Comms to an internal email with VAMC leadership. I believe (b) (6) gave (b) the reporter's contact info. (b) (6) will contact the Fox News reporter directly and give the group an update afterwards. This was the plan she sent to VAMC leadership:

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- When the reporter does a follow-up story he will be emailing me. This has not be scheduled as of yet.
- I told the station we were having a hard time finding the Veterans and if the reporter could facilitate a connection that would be great. She was happy to do that when they do the follow-up.
- I pitched an interview for our homeless team to talk about our program – the news director was excited about the idea and will share that with Joe.

- The GoFundMe site (https://www.gofundme.com/help-gary-and-clifford-kukor) is currently at $92K and states the Veterans are staying with a friend.

- The VISN Suspense Lead will submit a summary from the VAMC to 10N on Monday and will include Dr. Alaigh, (b) (6) and Lisa Pape.

I will report back when the VAMC provides another update.

Thank you,

(b) (6)

--

(b) (6) **MBA**

Health System Specialist

Office of the VHA Chief of Staff (10B)

VA Central Office, Washington, D.C.

Office: (b) (6)

Mobile: (b) (6)

(b) (6) @va.gov

AMERICAN OVERSIGHT

Your feedback is important to our mission.

Please take a brief customer survey to tell us how we are doing.

From: Pape, Lisa M.
Sent: Friday, July 21, 2017 12:21 PM
To: VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) (b) (6) W (VACO); Hyduke, Barbara
Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

10B,

Please task out for follow by COB today with plan
Thanks

Lisa M. Pape, LISW

Acting Chief of Staff (10B)

Department of Veteran Affairs

Phone: 202-461-7016

Cell: 202-329-5841

From: Pape, Lisa M.
Sent: Friday, July 21, 2017 12:20 PM
To: (b) (6) Lynch, Thomas (VHA)
Cc: Alaigh, Poonam, M.D.
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

On it. (b) and Tom,

WE need to intervene. Hoping for resolution today.

Lisa M. Pape, LISW

Acting Chief of Staff (10B)

AMERICAN OVERSIGHT

Department of Veteran Affairs

Phone: 202-461-7016

Cell: 202-329-5841

From: Alaigh, Poonam, M.D.
Sent: Friday, July 21, 2017 10:13 AM
To: Pape, Lisa M.
Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Can someone look into this asap

Sent with Good (www.good.com)

-----Original Message-----
From: IP [(b) @frenchangel59.com]
Sent: Friday, July 21, 2017 09:33 AM Eastern Standard Time
To: DJS; Alaigh, Poonam, M.D.
Subject: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Poonam and David,

Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Is there something we can do to help these 2 vets?

http://www.foxnews.com/us/2017/07/20/homeless-war-veteran-84-year-old-twins-say-its-hell-after-home-foreclosed.html

Best,

Ike

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/24/2017 11:58:25 PM
To: Ike Perlmutter [@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]
CC: Drshulkin@aol.com
Subject: Fwd: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Ike and Laurie- while we are trying to get more info, please see articles and links on the latest regarding the twins that you brought to our attention- a lot of donations and funds being raised. THANK YOU!!

Sent from my iPad

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 24, 2017 at 7:53:58 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6)@hotmail.com>
> **Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Pape, Lisa M.
> **Sent:** Monday, July 24, 2017 05:19 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News
>
> Read these articles
>
> Lisa Pape, LISW
> Acting VHA COS
>
> -----Original Message-----
> **From:** (b) (6)
> **Sent:** Monday, July 24, 2017 12:10 PM Eastern Standard Time
> **To:** Pape, Lisa M.; (b) (6) (b) (6)
> **Cc:** Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; VISN Support Team 3; (b) (6) VHA 10NA3 Action; (b) (6) (b) (6)
> **Subject:** RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News
>
> I couldn't find the follow up on-air video online, but here are two online articles:

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http://fox40.com/2017/07/21/veterans-affairs-community-step-up-to-help-84-year-old-homeless-twins/

http://www.foxnews.com/us/2017/07/23/homeless-84-year-old-war-veteran-twins-helped-by-veterans-affairs-donations-from-community.print.html#

From: Pape, Lisa M.
Sent: Saturday, July 22, 2017 11:01 AM
To: (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
Cc: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; (b) (6) W (VACO) <(b) (6) @va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; VHA 10NC Action <vha10ncaction@va.gov>; VHA 10B <vha10b@va.gov>; VISN Support Team 3 <VISNST3@va.gov>; (b) (6) (b) (6) @va.gov>; VHA 10NA3 Action (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) <(b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Nope

Lisa Pape, LISW
Acting VHA COS

-----Original Message-----
From: (b) (6)
Sent: Saturday, July 22, 2017 01:54 PM Eastern Standard Time
To: (b) (6) Pape, Lisa M.
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; VISN Support Team 3; (b) (6) VHA 10NA3 Action; (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Would defer to Ms. Pape.

From: (b) (6)
Sent: Saturday, July 22, 2017 10:35 AM
To: (b) (6) Pape, Lisa M.
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; VISN

AMERICAN OVERSIGHT

Support Team 3; (b) (6) VHA 10NA3 Action; (b) (6) (b) (6) (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Good morning,

Please advise if a ROC is still needed. If not, we will close out the request. Thanks.

(b)

From: (b) (6)
Sent: Friday, July 21, 2017 7:38 PM
To: (b) (6) (b) (6) (b) (6) Pape, Lisa M.; VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VISN Support Team 3; (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Good evening,

The last update I just received from the VAMC is that the Veterans both arrived at the Mather ED where they were seen by social work/homeless and the one brother who had the accident earlier this week was seen by medical. His injuries were minor and nothing new was needed medically.

They were provided a meal while there and offered a hotel room for the weekend to be paid by Voluntary Services, but they declined the latter because they planned to return to their friends' home. They also met with a benefits counselor from Volunteers of America to start the process for VBA benefits. They will meet again with someone from the VA Homeless Program and the CoC Housing Navigator early next week to assess what permanent housing solution would be best for them.

Please let me know if there are any additional questions at this time.

Thank you,

(b) (6)

From: (b) (6)
Sent: Friday, July 21, 2017 1:05 PM

AMERICAN OVERSIGHT

To: (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>; Pape, Lisa M. <Lisa.Pape2@va.gov>; VHA 10B <vha10b@va.gov>
Cc: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; (b) (6) W (VACO) (b) (6) @va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; VHA 10NC Action <vha10ncaction@va.gov>; VISN Support Team 3 <VISNST3@va.gov>; (b) (6) (b) (6) @va.gov>
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Hello, adding VST 3 for their awareness, thanks.

From: (b) (6)
Sent: Friday, July 21, 2017 4:02 PM
To: (b) (6) (b) (6) Pape, Lisa M.; VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; (b) (6)
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

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This was truly a collaborative effort and we appreciate your support. The Veterans were located at a park, Fox 40 was there and the Veterans friends and a CoC navigator were there. There will be a followup story on Fox 40 tonight at 6pm Pacific.

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Cc: Lynch, Thomas (VHA) <Thomas.Lynch2@va.gov>; (b) (6) W (VACO) (b) (6) @va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; VHA 10NC Action <vha10ncaction@va.gov>; VHA 10B <vha10b@va.gov>; (b) (6) (b) (6) @va.gov>; (b) (6) (b) (6) @va.gov>
Subject: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

AMERICAN OVERSIGHT

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Cc: Lynch, Thomas (VHA); (b) (6) (b) (6) W (VACO); Hyduke, Barbara
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Lisa,

This is the response we have so far:

- The Chief Public Affairs Officer at NCHCS, (b) (6) added OPIA, VISN 21 PAO & VHA Comms to an internal email with VAMC leadership. I believe (b) (6) gave (b) the reporter's contact info. (b) (6) will contact the Fox News reporter directly and give the group an update afterwards. This was the plan she sent to VAMC leadership:

1. <!--[if !supportLists]--><!--[endif]--> When the reporter does a follow-up story he will be emailing me. This has not be scheduled as of yet.
2. <!--[if !supportLists]--><!--[endif]--> I told the station we were having a hard time finding the Veterans and if the reporter could facilitate a connection that would be great. She was happy to do that when they do the follow-up.
3. <!--[if !supportLists]--><!--[endif]--> I pitched an interview for our homeless team to talk about our program – the news director was excited about the idea and will share that with Joe.

- The GoFundMe site (https://www.gofundme.com/help-gary-and-clifford-kukor) is currently at $92K and states the Veterans are staying with a friend.

AMERICAN OVERSIGHT

- The VISN Suspense Lead will submit a summary from the VAMC to 10N on Monday and will include Dr. Alaigh, (b) (6) and Lisa Pape.

I will report back when the VAMC provides another update.

Thank you,

(b) (6)

--

(b) (6) **MBA**

Health System Specialist

Office of the VHA Chief of Staff (10B)

VA Central Office, Washington, D.C.

Office: (b) (6)

Mobile: (b) (6)

(b) (6) va.gov

Your feedback is important to our mission.

Please take a brief customer survey to tell us how we are doing.

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Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

10B,

AMERICAN OVERSIGHT

Please task out for follow by COB today with plan
Thanks

Lisa M. Pape, LISW

Acting Chief of Staff (10B)

Department of Veteran Affairs

Phone: 202-461-7016

Cell: 202-329-5841

From: Pape, Lisa M.
Sent: Friday, July 21, 2017 12:20 PM
To: (b) (6) Lynch, Thomas (VHA)
Cc: Alaigh, Poonam, M.D.
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

On it. (b) and Tom,

WE need to intervene. Hoping for resolution today.

Lisa M. Pape, LISW

Acting Chief of Staff (10B)

Department of Veteran Affairs

Phone: 202-461-7016

Cell: 202-329-5841

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Sent: Friday, July 21, 2017 10:13 AM
To: Pape, Lisa M.
Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

AMERICAN OVERSIGHT

Can someone look into this asap

Sent with Good (www.good.com)

-----Original Message-----
From: IP [(b) [redacted]@frenchangel59.com]
Sent: Friday, July 21, 2017 09:33 AM Eastern Standard Time
To: DJS; Alaigh, Poonam, M.D.
Subject: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Poonam and David,

Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Is there something we can do to help these 2 vets?

http://www.foxnews.com/us/2017/07/20/homeless-war-veteran-84-year-old-twins-say-its-hell-after-home-foreclosed.html

Best,

Ike

AMERICAN OVERSIGHT

Message

From: IP [(b) (6) @frenchangel59.com]
Sent: 7/22/2017 10:51:52 AM
To: 'Poonam Alaigh' [(b) (6) @hotmail.com]
CC: 'David Shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Incredible News!!!

Thank you so much for immediately reacting and finding a solution to this sad situation.

We truly appreciate it.

Thank you again.

All my Best,
Ike

From: Poonam Alaigh [mailto(b) (6) @hotmail.com]
Sent: Friday, July 21, 2017 10:01 PM
To: Ike Perlmutter
Cc: David Shulkin
Subject: Fwd: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News

Please see below resolution- thanks so much for bringing this to our urgent attention Ike!!

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** July 21, 2017 at 9:59:59 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: [EXTERNAL] Homeless, 84-year-old war veteran twins say 'it's hell' after home foreclosed | Fox News**
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> -----Original Message-----
> **From:** Pape, Lisa M.
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> **To:** Alaigh, Poonam, M.D.
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AMERICAN OVERSIGHT

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Acting VHA COS

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Let me know when resolved - thanks

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This is getting addressed.

Lisa M. Pape, LISW

Acting Chief of Staff (10B)

Department of Veteran Affairs

Phone: 202-461-7016

Cell: 202-329-5841

AMERICAN OVERSIGHT

From: (b) (6)
Sent: Friday, July 21, 2017 3:54 PM
To: (b) (6) Pape, Lisa M.; VHA 10B
Cc: Lynch, Thomas (VHA); (b) (6) W (VACO); Hyduke, Barbara; VHA 10NC Action; VHA 10B; (b) (6) (b) (6)
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AMERICAN OVERSIGHT

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--

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AMERICAN OVERSIGHT

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From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/22/2017 2:01:25 AM
To: Ike Perlmutter [(@frenchangel59.com]
CC: David Shulkin [drshulkin@aol.com]
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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

Thank you,

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--

(b) (6) [redacted] MBA

Health System Specialist

Office of the VHA Chief of Staff (10B)

VA Central Office, Washington, D.C.

Office (b) (6) [redacted]

Mobile: (b) (6) [redacted]

(b) (6) [redacted] @va.gov

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Acting Chief of Staff (10B)

AMERICAN OVERSIGHT

Department of Veteran Affairs

Phone: 202-461-7016

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Best,

Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/26/2017 11:09:31 AM
To: (b) (6) Pham (b) (6) @va.gov]
Subject: Fwd: [EXTERNAL] Thank you!

Print

Sent from my iPhone

Begin forwarded message:

> **From:** SreyRam Kuy <(b) (6) @gmail.com>
> **Date:** July 26, 2017 at 1:11:03 AM EDT
> **To:** DJS <vacodjs1@va.gov>, David shulkin <DrShulkin@aol.com>
> **Subject: Re: [EXTERNAL] Thank you!**
>
> Secretary Shulkin,
>
> I just wanted to say how much I enjoyed reading your article in USA Today citing the many accomplishments of the VA - from training new doctors to leading the way in research and medical advancement. Thank you for making us so proud! As an RWJ Clinical Scholar alumna, I was a VA Scholar and did all my medical training at the VA. I am indebted to the VA.
>
> I also wanted to say that if there is ever any way I could contribute - as a volunteer on a committee, as a volunteer advisor, drafting white papers or other opportunities, I would love to contribute any way I could. It's an honor and privilege to serve our nation's heroes. Please let me know anyway I can help using my experiences with managed care, leading opioid initiatives, quality metrics, etc.
>
> I really admire and look up to you as a role model for RWJ alumni wanting to make a real difference and truly change the world. Thanks for the inspiration!
>
> Respectfully,
> SreyRam
>
> ps. Here's a recent article about a talk I gave as the keynote speaker for President Bush's leadership program. Hope you enjoy it.
> http://www.bushcenter.org/publications/articles/2017/07/americas-two-economies.html
>
> SreyRam Kuy, MD, MHS, FACS
> (b) (6) @gmail.com
> (b) (6)
>
> On Tue, May 9, 2017 at 9:14 PM, DJS <vacodjs1@va.gov> wrote:

AMERICAN OVERSIGHT

Thanks for updating me on your impressive progress

I continue to be hopeful
We will find the right role for you here

Thanks for keeping in touch

David Shulkin

Sent with Good (www.good.com)

-----Original Message-----
From: SreyRam Kuy [(b) (6) @gmail.com]
Sent: Tuesday, May 09, 2017 05:04 PM Eastern Standard Time
To: David shulkin; Shulkin, David J., MD
Subject: [EXTERNAL] Thank you!

Secretary Shulkin,

Thanks so much for the wonderful opportunity to meet with you back in March. I just wanted to say it was such an honor to get to meet and talk with you about serving our veterans. As an RWJ Clinical Scholar, you are such an inspiration to me as a role model and a mentor. Again, thank you for the opportunity to get to meet you!

I just wanted to share with you some updates in my work. This is an article that came out about my efforts to improve healthcare quality on the state level and the Early Career Achievement Award I'm receiving this month from Oregon Health Sciences University School of Medicine.
https://www.ohsu.edu/xd/education/schools/school-of-medicine/news-and-events/2017_earlycareer.cfm

I also was fortunate enough to receive a national community service

AMERICAN OVERSIGHT

award from RandomActs.org, with a monetary prize, that I was able to donate to Dog Tag Bakery, a DC non-profit that helps wounded veterans develop business skills.
http://www.randomacts.org/news/cita-2016-public-vote-winner/

Again, thanks so much for taking the time to chat with me about veterans health, and for being such an inspiration. I'm often in DC for Medicaid and the National Quality Forum, and always appreciate an opportunity to say Hi, connect and express my interest in helping contribute to the VA and the efforts to serve our veterans. Thank you for being an inspiration and a role model for me.

Respectfully,
SreyRam

SreyRam Kuy, MD, MHS, FACS
Chief Medical Officer, Medicaid
Louisiana Department of Health
Phone: (b) (6) [redacted]
Email: (b) (6) [redacted]@gmail.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/26/2017 11:09:22 AM
To: SreyRam Kuy [(b) (6) @gmail.com]
Subject: Re: [EXTERNAL] Thank you!

Thanks again for staying in touch

I love your persistence

Im thinking of how best to work this out

David Shulkin

Sent from my iPhone

> On Jul 26, 2017, at 1:11 AM, SreyRam Kuy <(b) (6) @gmail.com> wrote:
>
> Secretary Shulkin,
>
> I just wanted to say how much I enjoyed reading your article in USA
> Today citing the many accomplishments of the VA - from training new
> doctors to leading the way in research and medical advancement. Thank
> you for making us so proud! As an RWJ Clinical Scholar alumna, I was
> a VA Scholar and did all my medical training at the VA. I am indebted
> to the VA.
>
> I also wanted to say that if there is ever any way I could contribute
> - as a volunteer on a committee, as a volunteer advisor, drafting
> white papers or other opportunities, I would love to contribute any
> way I could. It's an honor and privilege to serve our nation's
> heroes. Please let me know anyway I can help using my experiences
> with managed care, leading opioid initiatives, quality metrics, etc.
>
> I really admire and look up to you as a role model for RWJ alumni
> wanting to make a real difference and truly change the world. Thanks
> for the inspiration!
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> ps. Here's a recent article about a talk I gave as the keynote
> speaker for President Bush's leadership program. Hope you enjoy it.
> http://www.bushcenter.org/publications/articles/2017/07/americas-two-economies.html
>
> SreyRam Kuy, MD, MHS, FACS
> (b) (6) @gmail.com
>(b) (6)
>
>> On Tue, May 9, 2017 at 9:14 PM, DJS <vacodjs1@va.gov> wrote:
>> Thanks for updating me on your impressive progress
>>
>> I continue to be hopeful
>> We will find the right role for you here
>>
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AMERICAN OVERSIGHT

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>> SreyRam Kuy, MD, MHS, FACS
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>> Phone: (b) (6)
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AMERICAN OVERSIGHT

Message

From: SreyRam Kuy [(b) (6) @gmail.com]
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To: DJS [vacodjs1@va.gov]; David shulkin [DrShulkin@aol.com]
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(b) (6) @gmail.com
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AMERICAN OVERSIGHT

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> SreyRam Kuy, MD, MHS, FACS
> Chief Medical Officer, Medicaid
> Louisiana Department of Health
> Phone: (b) (6)
> Email: (b) (6) @gmail.com

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 7:11:26 PM
To: Bruce Moskowitz [brucemo(b) (6)@mac.com]
CC: IP [@frenchangel59.com]
Subject: Re: Terry Fadem

I tried calling him several times- he just sent me a note that it was the wrong number so he will call me tonight

Sent from my iPhone

> On Jul 6, 2017, at 2:59 PM, Bruce Moskowitz <brucemo(b) (6)mac.com> wrote:
>
> Any update
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/6/2017 6:59:03 PM
To: drshulkin@aol.com
CC: IP [@frenchangel59.com]
Subject: Terry Fadem

Any update

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/5/2017 3:16:03 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Touching base

No

Sent from my iPhone

On Jul 5, 2017, at 10:22 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Do you want me to reach out to him
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) @gmail.com
> **Date:** July 5, 2017 at 10:11:17 AM EDT
> **To:** (b) (6) @hotmail.com
> **Subject: Touching base**
>
> Hi Poonam,
>
> Hope you're doing terrific. We have missed you at our SAHLF meetings. Hopefully you can join us sometime! We are planning to do the next one in New York. Perhaps this might be easier for you.
>
> I'm reaching out because I'm a candidate for the VA Undersecretary role and would love your guidance given all of your experience and perspective acting in the role. (b) (6) suggested you'd have some good thoughts and would love your candid view of the position. If you have a free moment or two I can give you a call--let me know.
>
> Many thanks for your guidance in advance-(b) (6)
>
> (b) | (b) (6)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/5/2017 2:22:07 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Touching base

Do you want me to reach out to him

Sent from my iPhone

Begin forwarded message:

From: (b) (6)@gmail.com
Date: July 5, 2017 at 10:11:17 AM EDT
To: (b) (6) @hotmail.com
Subject: Touching base

Hi Poonam,

Hope you're doing terrific. We have missed you at our SAHLF meetings. Hopefully you can join us sometime! We are planning to do the next one in New York. Perhaps this might be easier for you.

I'm reaching out because I'm a candidate for the VA Undersecretary role and would love your guidance given all of your experience and perspective acting in the role. (b) (6) suggested you'd have some good thoughts and would love your candid view of the position. If you have a free moment or two I can give you a call--let me know.

Many thanks for your guidance in advance--
(b) (6)

(b) | (b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/22/2017 5:43:51 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Good thoughts

Sent from my iPhone

On Jul 22, 2017, at 1:21 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> Probably could as a political, even at GS13 level to start. I'm sure PPO is still trying to place young communicators from the campaign. Best place to look for resumes I think.
>
> I asked Curt to take a look. He seems to be better writer and communicator. I keep pushing for him to get more involved with your stuff in the front end vs behind the scenes. Seems solid in his capabilities. Could probably do even better things if he was closer.
>
> On Sat, Jul 22, 2017 at 1:02 PM David Shulkin <drshulkin@aol.com> wrote:
> I wonder if we could do a scarmucci and find a really good and talented young writer ?
>
> Sent from my iPad
>
> > On Jul 22, 2017, at 11:13 AM, (b) (6) <(b) (6) @gmail.com> wrote:
> >
> > I don't think (b) (6) remarks for Youngstown are good. I think Brandon or Curt should help.
> Let me know if you agree before I ask them to chop.
>
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 7/22/2017 5:21:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

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--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/22/2017 5:02:12 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

I wonder if we could do a scarmucci and find a really good and talented young writer ?

Sent from my iPad

> On Jul 22, 2017, at 11:13 AM, (b) (6) <(b) (6) r@gmail.com> wrote:
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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/22/2017 4:48:53 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Let's ask them to try

ThNks

And thanks for the bday wishes

Sent from my iPad

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AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 7/22/2017 3:13:56 PM
To: David Shulkin [drshulkin@aol.com]

I don't think (b) (6) remarks for Youngstown are good. I think Brandon or Curt should help. Let me know if you agree before I ask them to chop.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/13/2017 4:00:32 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
BCC: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Human Resources

I did not know about the development from the lunch - sorry

Sent from my iPhone

On Jul 13, 2017, at 12:22 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> Thanks for the quick reply. I am leaving for vacation until July 28 and then would love to get together with Peter and get to know him. I will tell AU to stand down on the search and we can then have them interface directly with Peter if he thinks they can help him with advisory. They have offered to develop online HR training programs and other things. You are right that they offered advisory but after a two hour lunch meeting two weeks ago, they got the message that advisory is useless unless you have a director to advise, so they were cajoled into helping find the director first. Our fault that we crossed signals.
>
> On Thu, Jul 13, 2017 at 1:14 AM, David shulkin <Drshulkin@aol.com> wrote:
> Marc- yes we do have a person now- which is why i wrote and suggested you may want to meet (or speak) to Peter.
>
> My understanding from the emails we received is that we had sought this assistance from AU and that they were only able to offer advisory assistance but not anyone to come to VA to fill a role. We received no information that any candidates were identified or any on the horizon- sorry if there was a mis communication . We are very appreciative of these efforts of course and now that Peter is on board we are in a better position to take advantage of AU's advisory offer
>
> David
>
> Sent from my iPhone
>
> On Jul 13, 2017, at 4:47 AM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:
>
> > David
> >
> > Can you confirm that the VA now has a full time HR Director? I am asking because in our call a few weeks ago you had identified the HR Director vacancy to be one of the biggest issues to solve. Following the call, Bruce searched out American University as a player in the HR space and recruited them to help by lobbying the University President. They agreed to help after we had a meeting and several phone calls over the last two weeks. As a result of that effort, the AU General Counsel is currently spending significant time searching out HR Director candidates. If the slot has been filled, I need to call her off ASAP for obvious reasons.
> >
> > Please let me know as soon as you can

AMERICAN OVERSIGHT

Thanks. Hope the trip is fruitful.

Marc

On Tue, Jul 11, 2017 at 11:04 AM, David shulkin <Drshulkin@aol.com> wrote:

Two updates- one here and one on the next email

Our new head of HR started last week- great background and ready to change the status quo- his name is Peter Shelby and Ike and I thought a call to get to know him and offer assistance might be valuable. His office number is (b) (6)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 7/13/2017 10:22:08 AM
To: David shulkin [Drshulkin@aol.com]
CC: Bruce Moskowitz [bruce(b) (6) @mac.com]
Subject: Re: Human Resources

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AMERICAN OVERSIGHT

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AMERICAN OVERSIGHT

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Sent: 7/13/2017 2:47:23 AM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Human Resources

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AMERICAN OVERSIGHT

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To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(b) (6) @frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: Human Resources

Good news

Sent from my iPad
Bruce Moskowitz M.D.

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AMERICAN OVERSIGHT

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To: Ike Perlmutter [(b) (6)@frenchangel59.com]
CC: Bruce Moskowitz [brucemo(b) (6)@mac.com]; Marc Sherman [mbs(b) (6)@gmail.com]
Subject: Human Resources

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Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/2/2017 5:01:34 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: drshulkin@aol.com
Subject: Re: Inventory Management

Thanks Bruce, definitely a good back up plan after the Kurt situation- I will get working on this as a priority this week

Sent from my iPhone

> On Jul 2, 2017, at 8:34 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> (b) (6) who is at the Vanderbilt VA was part of the inventory management meeting in Baltimore. His group can do the most critical part of inventory, all medical devices. We can pair his group with a general inventory manager which would solve the problem.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 7/11/2017 2:37:04 PM
To: 'David shulkin' [drshulkin@aol.com]
Subject: Donna Katen-Bahensky, MSPH - Medical Center Director

Office: (561) 422-8601
Cell: (b) (6)
Email: Donna.Katen-Bahensky@va.gov

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/19/2017 1:45:03 PM
To: David Shulkin [secshulkin@gmail.com]
CC: Poonam Alaigh [(b) (6) @gmail.com]; Ike Perlmutter [@frenchangel59.com]; laurie perle [(b) (6) @yahoo.com]; mbs(b) (6) @gmail.com
Subject: Re: NYTimes: A Start-Up Suggests a Fix to the Health Care Morass

The segment that pertains to Va is patient tracking and cost control in choice program is my focus I have a meeting with Apple this week. We have the software to do this and we have already identified how this gets integrated with Epic. Even though I can get this done for free I can't without the authority to do so.

Sent from my iPhone

On Aug 19, 2017, at 9:30 AM, David Shulkin <secshulkin@gmail.com> wrote:

> Bruce- i agree this is the future- the GPS of healthcare
>
> I know the guys at Aledade- they are former Obama guys and here in DC- unbelievable that they raised 75m
>
> Sent from my iPhone
>
> On Aug 17, 2017, at 7:34 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
>
> > There is an important section in this article that verifies what I explained needs to be part of the Apple Effort and the Geotagging. Below I copied that section. We had various specialists from the academic centers on the first call with Apple since Apple can not do this alone. Without a similar initiative we can not meet quality care standards nor can we control costs.
> >
> > Aledade's software addresses that by collecting patient data from a variety of sources, creating a helicopter view. Doctors can see which specialists a patient has visited, which tests have been ordered, and, crucially, how much the overall care might be costing the health care system.
> > More important, the software uses the data to assemble a battery of daily checklists for physicians' practices. These are a set of easy steps for the practice to take — call this patient, order this vaccine — to keep on top of patients' care, and, in time, to reduce its cost.
> > For example, say you're a doctor at a small practice in rural Kansas and one of your patients, a 67-year-old man with heart disease, has just gone to the emergency room.
> > "In the past, we'd only find out our patients were at the hospital maybe weeks afterward," said Dr. Bryan Dennett, who runs the Family Care Center in Winfield, Kan., with medical partner, Dr. Bryan Davis. With Aledade, Dr. Dennett is now alerted immediately, so "we can call them when they're at the emergency room and say, 'Hey, what are you doing there? Come back here, we can take care of you!"
> > It is not just emergency room visits. Aledade tells doctors which of their patients is eligible for preventive care like vaccines or an "annual wellness

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visit." The doctors said that during such visits they have discovered several conditions that would have ballooned into much bigger problems without treatment. The software lets doctors know when their patients have been discharged from the hospital, allowing them to schedule "transitional care management" visits.
Such visits are a gimme for the health care system — they have been proved to reduce hospital readmissions (which are extremely costly), and patients say they find them valuable in navigating the health care system. And because these visits are so effective at lowering overall health care costs, Medicare pays doctors a higher rate to provide such care — meaning that primary care doctors can make money by following Aledade's alerts.

https://www.nytimes.com/2017/08/16/technology/a-start-up-suggests-a-fix-to-the-health-care-morass.html?smprod=nytcore-ipad&smid=nytcore-ipad-share

Aledade, a tech start-up, is working to reduce health care costs while improving care. The results are on view at two medical practices in southeast Kansas.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/19/2017 1:30:12 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Poonam Alaigh [(b) (6) @gmail.com]; Ike Perlmutter [@frenchangel59.com]
Subject: Re: NYTimes: A Start-Up Suggests a Fix to the Health Care Morass

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AMERICAN OVERSIGHT

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/17/2017 11:34:19 AM
To: David Shulkin [secshulkin@gmail.com]; Poonam Alaigh [(b) (6) @gmail.com]
CC: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) @gmail.com
Subject: NYTimes: A Start-Up Suggests a Fix to the Health Care Morass

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Such visits are a gimme for the health care system — they have been proved to reduce hospital readmissions (which are extremely costly), and patients say they find them valuable in navigating the health care system. And because these visits are so effective at lowering overall health care costs, Medicare pays doctors a higher rate to provide such care — meaning that primary care doctors can make money by following Aledade's alerts.

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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 11:17:15 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Spoke to Bruce this morning

Ok thanks

Sent from my iPhone

> On Jul 6, 2017, at 6:13 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> On a whole bunch of stuff- including Kurt/inventory management, Apple- and also gave him a heads up on the accountability website.
>
> Told him to let everyone know that we are going to be away for the next 2 weeks
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/6/2017 10:13:36 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Spoke to Bruce this morning

On a whole bunch of stuff- including Kurt/inventory management, Apple- and also gave him a heads up on the accountability website.

Told him to let everyone know that we are going to be away for the next 2 weeks

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/29/2017 9:15:16 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Fwd: Follow-up from NVS Oncology/VA Discussion

Good job

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6), (b) [(b) (6), (b) (2) torreyapartners.com>
> **Date:** June 29, 2017 at 2:33:46 PM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Fwd: Follow-up from NVS Oncology/VA Discussion**
>
> Jennifer was excellent. We had a very good call with Novartis and Jenn. All of us thought it was very productive. We will go through several rounds before it even gets near you to ensure that we only use your time when it's truly needed and makes sense. I will learn from this interaction so we can figure out what works and does not and apply that to others.

Begin forwarded message:

> **From:** "(b) (6) [(b) (6) novartis.com>
> **To:** "Jennifer.S.Lee@va.gov" <Jennifer.S.Lee@va.gov>, "(b) (6), (b) [(b) (6), (b) (2) torreyapartners.com>
> **Cc:** "(b) (6) " (b) (6) @novartis.com>, "(b) (6) (b) (6) @novartis.com>, "(b) (6) " (b) (6) @novartis.com>, "(b) (6) " (b) (6) @novartis.com>
> **Subject: Follow-up from NVS Oncology/VA Discussion**
>
> Dear Jennifer and (b)
>
> Thank you for the good conversation yesterday on opportunities for true partnerships with Novartis Oncology and the VA.
>
> A few summary points/follow-ups:
>
> - <!--[if !supportLists]--><!--[endif]-->Great to hear that there is the potential to engage 60 sites in clinical trials in a "top-down" cohesive fashion vs. the previous "one-off" strategy. I understand there is the potential to extend this to ~100 sites as well in the future.
> - <!--[if !supportLists]--><!--[endif]-->There is mutual interest in the areas of Breast, Lung, and Heart Disease (with a focus on PTSD)--> just a reminder that Heart Disease sits out of our Oncology Business Unit, but we are absolutely happy to work with our colleagues in that disease area as relevant

AMERICAN OVERSIGHT

- <!--[if !supportLists]--><!--[endif]-->In terms of how a partnership could evolve, we envision a joint, potentially exclusive partnership between the VA and NVS Oncology on the areas below:
    1. <!--[if !supportLists]--><!--[endif]-->Integrated Clinical Trials, with a focus on enhanced execution. A unique structure could be developed, and resources potentially would be needed to enable this (as well as the two other points below)
    2. <!--[if !supportLists]--><!--[endif]-->Care Beyond Trials- utilization of Big Data to help support learning of different patient dynamics, treatment dynamics (rural/urban, for example), and care/treatment pathways
        - <!--[if !supportLists]--><!--[endif]-->Based on the evolution of #2, we can consider bringing in IBM Watson +/- COTA as a supporting capability
        - <!--[if !supportLists]--><!--[endif]-->We also discussed having NVS own the partnership vs. IBM or COTA
    3. <!--[if !supportLists]--><!--[endif]-->Value Based Outcomes/Agreements, to help better understand, learn, and ultimately provide value and quality of care to our Veterans
- <!--[if !supportLists]--><!--[endif]-->Given the above, I've also attached a background document on COTA. Jennifer, would be great as we discussed if you have anything else you can share on the NCI Collaboration.
- <!--[if !supportLists]--><!--[endif]-->Finally, we committed to being transparent around any areas that we may or may not have flexibility on given our organizational demands—with the goal of speeding any collaborations along as effectively as possible.

Next Steps: Both NVS and the VA to brainstorm more on what this relationship could look like. I'm happy to organize a draft of the NVS proposal to share with you, and please let me know what thoughts you have as well

Please let me know if I've missed anything, or if any clarifications are needed.

Happy 4th!

Best Regards,

(b) (6)

(b) (6)
Head Strategy, Partnering & Operations
Head Strategic Data (ad interim)
US Oncology
Novartis Pharmaceuticals Corporation
(b) (6)

<COTA Overview June 2017.pdf>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/22/2017 4:52:57 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Happy birthday

Thanks Poonam

I wish my back was better- hard to enjoy in pain today

Sent from my iPad

> On Jul 22, 2017, at 8:05 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Getting started with a whole bunch of stuff and just realized the day- happy birthday to a friend who is most dearest and precious. Wish you the worlds happiness and success on this blessed day!! A friend always and unconditionally- Poonam
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/22/2017 12:05:01 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Happy birthday

Getting started with a whole bunch of stuff and just realized the day- happy birthday to a friend who is most dearest and precious. Wish you the worlds happiness and success on this blessed day!! A friend always and unconditionally- Poonam

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/9/2017 4:42:01 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

No hurry

Sent from my iPhone

> On Jul 9, 2017, at 11:50 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Should I work on it once I get back or now- would prefer once I am there
>
> Sent from my iPhone
>
>> On Jul 9, 2017, at 2:30 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Poonam- I spoke with Terry Fedem this morning and had a good conversation- i think what happened was simply a lack of direct conversation since he was not aware of all of the work that had been done to get him a contract- and therefore he sent his own contract and proposal.
>>
>> I think we need to simply have someone call him and review the terms and if agreeable to him get him a copy to sign
>>
>> We also need to be clear who will manage and supervise his involvement and hours so this does not get out of control
>> And will be defensible when reviewed by outside parties
>>
>>
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/9/2017 3:50:47 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Should I work on it once I get back or now- would prefer once I am there

Sent from my iPhone

> On Jul 9, 2017, at 2:30 PM, David shulkin <Drshulkin@aol.com> wrote:
>
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>
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/9/2017 1:30:37 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]; Ike Perlmutter [(@frenchangel59.com]

Poonam- I spoke with Terry Fedem this morning and had a good conversation- i think what happened was simply a lack of direct conversation since he was not aware of all of the work that had been done to get him a contract- and therefore he sent his own contract and proposal.

I think we need to simply have someone call him and review the terms and if agreeable to him get him a copy to sign

We also need to be clear who will manage and supervise his involvement and hours so this does not get out of control
And will be defensible when reviewed by outside parties

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/17/2017 6:53:15 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

In terms of the allegations of thousands of patients waiting for specialist care - can we confirm that?

Sent from my iPhone

> On Jul 17, 2017, at 7:07 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Let's talk this morning- I had a conversation with him last night
>
> Sent from my iPhone
>
>> On Jul 17, 2017, at 6:57 AM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> If the COS can work clinically i would put him to work clinically pending the results of the review
>>
>> For the mcd i would keep her on virtual admin to the visn pending investigation
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/17/2017 5:57:11 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

If the COS can work clinically i would put him to work clinically pending the results of the review

For the mcd i would keep her on virtual admin to the visn pending investigation

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/30/2017 9:43:17 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]
Subject: Fwd: Cleveland Clinic CEO (b) (6) on what he's telling his senator, and news roundup by POLITICO's Pulse Check on SoundCloud - Hear the world's sounds

>
> Fyi- on why (b) (6) did not take VA secretary job.
>
> https://m.soundcloud.com/politico-pulsecheck/cleveland-clinic-ce(b) (6) e-and-news-roundup
>
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/30/2017 9:33:33 PM
To: (b) [(b) (6) hotmail.com]
Subject: Fwd: Cleveland Clinic CEO (b) (6) on what he's telling his senator, and news roundup by POLITICO's Pulse Check on SoundCloud - Hear the world's sounds

Interesting to listen to (b) (6) on VA

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <dbshulkin@gmail.com>
Date: June 30, 2017 at 5:29:22 PM EDT
To: (b) (6) @hotmail.com
Cc: Dad <drshulkin@aol.com>
Subject: Cleveland Clinic CEO (b) (6) on what he's telling his senator, and news roundup by POLITICO's Pulse Check on SoundCloud - Hear the world's sounds

Fyi- on why (b) (6) did not take VA secretary job.

https://m.soundcloud.com/politico-pulsecheck/cleveland-clinic-ceo-(b) (6) and-news-roundup

(b) (6)

Sent from my iPhone

AMERICAN OVERSIGHT

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From: (b) (6) [dbshulkin@gmail.com]
Sent: 6/30/2017 9:29:22 PM
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CC: Dad [drshulkin@aol.com]
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https://m.soundcloud.com/politico-pulsecheck/cleveland-clinic-ce(b) (6) e-and-news-roundup

(b)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/1/2017 4:47:13 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Whole health

I know

Sent from my iPhone

On Jul 1, 2017, at 12:04 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> No more back and forth emails on this- you know exactly what I mean to say and feel - its not VA vs VHA
>
> Sent from my iPad
>
> On Jul 1, 2017, at 11:45 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Lets think more about this vha vs VA thing
> >
> > Why cant we think of this as one department instead of separate entities? This silo stuff is part of the old culture. We have a chance to reset the culture.
> >
> > For the first time we have
> > A VA secretary that understands healthcare and a va secretary and a ush that are on the same page and aligned
> >
> > Now is the time to break apart the silos- i know change is challenging
> >
> > Sent from my iPhone
> >
> > On Jul 1, 2017, at 10:05 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
> >
> > > I was not aware that Jen was also working on
> > > Whole Health- just tell me all that she is working on
> > > in VHA - folks in VHA don't like her to be involved
> > > - but you are the boss and I am your girl Friday and
> > > will do whatever you want for as long as I can
> >
> > See below- moreover I brainstormed with Tracey and Steve Young to look for a practical Whole Health model that just does this- focus on the sickest and make it cost effective - but I will completely back away because these guys can't get directions from both Jen and I - especially if she is not connecting and coordinating with me- I am simply tired of blocking and tackling
> >
> > Sent from my iPad

AMERICAN OVERSIGHT

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: July 1, 2017 at 10:00:10 AM EDT
To: 'Poonam Alaigh' <(b) (6) @hotmail.com>
Subject: FW: Whole health

Sent with Good (www.good.com)

-----Original Message-----
From: Young, Steven W.
Sent: Saturday, July 01, 2017 09:39 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Subject: FW: Whole health

FYI.

Sent with Good (www.good.com)

-----Original Message-----
From: Young, Steven W.
Sent: Saturday, July 01, 2017 09:38 AM Eastern Standard Time
To: DJS
Cc: Lee, Jennifer S. (VACO)
Subject: RE: Whole health

I am fine with Jen reaching out directly to (b)
Thanks for asking. I would also recommend that she touch base with Tracy Gaudet as well for context.

Jen - I am in next week. Feel free to reach out to me too.

Sent with Good (www.good.com)

-----Original Message-----
From: DJS

AMERICAN OVERSIGHT

Sent: Saturday, July 01, 2017 08:22 AM Eastern Standard Time
To: Young, Steven W.
Cc: Lee, Jennifer S. (VACO)
Subject: Whole health

Steve- I was thinking about the visn1 budget presentation-

There was a lot of money in the whole health pilot (I recall 48 million) - I am a supporter of whole health but I am trying to understand why it costs so much- Jen Lee is working to help find ways to make this model move faster -
Would you prefer she reach out to (b) (6) to understand the costs better or should she work through your office?

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/1/2017 4:04:23 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Whole health

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Sent from my iPad

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>
> For the first time we have
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>
> Now is the time to break apart the silos- i know change is challenging
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>
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> > I was not aware that Jen was also working on Whole Health- just tell me all that she is working on in VHA - folks in VHA don't like her to be involved - but you are the boss and I am your girl Friday and will do whatever you want for as long as I can
> >
> > See below- moreover I brainstormed with Tracey and Steve Young to look for a practical Whole Health model that just does this- focus on the sickest and make it cost effective - but I will completely back away because these guys can't get directions from both Jen and I - especially if she is not connecting and coordinating with me- I am simply tired of blocking and tackling
> >
> > Sent from my iPad
> >
> > Begin forwarded message:
> >
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** July 1, 2017 at 10:00:10 AM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: Whole health**

AMERICAN OVERSIGHT

Sent with Good (www.good.com)

-----Original Message-----
From: Young, Steven W.
Sent: Saturday, July 01, 2017 09:39 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Subject: FW: Whole health

FYI.

Sent with Good (www.good.com)

-----Original Message-----
From: Young, Steven W.
Sent: Saturday, July 01, 2017 09:38 AM Eastern Standard Time
To: DJS
Cc: Lee, Jennifer S. (VACO)
Subject: RE: Whole health

I am fine with Jen reaching out directly to (b) [redacted] Thanks for asking. I would also recommend that she touch base with Tracy Gaudet as well for context.

Jen - I am in next week. Feel free to reach out to me too.

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Saturday, July 01, 2017 08:22 AM Eastern Standard Time
To: Young, Steven W.
Cc: Lee, Jennifer S. (VACO)
Subject: Whole health

Steve- I was thinking about the visn1 budget presentation-

There was a lot of money in the whole health pilot (I recall 48 million) - I am a supporter of whole health but I am trying to understand why it costs so much- Jen Lee is working to help find ways to make this model move faster - Would you prefer she reach out to (b) (6) [redacted] to understand the costs

AMERICAN OVERSIGHT

better or should she work through your office?

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/1/2017 3:45:00 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Whole health

Lets think more about this vha vs VA thing

Why cant we think of this as one department instead of separate entities? This silo stuff is part of the old culture. We have a chance to reset the culture.

For the first time we have
A VA secretary that understands healthcare and a va secretary and a ush that are on the same page and aligned

Now is the time to break apart the silos- i know change is challenging

Sent from my iPhone

On Jul 1, 2017, at 10:05 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I was not aware that Jen was also working on Whole Health- just tell me all that she is working on in VHA - folks in VHA don't like her to be involved - but you are the boss and I am your girl Friday and will do whatever you want for as long as I can
>
> See below- moreover I brainstormed with Tracey and Steve Young to look for a practical Whole Health model that just does this- focus on the sickest and make it cost effective - but I will completely back away because these guys can't get directions from both Jen and I - especially if she is not connecting and coordinating with me- I am simply tired of blocking and tackling
>
> Sent from my iPad
>
> Begin forwarded message:
>
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** July 1, 2017 at 10:00:10 AM EDT
> > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > **Subject: FW: Whole health**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Young, Steven W.

AMERICAN OVERSIGHT

Sent: Saturday, July 01, 2017 09:39 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Subject: FW: Whole health

FYI.

Sent with Good (www.good.com)

-----Original Message-----
From: Young, Steven W.
Sent: Saturday, July 01, 2017 09:38 AM Eastern Standard Time
To: DJS
Cc: Lee, Jennifer S. (VACO)
Subject: RE: Whole health

I am fine with Jen reaching out directly to (b) [redacted] Thanks for asking. I would also recommend that she touch base with Tracy Gaudet as well for context.

Jen - I am in next week. Feel free to reach out to me too.

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From: DJS
Sent: Saturday, July 01, 2017 08:22 AM Eastern Standard Time
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Cc: Lee, Jennifer S. (VACO)
Subject: Whole health

Steve- I was thinking about the visn1 budget presentation-

There was a lot of money in the whole health pilot (I recall 48 million) - I am a supporter of whole health but I am trying to understand why it costs so much- Jen Lee is working to help find ways to make this model move faster -
Would you prefer she reach out to (b) (6) [redacted] to understand the costs better or should she work through your office?

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/1/2017 2:05:59 PM
To: Drshulkin@aol.com
Subject: Fwd: Whole health

I was not aware that Jen was also working on Whole Health- just tell me all that she is working on in VHA - folks in VHA don't like her to be involved - but you are the boss and I am your girl Friday and will do whatever you want for as long as I can

See below- moreover I brainstormed with Tracey and Steve Young to look for a practical Whole Health model that just does this- focus on the sickest and make it cost effective - but I will completely back away because these guys can't get directions from both Jen and I - especially if she is not connecting and coordinating with me- I am simply tired of blocking and tackling

Sent from my iPad

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: July 1, 2017 at 10:00:10 AM EDT
To: 'Poonam Alaigh' <(b) (6) @hotmail.com>
Subject: FW: Whole health

Sent with Good (www.good.com)

-----Original Message-----
From: Young, Steven W.
Sent: Saturday, July 01, 2017 09:39 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Subject: FW: Whole health

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-----Original Message-----
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AMERICAN OVERSIGHT

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To: Young, Steven W.
Cc: Lee, Jennifer S. (VACO)
Subject: Whole health

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Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/4/2017 6:12:57 PM
To: Djs Shulkin [vacodjs1@va.gov]
Subject: Fwd: Terry Fadem
Attachments: Terry Fadem.vcf; Untitled attachment 94121.htm

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Date:** July 1, 2017 at 5:15:54 AM EDT
> **To:** David shulkin <drshulkin@aol.com>
> **Subject: Fwd: Terry Fadem**
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> > **Date:** June 30, 2017 at 6:29:41 PM EDT
> > **To:** David shulkin <drshulkin@aol.com>
> > **Subject: Terry Fadem**
> >
> > The (b) is cell

AMERICAN OVERSIGHT

Contact

Full Name: Terry Fadem
Last Name: Fadem
First Name: Terry

Business Address: (b) (6)

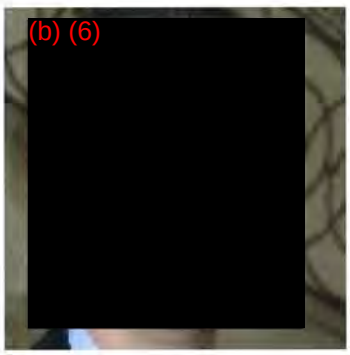
Home Address: (b) (6)

Other Address: (b) (6)

Home Phone: (b) (6)
Mobile Phone: (b) (6)

E-mail: (b) (6) @gmail.com

AMERICAN OVERSIGHT



AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/26/2017 7:42:57 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Yes

Sent from my iPhone

> On Aug 26, 2017, at 2:51 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Do you mean the Declaration
>
> Sent from my iPhone
>
>> On Aug 26, 2017, at 1:58 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Do u know when we will see the revised Be There poster?
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/26/2017 7:10:50 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Sent you something on the va email

Sent from my iPhone

> On Aug 26, 2017, at 1:58 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Do u know when we will see the revised Be There poster?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/26/2017 6:51:54 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Do you mean the Declaration

Sent from my iPhone

> On Aug 26, 2017, at 1:58 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Do u know when we will see the revised Be There poster?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/26/2017 5:58:32 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Do u know when we will see the revised Be There poster?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/26/2017 7:37:10 PM
To: (b) (6) s@whmo.mil
CC: (b) (6) [(b) (6) @gmail.com]

James- thanks so much for everything yesterday- what a great team!

I told (b) (6) today im about 80 percent better- but i have a ways to go

Since this started on an airplane ride with coach travel Im concerned as my travel schedule is hectic and i need to be on some long airline trips starting friday. If i have a medical (b) (6)

.

If so- please send an email to (b) (6)

Thank you in advance for everything

David Shulkin

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/29/2017 2:36:32 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

http://www.cnn.com/videos/world/2017/06/29/donald-trump-moon-jae-in-meeting-korea-hancocks-pkg.cnn/video/playlists/mobile-digital-shorts/

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/30/2017 10:09:25 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: Managed care expert

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6)@mac.com>
> **Date:** June 25, 2017 at 2:02:48 PM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Cc:** Poonam Alaigh <(b) (6)@hotmail.com>
> **Subject: Re: Managed care expert**
>
> When I spoke to (b) last he was also adept at this (b) (6) is quite capable in this roll also although she did physician management at CC. The other choice is (b) (6) Florida or at cedars la (b) (6) or (b) (6)
>
> Sent from my iPhone
>
> > On Jun 25, 2017, at 1:08 PM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > Bruce- i know them both- high quality physicians- (b) was my attending when i trained at pittsburgH
> >
> > Both are more on the physician side than managed care- (b) does mostly regional QI and kenoykee physician management-
> >
> > Both would be strong contributors but i thin Poonam is looking for a true managed care operations exec who knows how the finance and budget aspects of managed care run
> >
> > Sent from my iPhone
> >
> > > On Jun 25, 2017, at 10:56 AM, Bruce Moskowitz <brucem(b) (5)mac.com> wrote:
> > >
> > > (b) (6) or (b) (6) both have over 20 years experience (b) at Pitt and (b) (6) was at CC now in Aleghaney Health system. (b) is MD, MBA (b) (6) is MBA. I could convince either one

AMERICAN OVERSIGHT

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/25/2017 6:21:24 PM
To: Bruce Moskowitz [brucemo(b) (6)@mac.com]
Subject: Re: Managed care expert

Ok terrific

Sent from my iPhone

> On Jun 25, 2017, at 2:02 PM, Bruce Moskowitz <brucem(b) (6)mac.com> wrote:
>
> When I spoke to (b) last he was also adept at this (b) (6) s quite capable in this roll also although she did physician management at CC. The other choice is (b) (6) Florida or at cedars la (b) (6) or (b) (6)
>
> Sent from my iPhone
>
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>>> Bruce Moskowitz M.D.
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AMERICAN OVERSIGHT

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From: Bruce Moskowitz [brucem(b) (6) @mac.com]
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To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Managed care expert

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>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/25/2017 5:08:23 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Managed care expert

Bruce- i know them both- high quality physicians- (b) was my attending when i trained at pittsburgH

Both are more on the physician side than managed care- (b) does mostly regional QI and (b) (6) physician management-

Both would be strong contributors but i thin Poonam is looking for a true managed care operations exec who knows how the finance and budget aspects of managed care run

Sent from my iPhone

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>
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>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (5) mac.com]
Sent: 6/25/2017 2:56:17 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]; David Shulkin [drshulkin@aol.com]
Subject: Managed care expert

(b) (6) or (b) (6) both have over 20 years experience (b) at Pitt and (b) (6) was at CC now in Aleghaney Health system. (b) is MD, MBA (b) (6) is MBA. I could convince either one

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/28/2017 2:52:44 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: DEA - tell health

Excellent

Sent from my iPhone

> On Jun 28, 2017, at 10:51 AM, Jennifer Lee (b) (6) @gmail.com> wrote:
>
> I got a call from DEA this morning. We're moving along again.
> I'll keep you posted.
> Thank you!

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 6/28/2017 2:51:43 PM
To: David shulkin [drshulkin@aol.com]
Subject: DEA - tell health

I got a call from DEA this morning. We're moving along again.
I'll keep you posted.
Thank you!

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/26/2017 9:19:42 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) <(b) (6) 1@nyu.edu>
> **Date:** June 26, 2017 at 2:40:18 PM EDT
> **To:** Dad <drshulkin@aol.com>
>
> **VA SHOULD IMPROVE COLLECTION OF QUALITY MEASURES**: A GAO reportreleased late Friday found that VA's clinical quality metrics and models provide incomplete information that "may not accurately reflect clinical productivity and efficiency." The metrics don't include all providers and clinical services, nor do they accurately reflect the intensity of clinical workload, per the report. The GAO found that VA's Central Office had taken steps to help medical centers improve their monitoring of provider productivity, however.
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/26/2017 10:57:31 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: [EXTERNAL] Apple

Maybe best to stay out of it- you dont need this now

Sent from my iPhone

On Jun 26, 2017, at 4:00 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Maybe I should say something to hm about not attending and I know he still will- that way we can let Bruce and Ike know that he simply doesn't listen - I know that this will further strain our relationship but that's fine- now it's a Darin, Jen, Baligh and probable Shereef - Anti Poonam movement
>
> Sent from my iPad
>
> On Jun 25, 2017, at 10:05 PM, David Shulkin <drshulkin@aol.com> wrote:
>
> > Im not sure- I guess we could ask her to leave (b) as the VA rep and not Darin? Is that the best thing or just let Darin keep getting further into trouble
> >
> > -----Original Message-----
> > From: Poonam Alaigh <(b) (6) @hotmail.com>
> > To: David Shulkin <drshulkin@aol.com>
> > Sent: Sun, Jun 25, 2017 7:22 pm
> > Subject: Fwd: [EXTERNAL] Apple
> >
> > How do you want to address this
> >
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > > **Date:** June 25, 2017 at 7:21:34 PM EDT
> > > **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> > > **Subject: FW: [EXTERNAL] Apple**
> > >
> > > Sent with Good (www.good.com)
> > >
> > > -----Original Message-----
> > > **From:** Bruce Moskowitz [brucem(b) (6) @mac.com]
> > > **Sent:** Saturday, June 24, 2017 06:18 PM Eastern Standard Time
> > > **To:** (b) (6)
> > > **Cc:** Alaigh, Poonam, M.D.
> > > **Subject:** Re: [EXTERNAL] Apple
> > >
> > > I think that Poonam will tell you what to do with Darin then I will send it out

AMERICAN OVERSIGHT

Sent from my iPhone

> On Jun 24, 2017, at 2:01 PM, (b) (6) (b) (6) @va.gov> wrote:
>
> Dr. Moskowitz, I have removed Responsive Health from the table and added Darin Selnick for the VA. I do not have contact information for the Apple COO but have provided the other two names and email addresses below:
>
> (b) (6) apple.com
> (b) (6) (b) (6) @apple.com
>
> (b) (6)
>
>
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> Sent: Saturday, June 24, 2017 1:37 PM
> To: (b) (6)
> Subject: Re: [EXTERNAL] Apple
>
> You still have listed responsive health as part of working group. Also will need email of Apple people if Mr. Perlmutter decides to send it himself
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Jun 24, 2017, at 12:53 PM, (b) (6) (b) (6) @va.gov> wrote:
>>
>> Dr. Moskowitz, Modifications made and attached. (b) (6)
>>
>> -----Original Message-----
>> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
>> Sent: Saturday, June 24, 2017 12:19 PM
>> To: (b) (6)
>> Subject: Re: [EXTERNAL] Apple
>>
>> Executive committee put The 5 CEO's Dr. (b) (6) Dr. (b) (6) Dr. (b) (6) and Mr. (b) (6) and or their designated alternate. For the executive group take out (b) (6) From mid level take out (b) (6) Add Mayo Clinic to mid level and Working group. To the working group we will have available physicians who will be the end user to represent primary care and subspecialty.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>>
>>> On Jun 24, 2017, at 11:22 AM, (b) (6) (b) (6) @va.gov> wrote:
>>>
>>> Good Morning Dr. Moskowitz, I am attaching a copy of the responses we received from the five Centers and Apple. The responses are listed in the category that they provided to us. I am available to discuss the responses and other updates anytime today at (b) (6) (b) (6)
>>>
>>>

AMERICAN OVERSIGHT

>>> <List of Representatives.xlsx>
>> <List of Representatives.xlsx>
> <List of Representatives.xlsx>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/26/2017 8:00:42 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: [EXTERNAL] Apple

Maybe I should say something to hm about not attending and I know he still will- that way we can let Bruce and Ike know that he simply doesn't listen - I know that this will further strain our relationship but that's fine- now it's a Darin, Jen, Baligh and probable Shereef - Anti Poonam movement

Sent from my iPad

On Jun 25, 2017, at 10:05 PM, David Shulkin <drshulkin@aol.com> wrote:

> Im not sure- I guess we could ask her to leave (b) as the VA rep and not Darin? Is that the best thing or just let Darin keep getting further into trouble
>
> -----Original Message-----
> From: Poonam Alaigh <(b) (6)@hotmail.com>
> To: David Shulkin <drshulkin@aol.com>
> Sent: Sun, Jun 25, 2017 7:22 pm
> Subject: Fwd: [EXTERNAL] Apple
>
> How do you want to address this
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> > **Date:** June 25, 2017 at 7:21:34 PM EDT
> > **To:** 'Poonam Alaigh' <(b) (6)@hotmail.com>
> > **Subject: FW: [EXTERNAL] Apple**
> >
> > Sent with Good (www.good.com)
> >
> > -----Original Message-----
> > **From:** Bruce Moskowitz [brucem(b) (6)@mac.com]
> > **Sent:** Saturday, June 24, 2017 06:18 PM Eastern Standard Time
> > **To:** (b) (6)
> > **Cc:** Alaigh, Poonam, M.D.
> > **Subject:** Re: [EXTERNAL] Apple
> >
> > I think that Poonam will tell you what to do with Darin then I will send it out
> >
> > Sent from my iPhone
> >
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> > >
> > > Dr. Moskowitz, I have removed Responsive Health from the table and added Darin Selnick for the VA. I do not have contact information for the Apple COO but have provided the other two names and email addresses below:
> > >
> > > (b) (6) apple.com

AMERICAN OVERSIGHT

> (b) (6) (b) (6) @apple.com
>
> (b) (6)
>
>
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> Sent: Saturday, June 24, 2017 1:37 PM
> To: (b) (6)
> Subject: Re: [EXTERNAL] Apple
>
> You still have listed responsive health as part of working group. Also will need email of Apple people if Mr. Perlmutter decides to send it himself
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Jun 24, 2017, at 12:53 PM, (b) (6) (b) (6) @va.gov> wrote:
>>
>> Dr. Moskowitz, Modifications made and attached. (b) (6)
>>
>> -----Original Message-----
>> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
>> Sent: Saturday, June 24, 2017 12:19 PM
>> To: (b) (6)
>> Subject: Re: [EXTERNAL] Apple
>>
>> Executive committee put The 5 CEO's Dr.(b) (6) Dr. (b) (6) Dr. (b) (6) and Mr. (b) (6) and or their designated alternate. For the executive group take out (b) (6) From mid level take out (b) (6) Add Mayo Clinic to mid level and Working group. To the working group we will have available physicians who will be the end user to represent primary care and subspecialty.
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>>
>>> On Jun 24, 2017, at 11:22 AM, (b) (6) (b) (6) @va.gov> wrote:
>>>
>>> Good Morning Dr. Moskowitz, I am attaching a copy of the responses we received from the five Centers and Apple. The responses are listed in the category that they provided to us. I am available to discuss the responses and other updates anytime today at (b) (6) (b) (6)
>>>
>>>
>>> <List of Representatives.xlsx>
>> <List of Representatives.xlsx>
> <List of Representatives.xlsx>

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/26/2017 2:05:23 AM
To: (b) (6) @hotmail.com
Subject: Re: [EXTERNAL] Apple

Im not sure- I guess we could ask her to leave (b) as the VA rep and not Darin? Is that the best thing or just let Darin keep getting further into trouble

-----Original Message-----
From: Poonam Alaigh <(b) (6) @hotmail.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Jun 25, 2017 7:22 pm
Subject: Fwd: [EXTERNAL] Apple

How do you want to address this

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** June 25, 2017 at 7:21:34 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: [EXTERNAL] Apple**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Bruce Moskowitz [brucem(b) (6) @mac.com]
> **Sent:** Saturday, June 24, 2017 06:18 PM Eastern Standard Time
> **To:** (b) (6)
> **Cc:** Alaigh, Poonam, M.D.
> **Subject:** Re: [EXTERNAL] Apple
>
> I think that Poonam will tell you what to do with Darin then I will send it out
>
> Sent from my iPhone
>
> > On Jun 24, 2017, at 2:01 PM, (b) (6) (b) (6) @va.gov> wrote:
> >
> > Dr. Moskowitz, I have removed Responsive Health from the table and added Darin Selnick for the VA. I do not have contact information for the Apple COO but have provided the other two names and email addresses below:
> >
> > (b) (6) apple.com
> > (b) (6) (b) (6) @apple.com
> >
> > (b) (6)
> >
> >
> >
> > -----Original Message-----
> > From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> > Sent: Saturday, June 24, 2017 1:37 PM

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> To: (b) (6)
> Subject: Re: [EXTERNAL] Apple
>
> You still have listed responsive health as part of working group. Also will need email of Apple people if Mr. Perlmutter decides to send it himself
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> Sent from my iPad
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>> -----Original Message-----
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>> Sent: Saturday, June 24, 2017 12:19 PM
>> To: (b) (6)
>> Subject: Re: [EXTERNAL] Apple
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>> Executive committee put The 5 CEO's Dr.(b) (6) Dr. (b) (6) Dr. (b) (6) and Mr. TYson. and or their designated alternate. For the executive group take out (b) (6) From mid level take out (b) (6) Add Mayo Clinic to mid level and Working group. To the working group we will have available physicians who will be the end user to represent primary care and subspecialty.
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>>>
>>>
>>> <List of Representatives.xlsx>
>> <List of Representatives.xlsx>
> <List of Representatives.xlsx>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/25/2017 11:22:21 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] Apple

How do you want to address this

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: June 25, 2017 at 7:21:34 PM EDT
To: 'Poonam Alaigh' <(b) (6)@hotmail.com>
Subject: FW: [EXTERNAL] Apple

Sent with Good (www.good.com)

-----Original Message-----
From: Bruce Moskowitz [brucem(b) (6)@mac.com]
Sent: Saturday, June 24, 2017 06:18 PM Eastern Standard Time
To: (b) (6)
Cc: Alaigh, Poonam, M.D.
Subject: Re: [EXTERNAL] Apple

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Sent from my iPhone

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>
> (b) (6) apple.com
> (b) (6) (b) (6)@apple.com
>
> (b) (6)
>
>
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6)@mac.com]
> Sent: Saturday, June 24, 2017 1:37 PM
> To: (b) (6)
> Subject: Re: [EXTERNAL] Apple
>
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AMERICAN OVERSIGHT

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> Sent from my iPad
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>> On Jun 24, 2017, at 12:53 PM, (b) (6) (b) (6) @va.gov> wrote:
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>> Dr. Moskowitz, Modifications made and attached. (b) (6)
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>> -----Original Message-----
>> From: Bruce Moskowitz [mailto:brucemo(b) (6) @mac.com]
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>> To: (b) (6)
>> Subject: Re: [EXTERNAL] Apple
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>>>
>>>
>>> <List of Representatives.xlsx>
>> <List of Representatives.xlsx>
> <List of Representatives.xlsx>

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/24/2017 4:09:23 PM
To: (b) (6) M. D. [(b) (6) @partners.org]; (b) (6) @ccf.org; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) kp.org; (b) (6) M.D(b) (6) (b) mayo.edu]
CC: (b) (6) [(b) @mayo.edu]; IP [(@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) @gmail.com; David Shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Apple

The portable EMR initiative with Apple and the VA is divided into three groups, the executive committee, mid level project management and a working group. I want to extend the opportunity to each CEO to be on the executive committee or have a representative of their choosing. Thank you for your commitment to the VA.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: David shulkin [drshulkin@aol.com]
Sent: 6/28/2017 10:46:53 PM
To: IP [(b) @frenchangel59.com]
Subject: Re: VA update

Thanks Ike- sorry i missed your call

I read this- i think we will be ready to engage (b) in two weeks to work through this- im glad she has prepared this

Im out tonight at an event but if you need me to call let me know and ill sneak out

David

Sent from my iPhone

On Jun 28, 2017, at 6:01 PM, IP <(b) @frenchangel59.com> wrote:

> David,
>
> Please read when you get a chance.
>
> Thank you,
>
> Ike
>
> ---
>
> **From:** IP [mailto:(b) @frenchangel59.com]
> **Sent:** Wednesday, June 28, 2017 5:43 PM
> **To:** (b) (6) epic.com'
> **Cc:** brucem (b) (6) @mac.com; (b) @frenchangel59.com; '(b) (6) epic.com'
> **Subject:** FW: VA update
>
> Thank you so much (b) We will read and stay on top of this.
>
> ---
>
> **From:** Bruce Moskowitz [mailto:brucem (b) (6) @mac.com]
> **Sent:** Wednesday, June 28, 2017 4:05 PM
> **To:** (b) (6)
> **Cc:** Marisol Garcia; (b) (6)
> **Subject:** Re: VA update
>
> Thank you very important will review
>
> Sent from my iPhone
>
> On Jun 28, 2017, at 3:07 PM, (b) (6) <(b) (6) epic.com> wrote:
>
> > Bruce and Ike,
> >
> > On June 8th (b) and I met with David Shulkin about the VA IT system. We discussed the MASS scheduling project and recommended using the Epic ambulatory suite in the VA side by side with the Cerner Inpatient system. We gave him the attached document

AMERICAN OVERSIGHT

that recommends the Epic ambulatory suite for improved interoperability as veterans go to many Epic sites around the U.S. for their care.

One of the questions that David asked us was how much it would cost to do the system alone, without a prime. We looked at what it would cost if the VA were a normal, same-sized customer, without the use of a prime (systems integrator), using their own staff on the project, and without all of the additional requirements of a government procurement. It costs the VA about 55% more to do all of those things.

It is our normal practice to train customer staff to participate in the implementation, eventually manage the rollout and manage the system on an ongoing basis. This is less expensive, retains the knowledge within the organization and reduces dependence on the vendor. This also assumes the normal time frame for a large customer implementation of the ambulatory suite which is 12-15 months to initial go-live, and 3 months for each large rollout. We don't know if this is possible at the VA but it would be our suggestion to approach it as close to this way as possible. In addition to the savings mentioned above, we would also significantly reduce the price of the software and implementation. We would love to work with the VA to come up with a meaningful proposal incorporating our best practices.

On another note, you asked about developing a summary document from the VA out of VISTA and how long that would take to provide information to the Choice program.

We actually have a summary document from the VA currently that already comes to Epic and we are talking with them about including additional items. (See attached 3 screen document).

We are interested in your thoughts.

(b) and (b)

<The Importance of Excellent Interoperability.docx>

<VA CCD Sample.pdf>

<The Importance of Excellent Interoperability.docx>

<VA CCD Sample.pdf>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 11:47:32 AM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
CC: Bruce Moskowitz [brucem(b) (6)@mac.com]; Marc Sherman [mbs(b) (6)@gmail.com]; Laurie Perlmutter [(b) (6)@gmail.com]
Subject: Fwd: (No Subject)
Attachments: WH COS Meeting w-Sec Shulkin 7.5.17-1 (4).docx; Untitled attachment 94432.htm

I wanted to share this attachment that i discussed with WH staff yesterday on our policy initiatives - this is not a complete list but some if the major milestones.

They said that no other department has anywhere as robust an agenda

Sent from my iPhone

Begin forwarded message:

From: DJS <vacodjs1@va.gov>
Date: July 6, 2017 at 7:44:22 AM EDT
To: 'Shulkin ' <drshulkin@aol.com>
Subject: FW: (No Subject)

Sent with Good (www.good.com)

-----Original Message-----
From: Wright, Vivieca (Simpson)
Sent: Thursday, July 06, 2017 07:38 AM Eastern Standard Time
To: DJS
Subject: RE:

-----Original Message-----
From: DJS
Sent: Thursday, July 06, 2017 7:01 AM
To: Wright, Vivieca (Simpson)
Subject:

Can you email me a copy of the policy sheet we reviewed with the WH yesterday?

Sent with Good (www.good.com)

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The Honorable David J. Shulkin
Secretary, Department of Veterans Affairs
Cabinet Affairs Meeting with White House Chief of Staff
July 5, 2017

Policy Issue	Policy Action	Target Date
Greater Access	**Choice Act Expansion** **Additional 1.8M authorized appointments** **VA and HHS Partnership – Increase Providers** **OTH Services in MH** **EHR Decision**	**Completed**
Accountability & Transparency	**Launched Access and Quality Tool** **Accountability Legislation (passed)** **State of VA** **WH Hotline**	**Completed**
Fiscal Responsibility & Efficiency	**VBA Offices Going Paperless** **Omaha Public-Private Partnership**	**Completed**
Fraud, Waste, Abuse	**Established the Office of Whistleblower Protection** **Established a Fraud, Waste and Abuse Task Force**	**Completed**
Choice	**Reauthorization of Choice Funding:** Enhances the President's commitment for Veterans to have greater access to healthcare. VA has multiple accounts allotted for Community Care. Without congressional intervention to reauthorize funding, Veterans could experience significant delays in care.	July
Choice	**Revised Choice Legislation**: Fulfills the President's commitment to provide Greater Choice in healthcare for Veterans. Consolidation of the Community Care programs.	September
Choice	**Proposal to Pilot Medicare Subvention:** Perform healthcare services that would typically be covered under Medicare/Medicaid and do so in a way that we would be reimbursed by HHS.	December
Access	**Telehealth Expansion:** Enhances the President's commitment to allow patients to receive care anywhere regardless of location.	July
Access	**Self-Scheduling:** Enhances the President's commitment to allow Veterans to request healthcare appointments at any time with the use mobile applications.	July
Access	**Same Day Services in CBOCs:** Expand same day services for Mental Health and Primary Care to all community outpatient clinics.	December
Access	**Minute Clinics:** Expand partnerships with CVS and Walmart for minute clinics to allow Veterans greater access to care.	December
Appeals	**Appeals Modernization:** Moves the VA from the antiquated appeals process into the modern era and provide Veterans with much quicker resolution of their appeals.	July

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Transparency	**Publish Accountability Actions**: Enhances the President's commitment to restoring trust and confidence in the agency.	August
Coordination with Federal Agencies	**Align Veterans Employment with Department of Labor:** Allows VA to focus on benefits and reduces duplicative efforts for a common purpose.	October
Coordination with Federal Agencies	**Consolidation of Federal Cemeteries:** NCA seeks to sign MOU's with the Department of the Army and the National Park Service to operate and maintain some of their national cemeteries, in order to streamline operations and promote efficiency in the federal government. While we can affect functional oversight through MOUs and IAA's, formal transfer may require certain executive or legislative action.	December
Benefits	**Automatic enrollment for transition service members:** Enhances the President's commitment to improve services and improves our suicide prevention efforts	November
Benefits	**Decision Ready Claims:** Currently at two sites but will be rollout to all sites in September.	September
Benefits	**Blue Water Navy:** Exposure risk associated with sailors off the shore of Vietnam - data is limited due to the length of time that has passed. There is growing support in congress for a legislative fix- this issue has been passed down over multiple administrations.	December
Benefits	**Gulf War Brain Cancer Presumptive:** Data suggests some significant evidence of a correlation with brain tumors - was submitted as a presumptive under the Obama Admin and was rejected by OMB. Consideration of resubmission	December
Health Benefits	**Proposal to Integrate with Tricare:** We propose consolidating non-active duty TRICARE benefits into VA because it is not only cost effective, but also eases the provision of health care to Veterans as services offerings are standardized, a greater community of providers is available, and Veterans are not required to navigate multiple insurance and provider systems.	December
Health Benefits	**STAAB Rulemaking:** Expands the eligibility criteria for Veterans to receive payment or reimbursement to include Veterans who receive partial payment from a health-plan contract for non-VA emergency treatment.	December
Smoking	**Smoke Free Campuses at all VA Medical facilities:** Pursue legislation action; all VA healthcare sites (except nursing homes) will be smoke free. Currently all other major medical campuses outside of VA are smoke free.	December
Facility Management	**National realignment and facility modernization**: Enhances the President's commitment to reduce waste from underutilized or vacant buildings.	November

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/29/2017 1:14:05 AM
To: (b) (6) [(b) (6) @gmail.com]; Vivieca Simpson [(b) (6) @gmail.com]

http://www.politico.com/story/2017/06/28/tillerson-blows-up-at-white-house-aide-240075

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/27/2017 11:21:28 AM
To: Djs Shulkin [vacodjs1@va.gov]
BCC: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbsh(b) @gmail.com]; Bruce Moskowitz [bruce(b) (6) @mac.com]; (b) (6) @gmail.com; (b) [(b) (6) @gmail.com]; (b) [(b) (6) hotmail.com]; (b) (6) [(b) @sunnyshulkin.com]; (b) (6) [(b) @sunnyshulkin.com]; Michael Tepper [(b) (6) yahoo.com]; (b) (6) [(b) (6) @me.com]; (b) (6) [(b) (6) @gmail.com]; (b) [(b) (6) [(b) (6) @gmail.com]; Thomas Bowman [(b) (6) @yahoo.com]; (b) (6) [(b) (6) @yahoo.com]; Charlie Wiggins [(b) (6) @remedyventures.com]
Subject: Op-Ed by Sean Parnell on vA Leadership

Fyi

Washington Examiner: Finally, the VA has solid, reform-minded leadership (26 June, Sean Parnell, 4.8M online visitors/mo; Washington, DC)

With today's political polarization, it's worthwhile to pause and focus on what's going right in Washington. Let's start by commending the new secretary of the Department of Veterans Affairs, David Shulkin, for his steady and decisive leadership in the last several months.

Shulkin was not my first choice to lead the VA. I had hoped to see a chief executive at the department with a military service background. Moreover, I feared that by elevating someone from the last administration's leadership (he served previously as undersecretary for health), we would just end up with "more of the same."

Base on Shulkin's initial performance in the job, that worry was unfounded. He has dramatically exceeded expectations.

Shulkin's predecessors, Eric Shinseki and Robert McDonald, were both military veterans, and both were fundamentally decent, well-meaning men. But they seemed too ready to defer to the VA status quo, which made it difficult for them to deliver the changes the department requires.

Their successor appears more action-oriented and has made a number of positive moves to boost confidence and improve performance. He's made it clear he wants to bring a different style of leadership to the historically troubled VA.

"Slow, incremental, steady change isn't what this organization needs," Shulkin said in a June 20 press briefing. "What we need is bolder, fundamental change, dealing with the issues that — frankly — are really hard to deal with, that go back decades. That means, by definition, we're going to have to take greater risks."

What does "bolder, fundamental change" look like? Consider some of Shulkin's initial actions:

Pledging to work within a budget. In a May 31 White House briefing, Shulkin supplied a detailed overview of the challenges the VA faces, and the steps he will take to address those challenges. He was forthright in saying the VA's problems don't stem from a lack of funding (though he has noted there are legacy issues with technology and healthcare costs that will need to be addressed).

"I have said that the problems in VA are not largely going to be solved through additional money," Shulkin told reporters. "These are going to be solved through management practices, focus, and some

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legislation changes. But our issues are not because we're lacking the financial resources to be able to accomplish our mission."

The VA's problems are cultural and managerial, and simply pouring more funding into a dysfunctional bureaucracy will only magnify that dysfunction. Kudos to Shulkin for recognizing that reality.

Improving accountability for poor performers. Shulkin has been a vocal proponent of VA Accountability and Whistleblower Protection Act, which would enhance the department's ability to discipline or fire underperforming employees. That bill passed Congress and was signed into law by President Trump on Friday. Now it's up to the VA to implement the law, which will be the hard part — but at least the department has a leader who's on record pledging support for greater accountability.

He's made it clear he doesn't intend mass firings, but that removing those who deserved to be fired will improve morale and recruitment. Shulkin's efforts to expedite firing of VA employees involved in prescription drug thefts suggest he's serious about holding people accountable.

Embracing choice for veterans' healthcare. Congress passed legislation in 2014 to expand healthcare choice for veterans, allowing them to seek compensated care from physicians outside the VA system. While President Barack Obama signed that measure into law, the program was limited, temporary and badly implemented. But Shulkin has signaled an openness to integrating private care choice into the VA model more effectively. If he holds to that commitment, it will go a long way toward fixing what's broken in VA healthcare.

Cutting waste. Elected officials and bureaucrats like to talk about reducing "waste, fraud and abuse," yet somehow the needed cuts never arrive. This week, Shulkin took a concrete step in that direction by presenting a plan to dispose of at least 431 vacant VA facilities in the next two years and putting a freeze on new office space, for tens of millions of dollars in estimated savings.

"We owe it to the American taxpayer to apply as much of our funding as possible to helping veterans," Shulkin said in a statement. "Maintaining vacant buildings, including close to 100 from the Revolutionary War and Civil War, makes no sense, and we're working as quickly as possible to get them out of our inventory."

Sure, it's low-hanging fruit — but then why didn't previous administrations go after the low- hanging fruit? Again, it's a step in the right direction, and one hopes Shulkin and his team will keep pushing to cut unnecessary spending and put the VA's dollars back to work on behalf of veterans.

To be sure, Shulkin has a steep hill to climb in fixing what's broken at the VA. He can expect opposition from a recalcitrant bureaucracy and stubborn government labor unions that can be expected to stymie any kind of reform. If he wavers in the face of such opposition, he should be held accountable. He will no doubt make decisions that the veterans' community may disagree with, and in that case we should make our concerns known.

But in the meantime, he's demonstrated a high degree of professionalism, integrity and respect for both veterans and taxpayers, and that deserves our support.

Finally, let's celebrate Shulkin's example of mature, forward-looking leadership, which is lacking in Washington today. While Democrats and Republicans in Congress, egged on by an unhinged and unreliable media, continue their increasingly absurd investigation of alleged Russian hacking and "collusion"—a charge that looks more strained and bogus by the day—it's reassuring to know there are those within the Trump administration who are focusing on issues that matter to Americans.

If others in Washington hope to rebuild trust with the public, they should take note of Shulkin's example.

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 7/9/2017 3:27:02 PM
To: 'David shulkin' [Drshulkin@aol.com]; 'Laurie Perlmutter' [(b) (6)@gmail.com]; 'Marc Sherman' [mbs(b) (6)@gmail.com]; 'Bruce Moskowitz' [brucem(b) (6)@mac.com]
Subject: RE: Accountability news

David,

This is an excellent and a very important step to ensuring accountability at the VA.

People will now think twice before abusing their position.

You have delivered a very strong message and have begun to change the culture at the VA.

Again, this is excellent.

All my Best,

Ike

From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Friday, July 07, 2017 4:13 PM
To: Ike Perlmutter <(b) (6)@frenchangel59.com>; Laurie Perlmutter <(b) (6)@gmail.com>; Marc Sherman <mbs(b) (6)@gmail.com>; Bruce Moskowitz <brucem(b) (6)@mac.com>; David Shulkin <drshulkin@aol.com>
Subject: Accountability news

http://www.washingtonexaminer.com/trump-administration-has-fired-more-than-500-va-employees-since-january/article/2627988

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/7/2017 8:58:46 PM
To: L Perl [(b) (6) @gmail.com]
CC: David shulkin [Drshulkin@aol.com]; Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: Accountability news

Agree

Sent from my iPad
Bruce Moskowitz M.D.

On Jul 7, 2017, at 4:50 PM, L Perl <(b) (6) @gmail.com> wrote:

> Good article------- it has put everyone working at the VA on notice.....L
>
> On Fri, Jul 7, 2017 at 4:13 PM, David shulkin <Drshulkin@aol.com> wrote:
> http://www.washingtonexaminer.com/trump-administration-has-fired-more-than-500-va-employees-since-january/article/2627988
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/7/2017 8:13:14 PM
To: Ike Perlmutter [(b) (6) @frenchangel59.com]; Laurie Perlmutter [(b) (6) @gmail.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Bruce Moskowitz [brucemo(b) (6) @mac.com]; David Shulkin [drshulkin@aol.com]
Subject: Accountability news

http://www.washingtonexaminer.com/trump-administration-has-fired-more-than-500-va-employees-since-january/article/2627988

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/30/2017 1:15:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: looks grim for monday

I spoke to windom in details yesterday- can fill you in when we meet- but agree with the approach to keep the pressure on scott on the other side

Sent from my iPhone

On Jun 30, 2017, at 6:37 AM, David shulkin <Drshulkin@aol.com> wrote:

> Scott- weeks have gone by and given the note below i want to make sure we are getting there.
>
> The goal is to have the contract specs prepared and ready to execute. We gave a timeline of three to four months from our announcement When will this be done?
>
> The two short term goals i had were to have technical consultants working full time on the contract specs (mitre) and a person or people here weeks ago from DoD to replace (b) (6) Are these two issues resolved? I am not sure (b) (6) is up to date.
>
> We now have congressional inquiries asking when will the contract be done? How much is the cost? What are the timelines? And much more detail- i think we need serious help to get this done.
>
> I know you are driving this hard so im not getting in the weeds but just want sone reassurance
>
> I know its saying the very obvious but this is our most visible initiative in the Department
>
> Thanks
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** (b) (6) <(b) (6) amida.com>
> > **Date:** June 30, 2017 at 3:03:46 AM EDT
> > **To:** David Shulkin <drshulkin@aol.com>
> > **Subject: looks grim for monday**
> >
> > Hi David,
> >
> > Windom asked (b) (6) for "every resume" of people working at VA (according to her last night).
> >
> > Plus MITRE has not executed the agreement as of this morning. They went completely dark yesterday (the day before we were supposed to sign on).

AMERICAN OVERSIGHT

I did see a draft agreement where they had changed the start date to next Monday (July 10).

I would say that, too, is at risk given bureaucracy on both sides.

Best regards

(b)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/30/2017 10:37:43 AM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Fwd: looks grim for monday

Vivieca- this cannot fail!

Sent from my iPhone

Begin forwarded message:

From: David shulkin <Drshulkin@aol.com>
Date: June 30, 2017 at 6:36:55 AM EDT
To: "Scott R. Blackburn" <Scott.Blackburn@va.gov>
Cc: Vivieca Simpson <(b) (6) @gmail.com>
Subject: Fwd: looks grim for monday

Scott- weeks have gone by and given the note below i want to make sure we are getting there.

The goal is to have the contract specs prepared and ready to execute. We gave a timeline of three to four months from our announcement When will this be done?

The two short term goals i had were to have technical consultants working full time on the contract specs (mitre) and a person or people here weeks ago from DoD to replace (b) (6) Are these two issues resolved? I am not sure (b) is up to date.

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Thanks

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) amida.com>
Date: June 30, 2017 at 3:03:46 AM EDT
To: David Shulkin <drshulkin@aol.com>
Subject: looks grim for monday

Hi David,

AMERICAN OVERSIGHT

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I would say that, too, is at risk given bureaucracy on both sides.

Best regards

(b)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/30/2017 10:36:55 AM
To: Scott R. Blackburn [Scott.Blackburn@va.gov]
CC: Vivieca Simpson [(b) (6) @gmail.com]
BCC: Poonam Alaigh [(b) (6) @hotmail.com]; vacodjs@va.gov
Subject: Fwd: looks grim for monday

Scott- weeks have gone by and given the note below i want to make sure we are getting there.

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Thanks

Sent from my iPhone

Begin forwarded message:

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> I would say that, too, is at risk given bureaucracy on both sides.
>
> Best regards
>
> (b)

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/17/2017 4:08:37 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]; Marc Sherman [mbs(b) (6)@gmail.com]
Subject: Fwd: [EXTERNAL] FW: Washington Examiner: 'Historic preservation' blocks VA bid to save millions, help more vets

Fyi

Washington Examiner: 'Historic preservation' blocks VA bid to save millions, help more vets

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6) EOP/WHO [(b) (6)@who.eop.gov]
Sent: Monday, July 17, 2017 11:27 AM Eastern Standard Time
To: DJS
Subject: [EXTERNAL] FW: Washington Examiner: 'Historic preservation' blocks VA bid to save millions, help more vets

This is great

From: RNC War Room [mailto(b) (6)@gop.com]
Sent: Monday, July 17, 2017 10:05 AM
Subject: Washington Examiner: 'Historic preservation' blocks VA bid to save millions, help more vets

'Historic preservation' blocks VA bid to save millions, help more vets

Washington Examiner

Paul Bedard

July 17, 2017 – 9:13 AM

>http://www.washingtonexaminer.com/historic-preservation-blocks-va-bid-to-save-millions-help-more-vets/article/2628821<

Talk about your fixer-uppers.

AMERICAN OVERSIGHT

The Department of Veterans Affairs is trying to unload hundreds of vacant and useless buildings, potentially saving taxpayers $23 million every year, but historic preservation tags have been slapped on many of them, blocking action.

VA Secretary David J. Shulkin said the agency owns thousands of buildings from the Revolutionary War, Civil War, World War I, and World War II, many vacant and under historical preservation status.

Citing 100 buildings that are from the Civil War and Revolutionary War, Shulkin said "even though they are buildings that we aren't using or buildings that are too old to viably use, they still have historic preservation status."

Overall, 2,226 VA buildings, hospitals, private garages, and even a bowling alley in Iowa — 35 percent of its 6,297 real estate holdings — have historic status, blocking destruction or major renovations. One dates to 1735.

But that is no longer going to hold up VA's bid to do something about them.

"I need to work with other federal agencies and government organizations to make sure that we can get those properly addressed, either gift them, or give them back to organizations that want to maintain them or readdress some of their status," Shulkin said.

Shulkin is on a two-year mission to dump or repurpose 1,100 buildings. He said the effort would save taxpayers $15.7 million annually beginning in 2017 and a total of $23 million in combined annual savings.

"My plan is to deal with those 1,100 in the next two years. When you look at them, there are 142 that I've already made decisions on, and I'm proceeding either to dispose of them, destroy them, or essentially give them back to the [General Services Administration, the federal real estate agency], back to the federal inventory," he said.

VA officials said he also is working hard with non-governmental groups and local governments for partnerships that will help veterans, either providing them cheap housing in the buildings or other services — and share upkeep costs.

AMERICAN OVERSIGHT

"We don't want to just demolish them," said spokesman Terrence Hayes. "That's a last resort."

For Shulkin, the goal is helping vets and cutting costs to taxpayers. When he announced his plan, Shulkin said, "We owe it to the American taxpayer to apply as much of our funding as possible to helping veterans," adding, "We need to move rapidly to bring savings to taxpayers. We will work through the legal requirements and regulations for disposal and reuse, and we will do it as swiftly as possible."

Disclaimer: The Republican National Committee provided the above article as a service to its employees and other selected individuals. Any opinions expressed therein are those of the article's author and do not necessarily reflect the views and opinions of the RNC.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/6/2017 1:51:52 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Will we be able to chat today?

What time is good for you

Sent from my iPhone

> On Aug 6, 2017, at 6:53 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> About
>
> Manchester so I can debrief my team on it
>
> Ike/Bruce discussion I had
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/6/2017 10:53:58 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Will we be able to chat today?

About

Manchester so I can debrief my team on it

Ike/Bruce discussion I had

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 2:35:32 AM
To: (b) (6) @aol.com
Subject: Re: Update to discussion on the train

Ok - thanks

Sent from my iPhone

> On Jul 5, 2017, at 9:47 PM, (b) (6) @aol.com wrote:
>
> Hey David - hope all is well. Wanted to give you a heads up from a VERY reliable info source. Former VA employee and senator Testor staffer ((b) (6)) is very vocal working against the prospect of Poonam as USH. Info to (b) (6) is coming from Jennifer Lee (majority source) with some coming from Darin as well. Sorry to bother u with this but I am not sure of all the political implications for you on some of these issues. Would rather leave that up to you to sort out. The implications for Poonam are more obvious. Sorry for the bother --- (b)
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) @aol.com [(b) (6) @aol.com]
Sent: 7/6/2017 1:47:06 AM
To: DJS [drshulkin@aol.com]
Subject: Update to discussion on the train

Hey David - hope all is well. Wanted to give you a heads up from a VERY reliable info source. Former VA employee and senator Testor staffer ((b) (6)) is very vocal working against the prospect of Poonam as USH. Info to Michelle is coming from Jennifer Lee (majority source) with some coming from Darin as well. Sorry to bother u with this but I am not sure of all the political implications for you on some of these issues. Would rather leave that up to you to sort out. The implications for Poonam are more obvious. Sorry for the bother --- (b)

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/25/2017 8:57:24 PM
To: (b) (6), (b) [(b) (6) @yahoo.com]

Dr Jen lee
(b) (6) gmail.com

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/24/2017 2:36:55 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Yup

Sent from my iPad

On Jun 24, 2017, at 9:31 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I didn't like it at all when he first said it, but after that it was so obvious that he was playful about it- it was all in great spirits - it's just him.
>
> Sent from my iPhone
>
> On Jun 24, 2017, at 7:49 AM, David Shulkin <drshulkin@aol.com> wrote:
>
> > This is what the Post covered
> >
> > https://www.washingtonpost.com/news/post-politics/wp/2017/06/23/trump-acts-out-firing-his-va-secretary-if-new-reforms-are-not-implemented-successfully/?utm_term=.b0324e6b11b9
> >
> > Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/24/2017 1:31:50 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re:

I didn't like it at all when he first said it, but after that it was so obvious that he was playful about it- it was all in great spirits - it's just him.

Sent from my iPhone

On Jun 24, 2017, at 7:49 AM, David Shulkin <drshulkin@aol.com> wrote:

> This is what the Post covered
>
> https://www.washingtonpost.com/news/post-politics/wp/2017/06/23/trump-acts-out-firing-his-va-secretary-if-new-reforms-are-not-implemented-successfully/?utm_term=.b0324e6b11b9
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/24/2017 11:48:08 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

This is what the Post covered

https://www.washingtonpost.com/news/post-politics/wp/2017/06/23/trump-acts-out-firing-his-va-secretary-if-new-reforms-are-not-implemented-successfully/?utm_term=.b0324e6b11b9

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/29/2017 2:38:34 AM
To: (b) (6) [redacted] ((b) (6) [redacted] va.gov]; Vivieca Simpson [(b) (6) [redacted] @gmail.com]

http://www.cnn.com/videos/world/2017/06/29/donald-trump-moon-jae-in-meeting-korea-hancocks-pkg.cnn/video/playlists/mobile-digital-shorts/

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/24/2017 5:34:30 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Ike

Good idea

Sent from my iPad

> On Jun 24, 2017, at 1:24 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> You may want to let him know how Darin is trying to block me through Kussman on the commission
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/24/2017 5:24:29 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Ike

You may want to let him know how Darin is trying to block me through Kussman on the commission

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/28/2017 12:34:23 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Atlantic Health System CEO Brian Gragnolati selected as the American Hospital Association's chair-elect designate

Sent from my iPhone

Begin forwarded message:

From: '(b) (6) <(b) (6)@atlantichealth.org>
Date: July 28, 2017 at 8:10:48 AM EDT
To: Poonam Alaigh MD <(b) (6)@hotmail.com>
Subject: Fwd: Atlantic Health System CEO Brian Gragnolati selected as the American Hospital Association's chair-elect designate

Sent from my iPhone

Begin forwarded message:

From: Atlantic Health Communications <AHCommunications@atlantichealth.org>
Date: July 28, 2017 at 8:00:27 AM EDT
To: AH GAL (b) (6)@atlantichealth.org>
Subject: Atlantic Health System CEO Brian Gragnolati selected as the American Hospital Association's chair-elect designate

This message is from Valerie Simon, Chief Marketing Officer, Atlantic Health System:

I am pleased to share that the American Hospital Association has announced that our very own Brian has been selected as the chair-elect designate. He will serve as Chair-Elect in 2018 and assume the chairmanship in 2019, becoming the top-elected official of the national organization representing America's hospitals and health systems. Please take a moment to join us on social media via Facebook, Twitter and LinkedIn, to help share the news.

During this critically important and exciting time for all of us in the health care field, Brian's leadership will help drive transformation within our system and across the nation. His new role will also shine a spotlight on our outstanding team at Atlantic Health System, helping to promote our trusted network of caring and advance our mission to build healthier communities.

Please join us in congratulating Brian on this prestigious recognition.

The information contained in this email is intended only for the use of the person(s) identified above. This communication may contain work product which is privileged and confidential, and may contain content which is regulated by Federal law. If you are not an intended recipient or the employee or agent responsible to deliver this to the intended recipient, you have received this

AMERICAN OVERSIGHT

message in error and any review, distribution or copying of it by you is prohibited. If you have received this message in error, please notify the sender immediately, and delete the message. E-mail and communication system messages generated by members of the Atlantic Health System workforce may not necessarily reflect the views of Atlantic Health System, its officers, directors or management.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/23/2017 2:50:15 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: More folks?

Give me a break please

This has absolutely nothing to do with me - i am not involved other thsn totally having your back

Ill explain in person but please no more emails

Sent from my iPhone

> On Jun 22, 2017, at 10:10 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> But why would you not tell me- I just want honesty especially when i asked you directly
>
> Sent from my iPad
>
>> On Jun 22, 2017, at 10:09 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Nothing to worry about
>>
>> Ive got it under control-
>>
>> Sent from my iPhone
>>
>>> On Jun 22, 2017, at 9:55 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
>>> Just heard that more interviews for the USH- thought it was already submitted - anyway, don't blame you since you have to pick the very best - can I trust anyone?
>>>
>>> Sent from my iPhone
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/23/2017 2:10:19 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: More folks?

But why would you not tell me- I just want honesty especially when i asked you directly

Sent from my iPad

> On Jun 22, 2017, at 10:09 PM, David shulkin <Drshulkin@aol.com> wrote:
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>>
>> Sent from my iPhone
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/23/2017 2:09:12 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: More folks?

Nothing to worry about

Ive got it under control-

Sent from my iPhone

> On Jun 22, 2017, at 9:55 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Just heard that more interviews for the USH- thought it was already submitted - anyway, don't blame you since you have to pick the very best - can I trust anyone?
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/23/2017 1:55:34 AM
To: David Shulkin [drshulkin@aol.com]
Subject: More folks?

Just heard that more interviews for the USH- thought it was already submitted - anyway, don't blame you since you have to pick the very best - can I trust anyone?

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/22/2017 12:04:02 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Just an Fyi

It will be good

Sent from my iPhone

> On Jun 22, 2017, at 6:18 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Right after you suggested, I tried to get Baligh to sit with me today but OCLA said it was too late since we submitted the names already. I asked Baligh to sit behind me so that in case there was a question, I could have him come up front but he told me he had a doctors appointment so could not be there. I will have (b) (6) from his team be there instead- I will be fine with the Choice questions so don't worry - thanks for all your support- as long as I have that I don't really need anything else. Enjoy your trip today and hopefully can catch up towards the end of the day
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/28/2017 2:19:50 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Article on You

Thanks Darin

Sent from my iPhone

On Jun 27, 2017, at 9:18 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> The other month I gave you the book from Sean Parnell. He just wrote an op-ed about you I think you will like.
>
> http://www.washingtonexaminer.com/finally-the-va-has-solid-reform-minded-leadership/article/2627091
>
> Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 6/28/2017 1:18:17 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Article on You

The other month I gave you the book from Sean Parnell. He just wrote an op-ed about you I think you will like.

http://www.washingtonexaminer.com/finally-the-va-has-solid-reform-minded-leadership/article/2627091

Darin

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/20/2017 11:29:49 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Terry Fadem

Let me handle this and we can regroup

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: June 20, 2017 at 7:29:02 PM EDT
To: 'Poonam Alaigh' <(b) (6) @hotmail.com>
Subject: FW: Terry Fadem

Let me handle this and we can regroup

Sent with Good (www.good.com)

-----Original Message-----
From: Pape, Lisa M.
Sent: Tuesday, June 20, 2017 07:24 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Cc: Beck, Lucille B.
Subject: RE: Terry Fadem

I spoken with Rachel -- they think the paperwork is with VWS-- I sent an email to her asking--

It is a (b) day --

Apparently this guy may have also sent a proposed contract to Dr Shulkin today -- and asks for a large retainer payment --

Will let you know as soon as VWS responds

Lisa Pape, LISW

-----Original Message-----
From: Alaigh, Poonam, M.D.
Sent: Tuesday, June 20, 2017 06:48 PM Eastern Standard Time
To: (b) (6) Ramoni, Rachel
Cc: Pape, Lisa M.; Beck, Lucille B.
Subject: RE: Terry Fadem

AMERICAN OVERSIGHT

I though I signed off on a contract that was for around $(b) day or something- Rachel, didn't know that had to go through CSEMO- you told me that it could be executed in 2 weeks when we spoke over a month ago on this since it was a small contract and didn't need to be competed for. Not sure who is handling this, but please let me know what is happening since we are talking to Apple about a project and we have to make sure we have all the IP aspect clarified before we move forward

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6)
Sent: Tuesday, June 20, 2017 11:46 AM Eastern Standard Time
To: Alaigh, Poonam, M.D.; Ramoni, Rachel
Cc: Pape, Lisa M.
Subject: RE: Terry Fadem

I was told by (b) (6) yesterday that on Friday the folder was still in CSEMO for approval by the VACOS. I was not able to confirm if Executive Recruitment has spoken to him about what we can offer in the way of funding for a consultant. We had asked them to do this several weeks ago.

(b) (6), *Ph.D.*

Director of Operations

Office of Research and Development (10P9)

Department of Veterans Affairs

810 Vermont Ave NW

Washington, DC 20420

(b) (6) @va.gov

(b) (6)

From: Alaigh, Poonam, M.D.
Sent: Tuesday, June 20, 2017 11:33 AM
To: Ramoni, Rachel; (b) (6)

AMERICAN OVERSIGHT

Cc: Pape, Lisa M.
Subject: RE: Terry Fadem

Please send me an update on this- haven't heard from anyone about this - Lisa can you connect when rachel on this too please

Sent with Good (www.good.com)

-----Original Message-----
From: Ramoni, Rachel
Sent: Friday, June 16, 2017 06:48 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.; (b) (6)
Subject: RE: Terry Fadem

I've added (b) (6) (ORD's director of operations), who can give an update.

Rachel

Sent with Good (www.good.com)

-----Original Message-----
From: Alaigh, Poonam, M.D.
Sent: Friday, June 16, 2017 06:40 PM Eastern Standard Time
To: Ramoni, Rachel
Subject: Terry Fadem

Is he on board- can we start using him on projects - there is an initiative we might need to pull him in on

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/14/2017 4:17:01 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Terry Fadem

I signed off on his per diem contract of I think it was (b) hour for 1 hour max a day that could be rolled up into weekly or monthly invoices

Sent from my iPhone

On Jun 14, 2017, at 12:06 PM, David shulkin <Drshulkin@aol.com> wrote:

> Do you know where things stand with Terrys contract?
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> > **Date:** June 14, 2017 at 6:41:45 AM EDT
> > **To:** drshulkin@aol.com, IP <(b)@frenchangel59.com>, mbs(b) (6) @gmail.com
> > **Subject: Terry Fadem**
> >
> > This document produced by the VA team working with Apple has our urgent concern that we need Terry Fadem now. He was agreeable to your idea to get him engaged quickly to work by the hour as a consultant for now. The group working with Apple even after I told Darren not to have follow up discussions without our teams input was about to turn over the lucrative data base for FREE that Apple and J&J, both know the huge value it holds.
> > Than you for pursuing this.
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.
>
> <DVP HEALTH (2).docx>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/14/2017 4:01:23 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: Terry Fadem
Attachments: DVP HEALTH (2).docx; Untitled attachment 94710.htm

Do you know where things stand with Terrys contract?

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Date:** June 14, 2017 at 6:41:45 AM EDT
> **To:** drshulkin@aol.com, IP < @frenchangel59.com>, mbs(b) (6) @gmail.com
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AMERICAN OVERSIGHT

Where is the VA in developing a Digital Platform that is dynamic and can transparently exchange real-time Electron Health Records and Health Data Analytics between the patient and the Care Provider?

Last fall VA executed a proof-of-concept (POC) to test a FHIR API based, microservices architecture, to exchange real-time EHR and Health Data Analytics between VA, DoD, and Community Care providers. The POC leveraged 21 APIs across four cloud environments to connect to Cerner, EPIC, VistA, and GOPHER EHRs and enable healthcare delivery for several clinical scenarios.

These scenarios focused on seamless access to data from disparate systems, real-time health analytics to provide clinical decision support at the point of care, and Veteran engagement with coordinated care through automated workflows. The clinical care pathways in this POC focused on three key areas of VA care: Traumatic Brain Injury (TBI), Women's Reproductive Health, and patients with multiple medical conditions including Obesity, Diabetes, and Congestive Heart Failure. VA has already started developing the production version of the platform, Digital Veteran Platform (DVP), with a planned integration with MyHealtheVet.

Conversations between Apple and VA centered around how to develop a common roadmap where VA's emerging DVP will deliver Veteran data to Apple's HealthKit. VA is currently developing a set of FHIR-based API and Core Data Services in alignment with Argonaut Project standards and secured with OAuth 2.0. FHIR presents an unprecedented opportunity for Healthcare System to Healthcare System solutions implementing bidirectional health information exchange (HIE). VA and the 5 Centers' development of FHIR solutions enabling Apple to ingest Veteran data realize true exchange of health record data between VA, Choice Program care providers and DoD.

VA and Apple also discussed the potential to collaborate on the use data analytics and artificial intelligence to unlock a number of silos of Veteran data including VA's Million Veteran Program (MVP). The goal is not only for enhanced Veteran care, but also for advanced knowledge sharing, clinical decision support, technical expertise, and process interoperability with organizations throughout the United States care delivery system. By simplifying access to the largest data set of clinical data anywhere, it will accelerate the discovery and development of new clinical pathways for the benefit of the Veterans and the community at large.

AMERICAN OVERSIGHT

Background - User Stories for POC

Meet Byron, a teacher, father, and Iraq war Veteran.

Byron's medical data is part of VA's DVP, automatically imported after he separated from the military. At his first appointment at VA, the clinician notices the presence of a Traumatic Brain Injury (TBI) and flags that in DVP. DVP automatically notifies Byron's VA primary care provider and recommends a TBI care pathway. Byron's Care Plan is updated accordingly.

Two months later, Byron suffers a seizure at work, loses consciousness, and is transported to a local hospital. DVP automatically collects his Episodic Care Record from the local hospital and initiates a referral for a VA neurology appointment. Byron forgets to schedule his appointment, and after 72 hours, DVP automatically intervenes to put Byron in touch with his VA provider. At Byron's appointment, his doctor prescribes medication and a mobile seizure tracking application for his smartphone.

Through the application, DHP tracks multiple seizures over the next four weeks and notifies the doctor, whose nurse increases Byron's dosage. But Byron needs a solution—fast. He wants to continue teaching, but he doesn't have time to test, which medications will still allow him to drive to work and continue to care for his daughter.

At Byron's next visit, DHP prompts his doctor to run the Epilepsy Analytics Module to assess his clinical history. The module returns 15 anti-epileptic drugs and further refines and recommends three drugs that have been successful with other patients like Byron, and will allow him to continue to drive. Byron and his doctor choose a new medication with the highest likelihood of success.

The change in medication, enabled by DHP, has kept Byron seizure-free for six months. As a result, he is able to continue doing what he loves, live an active lifestyle, and take care of his daughter.

AMERICAN OVERSIGHT

POC Main Takeaways - Byron's Story

When Byron first seeks care within VA, he is enrolled in a traumatic brain injury care pathway. His health information with the DoD Cerner system is automatically imported into VA through the MuleSoft API gateway, mapped to common standards so as to maintain its semantic relationships. This is critical because it allows VA to similarly apply internal real time analytics to both internal and external data sources.

The Joint VA/DoD Traumatic Brain Injury Clinical Practice Guideline was used to develop a Traumatic Brain Injury Care Pathway within the Apervita real time analytics platform, which was responsible for curating and analyzing Byron's data to trigger the recommendation for care pathway enrollment.

eLuminate is an example of a readily adoptable marketplace solution, developed in partnership between Georgia Tech and the biopharmaceutical company UCB, that harnesses the power of predictive analytics to raise the standard of epilepsy care. eLuminate put data from nearly 10 million patients through an advanced machine learning algorithm and generated personalized models for 15 commonly prescribed anti-epileptic drugs. The system leverages a common FHIR framework and was readily adopted leveraging the API gateway. Treatment recommendations for this narrowly focused clinical task were then provided via a SMART on FHIR application within the GOPHER EHR to highlight the ability to provide real-time insights for healthcare providers at the point-of-care to inform treatment decisions.

Open source collaboratives are providing advances in precision medicine to population health. The POC leveraged the Observational Health Data Sciences and Informatics or Odyssey framework which utilizes the Observational Medical Outcomes Partnership (OMOP) Common Data Model to help standardize the format and content of observational data, so standardized applications, tools and methods can be applied to them. This enabled the use of advanced visualization techniques such as tree-mapping that allowed the exploration of relationships between unique observations. In this case, to explore cohorts and better understand characteristics of epilepsy patients like Byron as well as the effects of interventions at a population level.

AMERICAN OVERSIGHT

Meet Nora, a graphic designer, aspiring mother and Afghan war Veteran.

Nora's medical data is part of VA's DVP, automatically imported after she transitioned from her Combat Systems Operator position in the Navy. She is generally healthy aside from her struggles with mild depression, asthma, and genetic predisposition to obesity.

Nora receives her routine care through the VA Women's Health Primary Care Physician, or PCP. Her Care Plan includes nutritional counseling and exercise guidance in a supporting effort to reverse the obesity.

Nora is seen by VA Mental Health for her ongoing battle with depression. Because she cannot always spend time traveling to clinics, she has a Mobile First Program that allows for telemedicine visits with her physician or psychologist without ever leaving the house.

Nora is trying to start her family, and has been trying to become pregnant for six months. She has been experiencing fertility difficulties that Nora's PCP suspects may be due to her obesity. An initial round of lab testing and ultrasound workup is ordered, and no abnormalities are shown in the results. Her PCP is able to put her on a diet and weight loss regimen, and two months later, she becomes pregnant.

Throughout her pregnancy, Nora experiences different complications relating to gestational diabetes, and even a reduced fetal movement scare. She is referred to VA endocrinology and Maternal Fetal Medicine (MFM). Even though MFM is an outside clinic, the structured data flows back-and-forth between the clinic and her VA PCP. Nora is able to reach out to her medical team through her mobile app instead of having to visit an emergency room.

Nora gives birth to a healthy baby girl, and DHP continues to facilitate seamless care for Nora and her baby. This is our vision for the future of care for our Veterans.

Main Takeaways – Nora's Story

A strategic API Gateway, with Mobile Backend as a Service (MBaaS), allowed the rapid development of innovative Veteran-facing solutions. A mobile application was developed by leveraging a library of functional APIs that spanned different systems, to provide the frictionless

AMERICAN OVERSIGHT

transition of Nora's DoD medical records to a VA built app.

To simplify life for Nora and help her healthcare team provide the best service, a significant set of components are operating in concert on the backend. Analytics triggering automated processes to involve and engage Nora in her healthcare establish that great first impression. Process automation and self-service can effectively reduce human workload and related delays. By creating automated processes tailored to clinical decisions and simplifying the appointment setup process, it is easy for Nora to follow through with her shared care plan with her provider.

Sophisticated Veteran user expectations around virtual care were met by using a **low cost, high quality video communication** solution integrated with a mobile application made possible by the sophistication of the DVP architecture. The mobile application also leveraged native platform capabilities to obtain Nora's patient generated data from internet connected health devices. The DVP approach also allowed for the conceptual onboarding of Care in the Community Partners rapidly while hiding the complexity for the Veteran within the mobile perspective.

Meet Warren, a Vietnam War Veteran, is managing a number of complex medical conditions

Warren is the next user story we are building. We have modeled the way he currently receives care, and the future state.

Current state:

Warren has congestive heart failure with periodic exacerbations. While experiencing increased shortness of breath and leg swelling, he visits an urgent-care physician who reviews notes from Warren's cardiologist and primary-care provider (PCP), gets blood studies, doubles a medication, and schedules a follow-up visit with the PCP.

3 weeks later, Warren's PCP runs a blood test and finds elevated potassium. The PCP adds another water pill to reduce the potassium and swelling, orders an ECG, and refers Warren to a cardiologist for further examination.

6 weeks later, Warren visits a cardiologist for new occasional fainting. His potassium is low, likely causing heart-rhythm problems and fainting. The cardiologist repeats the ECG, adds a potassium supplement and schedules a stress test, follow-up visit, and a 3-day heart-rhythm-monitoring test.

AMERICAN OVERSIGHT

1 week later, Warren completes the tests. He does not receive the results.

3 weeks later, Warren sees the cardiologist again. The stress test is unchanged and the rhythm test is normal. Warren is feeling better but dislikes the extra pills. The cardiologist requests that Warren see his PCP to manage his medications in another month.

Future State Today:

Warren has congestive heart failure with periodic exacerbations, so he is enrolled in a clinical pathway module for CHF that includes home monitoring.

His target weight is between 180 and 187 pounds.

Warren has recently had increasing shortness of breath and leg swelling. The platform's connected home health monitor detects weight gain from retained water. Because Warren is above 190 pounds, the platform sends a task to the nurse to call him.

The next day, the nurse calls Warren, updates his symptoms in the platform, and reviews the plan of care with him. He reminds Warren that when his weight is over 187 pounds, he should take an extra water pill for up to three extra pills a week until it returns to the goal range.

In 3 days, Warren is feeling better.

One Year Later:

Warren weighs 195+ for over five days. The platform tasks the nurse to call Warren. The nurse notes that Warren is taking an extra water pill as prescribed but his weight will not go down. The nurse's data entry triggers a task to the pharmacist to review Warren's chart and evaluate whether medication titration is warranted.

The clinical pharmacist accepts the platform's recommendation of doubling a medication and confirms recommended blood tests in a week. Warren receives a message on his app and confirms that he understands. But despite daily alerts from his smartphone app to come to the lab, Warren does not appear.

3 days after the labs are past due, the platform sends a task to the nurse to call Warren. Warren says he feels too sick to go to the lab. The nurse convinces Warren to go to the lab and schedules a visit with the PCP.

3 days later, blood tests are normal. The physician orders a platform-recommended ECG – transmitted wirelessly to the platform – which shows some subtle changes. The platform recommends a special heart stress test and Warren finds an appointment at a non-VA location for later that week.

AMERICAN OVERSIGHT

5 days later, Warren gets the stress test, which is unchanged. The results are sent electronically to the VA's platform, which detects that Warren's state now falls outside the standard clinical pathway. Based on data from other VA patients with a similar history, the PCP orders a second medication and follow-up labs, and 1 week later, the platform guides the clinical pharmacist as she titrates the medication to Warren's blood values and symptoms. Within 2 weeks, Warren is feeling better.

AMERICAN OVERSIGHT

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

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To: drshulkin@aol.com; IP [(@frenchangel59.com]; mbs(b) (6) @gmail.com
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Attachments: DVP HEALTH (2).docx; Untitled attachment 94716.txt

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AMERICAN OVERSIGHT

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At Byron's next visit, DHP prompts his doctor to run the Epilepsy Analytics Module to assess his clinical history. The module returns 15 anti-epileptic drugs and further refines and recommends three drugs that have been successful with other patients like Byron, and will allow him to continue to drive. Byron and his doctor choose a new medication with the highest likelihood of success.

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AMERICAN OVERSIGHT

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Nora is trying to start her family, and has been trying to become pregnant for six months. She has been experiencing fertility difficulties that Nora's PCP suspects may be due to her obesity. An initial round of lab testing and ultrasound workup is ordered, and no abnormalities are shown in the results. Her PCP is able to put her on a diet and weight loss regimen, and two months later, she becomes pregnant.

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AMERICAN OVERSIGHT

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Warren has congestive heart failure with periodic exacerbations. While experiencing increased shortness of breath and leg swelling, he visits an urgent-care physician who reviews notes from Warren's cardiologist and primary-care provider (PCP), gets blood studies, doubles a medication, and schedules a follow-up visit with the PCP.

3 weeks later, Warren's PCP runs a blood test and finds elevated potassium. The PCP adds another water pill to reduce the potassium and swelling, orders an ECG, and refers Warren to a cardiologist for further examination.

6 weeks later, Warren visits a cardiologist for new occasional fainting. His potassium is low, likely causing heart-rhythm problems and fainting. The cardiologist repeats the ECG, adds a potassium supplement and schedules a stress test, follow-up visit, and a 3-day heart-rhythm-monitoring test.

AMERICAN OVERSIGHT

1 week later, Warren completes the tests. He does not receive the results.

3 weeks later, Warren sees the cardiologist again. The stress test is unchanged and the rhythm test is normal. Warren is feeling better but dislikes the extra pills. The cardiologist requests that Warren see his PCP to manage his medications in another month.

Future State Today:

Warren has congestive heart failure with periodic exacerbations, so he is enrolled in a clinical pathway module for CHF that includes home monitoring.

His target weight is between 180 and 187 pounds.

Warren has recently had increasing shortness of breath and leg swelling. The platform's connected home health monitor detects weight gain from retained water. Because Warren is above 190 pounds, the platform sends a task to the nurse to call him.

The next day, the nurse calls Warren, updates his symptoms in the platform, and reviews the plan of care with him. He reminds Warren that when his weight is over 187 pounds, he should take an extra water pill for up to three extra pills a week until it returns to the goal range.

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3 days later, blood tests are normal. The physician orders a platform-recommended ECG – transmitted wirelessly to the platform – which shows some subtle changes. The platform recommends a special heart stress test and Warren finds an appointment at a non-VA location for later that week.

AMERICAN OVERSIGHT

5 days later, Warren gets the stress test, which is unchanged. The results are sent electronically to the VA's platform, which detects that Warren's state now falls outside the standard clinical pathway. Based on data from other VA patients with a similar history, the PCP orders a second medication and follow-up labs, and 1 week later, the platform guides the clinical pharmacist as she titrates the medication to Warren's blood values and symptoms. Within 2 weeks, Warren is feeling better.

AMERICAN OVERSIGHT

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/24/2017 2:24:27 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: For tomorrow - heads up

Sure

Sent from my iPad

> On Jun 23, 2017, at 10:19 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Around 11- I have some errands to run- can I text when I am ready around that time?
>
> Sent from my iPhone
>
>> On Jun 23, 2017, at 9:57 PM, David Shulkin <drshulkin@aol.com> wrote:
>>
>> What time works?
>>
>> Sent from my iPad
>>
>>> On Jun 23, 2017, at 7:18 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
>>> I have 18 agenda items- we will have to go fast though- all his has been piling up since we haven't had much time together
>>>
>>> Sent from my iPhone
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/24/2017 2:19:45 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: For tomorrow - heads up

Around 11- I have some errands to run- can I text when I am ready around that time?

Sent from my iPhone

> On Jun 23, 2017, at 9:57 PM, David Shulkin <drshulkin@aol.com> wrote:
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AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/24/2017 1:57:34 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: For tomorrow - heads up

What time works?

Sent from my iPad

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AMERICAN OVERSIGHT

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From: David Shulkin [drshulkin@aol.com]
Sent: 6/24/2017 1:57:14 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/23/2017 11:18:37 PM
To: David Shulkin [drshulkin@aol.com]
Subject: For tomorrow - heads up

I have 18 agenda items- we will have to go fast though- all his has been piling up since we haven't had much time together

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/20/2017 11:10:36 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: David shulkin [Drshulkin@aol.com]; mbs(b) (6) @gmail.com; IP [@frenchangel59.com]
Subject: Re: VA DATA BASE

Thank you

Sent from my iPad
Bruce Moskowitz M.D.

On Jun 20, 2017, at 7:07 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> I am working on trying to understand why and where is contract is stuck- give me a couple of days- I have a couple of folks working on this as we speak. I agree, having him on board as soon as possible will be critical.
>
> Sent from my iPad
>
> On Jun 20, 2017, at 12:50 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
>
> > Terry has brilliant pathways forward. We need to get him activated. The patient identity protection is available to us from the format that Mayo Clinic did with the Watson computer. We should borrow it. I agree the Veteran community will be willing partners when they are informed how data improves health care and early disease detection.
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.
> >
> > On Jun 20, 2017, at 12:45 PM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > > I agree we should never do anexclusive
> > >
> > > I like terrys idea - most important is that VA need to protect patient identity and keep the veteran community informed. Congress too.
> > >
> > > Lets run the taps and work this through Dr Alaigh and Rachel Ramoni
> > >
> > > Sent from my iPhone
> > >
> > > On Jun 20, 2017, at 11:07 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
> > >
> > > > We should discuss this. From my talks with J&J, CVS, and Apple all wanted the data base. I am also aware IBM Watson and others are very interested.
> > > >
> > > > Sent from my iPad

AMERICAN OVERSIGHT

Bruce Moskowitz M.D.

Begin forwarded message:

From: Terry Fadem
(b) (6) @gmail.com>
Date: June 20, 2017 at 11:02:52 AM EDT
To: Bruce Moskowitz
<brucem(b) (6) @mac.com>
Subject: VA DATA BASE

Bruce,

Patient data is, in my opinion, the most valuable assets the VA has. It can be leveraged into hundreds of millions in revenue as follows;

1. An exchange is established (outside of the VA)...but owned and controlled by the VA, and a board as it should be a joint venture company in my way of thinking at the moment
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AMERICAN OVERSIGHT

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best regards,
Terry

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/20/2017 11:07:23 PM
To: Bruce Moskowitz [brucem(b) (6)@mac.com]
CC: David shulkin [Drshulkin@aol.com]; mbs(b) (6)@gmail.com; IP [(b) (6)@frenchangel59.com]
Subject: Re: VA DATA BASE

I am working on trying to understand why and where is contract is stuck- give me a couple of days- I have a couple of folks working on this as we speak. I agree, having him on board as soon as possible will be critical.

Sent from my iPad

On Jun 20, 2017, at 12:50 PM, Bruce Moskowitz <brucem(b) (6)@mac.com> wrote:

> Terry has brilliant pathways forward. We need to get him activated. The patient identity protection is available to us from the format that Mayo Clinic did with the Watson computer. We should borrow it. I agree the Veteran community will be willing partners when they are informed how data improves health care and early disease detection.
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From: David shulkin [Drshulkin@aol.com]
Sent: 6/20/2017 4:53:46 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: mbs(b) (6) @gmail.com; IP [@frenchangel59.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: VA DATA BASE

Thats perfect

Sent from my iPhone

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Sent: 6/20/2017 4:50:33 PM
To: David shulkin [Drshulkin@aol.com]
CC: mbsh(b) @gmail.com; IP [@frenchangel59.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: VA DATA BASE

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From: David shulkin [Drshulkin@aol.com]
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To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: mbs(b) (6) @gmail.com; IP [@frenchangel59.com]; Poonam Alaigh [(b) (6) @hotmail.com]
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From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/20/2017 3:07:07 PM
To: mbs(b) (6) @gmail.com; IP [@frenchangel59.com]; David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: VA DATA BASE

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/24/2017 8:12:46 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: 3 Names

Darin Selnick- senior advisor

Kayla Williams- Center for Women Veterans

Jake Leinenkugel- senior advisor

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/13/2017 5:17:49 AM
To: Darin Selnick(b) (6) @gmail.com]
Subject: Re: former-va-secretary-urges-congress-to-close-outdated-buildings-

This is good

Sent from my iPhone

On Jul 13, 2017, at 2:42 AM, Darin Selnick (b) (6) @gmail.com> wrote:

> I thought you would like to see this article.
>
> https://www.stripes.com/news/us/former-va-secretary-urges-congress-to-close-outdated-buildings-or-va-will-fail-1.477714
>
> Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6) @gmail.com]
Sent: 7/13/2017 12:42:35 AM
To: David shulkin [Drshulkin@aol.com]
Subject: former-va-secretary-urges-congress-to-close-outdated-buildings-

I thought you would like to see this article.

https://www.stripes.com/news/us/former-va-secretary-urges-congress-to-close-outdated-buildings-or-va-will-fail-1.477714

Darin

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/22/2017 2:08:04 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Choice Program

That's very clever

Sent from my iPad

> On Jun 21, 2017, at 4:07 PM, Bruce Moskowitz <brucemd(b) (6) ac.com> wrote:
>
> One way that may get the VA on the route to improving the choice program is a realization that it needs to be structured differently. Essentially you have two companies the VA and Community Medicine. The VA can control who has access to medicine outside of the VA system but the VA can not control private health care.
> The solution is to have a not for profit that works with all health care entities outside the VA to maintain which hospitals, clinics and health care workers agree to the guidelines of the VA to establish timely visits that uphold quality care standards and are cost effective. The outside not for profit would meet regularly with the VA to monitor the community care to make sure all metrics are met.
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From: Bruce Moskowitz [brucem(b) (6)@mac.com]
Sent: 6/21/2017 8:07:53 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)@hotmail.com]; IP [(@frenchangel59.com]; L Perl [(b) (6)@gmail.com]; mbs(b) (6)@gmail.com
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Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 6/23/2017 4:06:19 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
CC: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; Marisol Garcia [(b) @frenchangel59.com]
Subject: Tomorrow's call agenda

David and Poonam,

I thought I would put down some thoughts to make tomorrow's call efficient. The purpose of tomorrow's call (at least for me) is to discuss Choice. If you would rather focus on a different topic, let us know.

In addition to what we already know about the impediments to executing Choice effectively, there has been a lot of press and recent Hill talk about issues facing Choice . So, specifically, the purpose of tomorrow's call is so you can tell us how we can help you deal with and fix impediments.

On another note, the budget discussions this week on the Hill raised some questions by Congress (legitimate and political), some of which are part of the Choice discussion and some not, but all significant -- especially since they are on the Congressional radar screen. For example,

1. The ability to manage care contracts (and related issues of quality and ability of care assessments);

2. HR leadership and the reverberating effects of that void;

3. Dearth of medical personnel (highlighted by the exchange between Poonam and the Congressional committee;

4. Mapping of community care capabilities for Choice delivery (also highlighted an the exchange between Poonam and the Florida congressman);

5. Hiring roadblocks in general

6. Roadblocks and hazards posed by staff cultural issues - e.g., Apple leadership assignment delays and J&J

Again, you should let us know which, if any of these you would like to discuss on tomorrow's call or another time...the purpose of which is for you to tell us where you need help from us and how we can help you. Tomorrow's agenda should be your agenda.

Marc

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/21/2017 5:01:12 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Fyi facilities
Attachments: IMG_4076.JPG; Untitled attachment 94836.txt

AMERICAN OVERSIGHT

VA Announces Plan to Dispose Of Or Reuse All Its Vacant Buildings in 24 Months

Move Projected to Save Taxpayers Millions Annually

WASHINGTON — Following through on a key promise from less than a month ago, Department of Veterans Affairs Secretary Dr. David J. Shulkin today announced a plan to dispose of all vacant VA buildings in 24 months (either by demolishing or setting for reuse).

Dr. Shulkin had raised the vacant building issue as a priority in his "State of the VA" address delivered at the White House on May 31.

Nationwide, VA currently has 430 vacant or mostly vacant buildings that are on average more than 60 years old, and cost taxpayers more than $7 million per year to maintain.

Today Dr. Shulkin announced that, of those 430 buildings, VA has begun disposal or reuse processes on 71. Of the remaining 359 buildings, Dr. Shulkin announced VA will begin disposal or reuse processes on another 71 in the next six months, and plans to initiate disposal of the final 288 vacant buildings within 24 months.

"We owe it to the American taxpayer to apply as much of our funding as possible to helping Veterans," said Dr. Shulkin. "Maintaining vacant buildings, including close to 100 from the Revolutionary War and Civil War, makes no sense and we're working as quickly as possible to get them out of our inventory."

The Secretary also announced that VA will review another 784 non-vacant, but underutilized, buildings to determine if additional efficiencies can be identified to be reinvested in Veterans' services.

Finally, in addition to the building closure, Dr. Shulkin announced today that the Veterans Benefits Administration is freezing its footprint and will maximize space management by leasing or eliminating office space nationwide, thanks to a robust telework program and the digitization of claim files. VA estimates these actions will save taxpayers an additional $15.7 million annually beginning in 2017, for a total of close to $23 million in combined annual savings from the initiatives.

"As I said in my State of the VA presentation, we need to move rapidly to bring savings to taxpayers," said Dr. Shulkin. "We will work through the legal requirements and regulations for disposal and reuse and we will do it as swiftly as possible."

###

Very Respectfully,

(b) (6)
Office of Media Relations, U.S. Department of Veterans Affairs
810 Vermont Ave. NW, Room 913
Washington, D.C. 20420
(b) (6) @va.gov
(b) (6) (work)
((cell)
www.vets.gov

DS_00021300
AMERICAN OVERSIGHT
VA-19-0799-G-000584

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
Sent: 6/24/2017 7:11:48 PM
To: 'Poonam Alaigh' [(b) (6) @hotmail.com]; 'David Shulkin' [drshulkin@aol.com]
Subject: RE: (No Subject)

I think that's a good idea- will make that happen

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Saturday, June 24, 2017 02:34 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Subject:

Can we make a determination on if Camille is doing anything at all? I think he is doing very little - just like at treasury. Should we have him report to (b) so she keeps a closer eye?

Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/16/2017 9:53:49 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: VA - AGENDA FOR TONIGHT - 6/16/17 AT 6:00 PM

We should have one objective for this meeting- 1) the objective- keep it short- Nothing here is useful to us at this point its just informational

Sent from my iPhone

Begin forwarded message:

From: "Marisol Garcia" <(b)@frenchangel59.com>
Date: June 16, 2017 at 5:31:26 PM EDT
To: "L Perl" <(b) (6)@gmail.com>, <(b) (6)@hotmail.com>, "David shulkin" <Drshulkin@aol.com>, <mbs(b) (6)@gmail.com>, "Bruce Moskowitz" <brucemc(b) (6)@mac.com>, <(b)@frenchangel59.com>
Subject: VA - AGENDA FOR TONIGHT - 6/16/17 AT 6:00 PM

Friday, June 16th

6:00 PM – 6:45 PM EST

Dial-in Information:
US: 1-605-475-(b) (6)

Passcode: (b) (6)

AGENDA

1. CIO

2. Hiring of Kurt Heyssel from John Hopkins for $300K – What's happening?

3. Choice Funding / Choice Act Provider Locator

4. Terry Fadem – When are we going to hire him? – Recommendation for him to work with Apple and add to the committee.

5. Secretary and Poonam – We should get the names of people that are not doing a good job and are not capable. We need to get those people a different job at another location.

AMERICAN OVERSIGHT

6. CFO

Participants:

Laurie, Dr. Poonam Alaigh Secretary David Shulkin, Marc Sherman, Dr. Bruce Moskowitz, Ike

AMERICAN OVERSIGHT

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Sent: 6/16/2017 9:31:26 PM
To: L Perl [(b) (6) @gmail.com]; (b) (6) @hotmail.com; David shulkin [Drshulkin@aol.com]; mbs(b) (6) @gmail.com; Bruce Moskowitz [brucemc(b) (6) @mac.com]; (@frenchangel59.com
Subject: VA - AGENDA FOR TONIGHT - 6/16/17 AT 6:00 PM

Friday, June 16th

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Participants:

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AMERICAN OVERSIGHT

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From: (b) (6) [(b) (6) @american.edu]
Sent: 6/25/2017 8:43:49 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: (b) (6) [(b) (6) @american.edu]; David Shulkin [drshulkin@aol.com]; Poonam Alaigh [poonam.alaigh@va.gov]
Subject: Re: VA- American University

I can meet anytime after June 30. In Chicago until then.

Sent from my iPhone

> On Jun 19, 2017, at 5:54 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> Secretary Shulkin would like to set up a meeting after I had the opportunity to discuss this excellent opportunity for the VA. Thank you
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/19/2017 10:53:58 PM
To: (b) (6) [(b) (6) @american.edu]; (b) (6) [(b) (6) @american.edu]; (b) (6) [(b) @american.edu]
CC: David Shulkin [drshulkin@aol.com]; Poonam Alaigh (b) (6) @va.gov]
Subject: VA- American University

Secretary Shulkin would like to set up a meeting after I had the opportunity to discuss this excellent opportunity for the VA. Thank you

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/18/2017 6:01:25 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re:

Thank you Poonam

Please wish (b) a very happy day as well

Im on my way to arkansas

Sent from my iPhone

On Jun 18, 2017, at 10:31 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Happy Fathers Day to one of the best Dads I know- a Dad who always makes sure his children are taken care of, and does everything he can to bring happiness to them, no matter what the circumstance or situation.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/18/2017 2:31:08 PM
To: David Shulkin [drshulkin@aol.com]

Happy Fathers Day to one of the best Dads I know- a Dad who always makes sure his children are taken care of, and does everything he can to bring happiness to them, no matter what the circumstance or situation.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/21/2017 3:31:41 PM
To: David shulkin [Drshulkin@aol.com]
CC: Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: Senator Isakson

Works for me too- thanks

Sent from my iPhone

On Jun 21, 2017, at 7:22 AM, David shulkin <Drshulkin@aol.com> wrote:

> Saturday at 3 works for me
>
> Sent from my iPhone
>
> On Jun 21, 2017, at 6:43 AM, Marc Sherman <mbsh(b) (6) @gmail.com> wrote:
>
> > I will be available later in the day on Saturday (3 or 3:30pm) or early on Sunday (before 11am).
> >
> > Marc Sherman
> > (202) 758-(b)
> >
> > On Jun 21, 2017 4:09 AM, "Poonam Alaigh" <(b) (6) @hotmail.com> wrote:
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> > >
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to have a call dedicated to this topic soon so you can tell us how we can help you in addressing this topic? It has huge implications to so many things that impact the success of the VA transformation. My hope was for us to talk about it last Friday, but we ended up with limited time.
>
> Marc

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/21/2017 11:25:19 AM
To: David shulkin [Drshulkin@aol.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Senator Isakson

Agree

Sent from my iPad
Bruce Moskowitz M.D.

> On Jun 21, 2017, at 7:24 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> The only correction to these points i would offer is that community care waits are typically much longer than va waits- with some exceptions of course
>
> Sent from my iPhone
>
>> On Jun 21, 2017, at 6:36 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>
>> The concern about the choice program is going to hit a critical phase for the following reasons that have an immediate solution:
>>
>> 1. The wait time in the choice program is as problematic as the wait time at the VA.
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>> 2. Lack of vetting who is delivering care both from a hospital standpoint and physician standpoint therefore there is no cost control and more important quality control.
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>> 3. No system to control unnecessary laboratory testing, radiologic procedures and surgical procedures.
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>> 5. The cost of the program will spiral out of control but the more problematic issue will be quality of care issues.
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>> All the systems already exist to solve all the issues, however until we sit down and decide how to integrate VA care with community care and make the total system seamless and cost effective we can not achieve any goal.
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>>>
>>> Marc
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/21/2017 11:24:39 AM
To: Bruce Moskowitz [brucemo(b) (6) @mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Senator Isakson

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Sent from my iPhone

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>>
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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/21/2017 11:22:36 AM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Senator Isakson

Saturday at 3 works for me

Sent from my iPhone

On Jun 21, 2017, at 6:43 AM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

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AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 6/21/2017 10:43:26 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: Drshulkin@aol.com
Subject: Re: Senator Isakson

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(b) (6)

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AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/21/2017 10:36:16 AM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]
Subject: Re: Senator Isakson

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AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/21/2017 8:09:29 AM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Drshulkin@aol.com
Subject: Re: Senator Isakson

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AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/21/2017 3:28:12 AM
To: Marc Sherman [mbs(b) (6)@gmail.com]
BCC: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: Senator Isakson

Marc- i dont think ill have any time to discuss before the weekend - there is so much happening i simply have no ability to get on the phone

Sent from my iPhone

> On Jun 20, 2017, at 11:07 PM, Marc Sherman <mbs(b) (6)@gmail.com> wrote:
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AMERICAN OVERSIGHT

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To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
CC: IP [@frenchangel59.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; L Perl [(b) (6) @gmail.com]
Subject: Senator Isakson

David and Poonam

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Marc

AMERICAN OVERSIGHT

Message

From: IP [redacted]@frenchangel59.com]
Sent: 6/16/2017 1:15:12 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Choice Act Provider Locator

https://www.va.gov/opa/apps/locator/

David and Poonam:

This is how the VA wastes money and causes more problems. We told them in January we would donate a program that gives the Veteran the closes doctor and hospital by specialty that is approved for care and agreeable to see Veterans immediately. Instead they spent money to set up this dysfunctional site that now has a banner that the site has a problem.

This is how the program runs. I Typed in primary care in my area and it lists everyone including individuals long retired and 98% of those listed do not practice primary care many radiologists, orthopedists and pathologists are listed under primary care. What they did was took a listing of all physicians in a geographic area and put them as providers. No one on the list would provide services to Veterans and I called 30 on the list personally and no one knew they were listed.

Ike

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/28/2017 5:56:51 PM
To: Vivieca Simpson [(b) (6) @gmail.com]
Subject: Fwd: Re:

Lets discuss

Sent from my iPhone

Begin forwarded message:

> **From:** (b)) (6) <(b) (6) @speakergingrich.com>
> **Date:** June 28, 2017 at 11:48:23 AM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re:**
>
> You are an inspiring leader and it is an honor to be able to work with you
>
> If you can find an advisory group or some role for ali meshkin to play i would be grateful
>
> For the last four years she has been my eyes and ears on veterans issues
> Newt
>
> Sent from my iPad
>
> > On Jun 27, 2017, at 9:36 PM, David shulkin <Drshulkin@aol.com> wrote:
> >
> > Newt- thanks so much for your comprehensive piece on veterans - it was well done and ill make sure the President sees it.
> >
> > Also I wanted to let you know we held our first robotics workshop today and generated some great ideas to jump start efforts in VA.
> >
> > Also today i heard from (b) (6) today that were moving forward on some of our efforts in genomics
> >
> > All of these were generated from you and are great steps forward.
> > I cant thank you enough
> >
> > David Shulkin
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/7/2017 4:59:54 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Don't think it's public yet

Good for (b) (6)

Sent from my iPhone

> On Aug 7, 2017, at 12:43 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> North Carolina
>
> Sent from my iPhone
>
>> On Aug 7, 2017, at 12:38 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> In chicago?
>>
>> Sent from my iPhone
>>
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>>>
>>> But (b) (6) is joining as CEO of BCBS
>>>
>>> Sent from my iPhone

AMERICAN OVERSIGHT

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Sent: 8/7/2017 4:43:49 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Don't think it's public yet

North Carolina

Sent from my iPhone

> On Aug 7, 2017, at 12:38 PM, David shulkin <Drshulkin@aol.com> wrote:
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>
> Sent from my iPhone
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AMERICAN OVERSIGHT

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To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Don't think it's public yet

In chicago?

Sent from my iPhone

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> But (b) (6) is joining as CEO of BCBS
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 8/7/2017 4:29:46 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Don't think it's public yet

But (b) (6) is joining as CEO of BCBS

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/18/2017 12:09:01 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Travel itinerary for Newark/London/Copenhagen

To keep you in the loop with our itinerary

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** June 17, 2017 at 1:21:55 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6)@hotmail.com>
> **Subject: FW: Travel itinerary for Newark/London/Copenhagen**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Alaigh, Poonam, M.D.
> **Sent:** Saturday, June 17, 2017 01:21 PM Eastern Standard Time
> **To:** (b) (6)
> **Subject:** Travel itinerary for Newark/London/Copenhagen
>
> United flight #110- Friday July 7th to London - departs at 1800
> British airways # 820- Wednesday - July 12 to Copenhagen - departs at 1605
> British airways # 819- Sunday- July 16 to London - departs at 1815
> United flight # 921- Friday July 21 to Newark - departs at 1800
>
> Can you book asap since there are limited seats, my husband just booked his seats this morning - even if there was a way doing it today
>
> Thanks
>
> Sent with Good (www.good.com)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/16/2017 9:49:51 PM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Fwd: Google Alert - shulkin

See story 2

Sent from my iPhone

Begin forwarded message:

From: Google Alerts <googlealerts-noreply@google.com>
Date: June 16, 2017 at 4:04:13 PM EDT
To: drshulkin@aol.com
Subject: Google Alert - shulkin

Google Alerts

shulkin

Daily update · June 16, 2017

NEWS

VA Sec. **Shulkin** Says Veterans Choice Will Run Out of Money
New Hampshire Public Radio
VA Secretary David **Shulkin** made the disclosure about the Veterans ... to fix with Choice, and we've increased our use of Choice," says **Shulkin**.
Flag as irrelevant

Democrats criticize Trump's budget plan as hurting VA care
KSNT News
David **Shulkin** Veterans Affairs Secretary David **Shulkin** attends a Cabinet meeting with President Donald Trump, Monday, June 12, 2017, in the ...
Democrats criticize Trump's budget plan as hurting VA care - WRAL.com
Full Coverage
Flag as irrelevant

VA chief withdraws Staab appeal, vows to replace 'IU' pay cut
Fairfield Daily Republic
Veterans Affairs Secretary David **Shulkin** made two surprise announcements Wednesday before the Senate VA Committee that should relieve some ...
IU Cut Reversal Leaves VA Looking for Ways to Fund Choice Expansion - Military.com
VA still planning to round down benefit payouts - Military Times
Full Coverage

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Flag as irrelevant

Disabled veterans could face cuts under Trump budget

Gainesville Daily Register

Veterans Affairs Secretary Dr. David **Shulkin** acknowledged that about 7,000 veterans over age 80 currently receive IU out of a total of about 225,000 ...

Flag as irrelevant

WEB

VA Secretary **Shulkin** Joins Rep. Poliquin For Congressional Charity Baseball Game

Congressman Bruce Poliquin

WASHINGTON – Last night, Congressman Bruce Poliquin (ME-02) was joined by Department of Veterans Affairs (VA) Secretary David J. **Shulkin** for ...

Flag as irrelevant

Tim Price, David **Shulkin**

BTA

Health and Human Services Secretary Tom Price, left, shakes hands with Veterans Affairs Secretary David **Shulkin** before the start of a meeting of the ...

Flag as irrelevant

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/12/2017 7:19:58 AM
To: Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: Appointment delays

I told darinno more with apple

Sent from my iPhone

> On Jul 11, 2017, at 11:54 PM, Poonam Alaigh <(b) (6)n@hotmail.com> wrote:
>
> It's (b) (6) from Apple that Darin communicates with directly - I am about to respond to your email to her
>
> Sent from my iPhone
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>> On Jul 11, 2017, at 10:39 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>
>> Reminds me of the cartoon the patient is on his last breath From an acute allergic reaction and begging the doctor to inject him with an epipen. The doctor responds I can't until I open your EMR and go through it to find out if you have any contraindications!
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>>
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>>>>>>
>>>>>> Sent from my iPad
>>>>>> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/12/2017 7:18:17 AM
To: IP [(b) (6)@frenchangel59.com]
Subject: Re: Appointment delays

Ok ill handle

Sent from my iPhone

> On Jul 12, 2017, at 12:12 AM, IP <(b) (6)@frenchangel59.com> wrote:
>
> My understanding is that Darin hasn't been with us for a week.
>
> Someone should tell Apple, and the other places, that he's been talking to.
>
> Thank you.
>
> -----Original Message-----
> From: Poonam Alaigh [mailto(b) (6) h@hotmail.com]
> Sent: Tuesday, July 11, 2017 5:55 PM
> To: Bruce Moskowitz <bruce(b) (6) mac.com>
> Cc: David shulkin <drshulkin@aol.com>; IP <(b) (6)@frenchangel59.com>;
> mbs(b) (6)@gmail.com; L Perl <(b) (6) 8@gmail.com>
> Subject: Re: Appointment delays
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>>>>>> Sent from my iPad
>>>>>> Bruce Moskowitz M.D.
>

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Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 7/11/2017 10:12:39 PM
To: 'Poonam Alaigh' [(b) (6)@hotmail.com]
CC: 'David shulkin' [drshulkin@aol.com]; mbs(b) (6)@gmail.com; 'L Perl' [(b) (6)@gmail.com]; 'Bruce Moskowitz' [brucem(b) (6)@mac.com]
Subject: RE: Appointment delays

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Someone should tell Apple, and the other places, that he's been talking to.

Thank you.

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Cc: David shulkin <drshulkin@aol.com>; IP <(b) (6)@frenchangel59.com>; mbs(b) (6)@gmail.com; L Perl <(b) (6)8@gmail.com>
Subject: Re: Appointment delays

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Sent from my iPhone

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>>>>> Bruce Moskowitz M.D.

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/11/2017 9:54:40 PM
To: Bruce Moskowitz [brucem(b) (6)@mac.com]
CC: David shulkin [drshulkin@aol.com]; IP [@frenchangel59.com]; mbs(b) (6)@gmail.com; L Perl [(b) (6)@gmail.com]
Subject: Re: Appointment delays

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Sent from my iPhone

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>>>>>
>>>>> Sent from my iPad
>>>>> Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/11/2017 7:08:55 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Appointment delays

We will show you our VAR app to see what you think-

Poonam can we set this up?

Sent from my iPhone

> On Jul 11, 2017, at 3:01 PM, Bruce Moskowitz <brucem(b) (6) c.com> wrote:
>
> The only prevention is to harness existing technology. The VA needs a mobile app that provides a patient to request an appointment with demographic information and the patients reason for an appointment. The computerized program should be able to discern how urgent the appointment is (i.e. New breast mass urgent, versus appointment for hip arthritis). Knowing the reason for the visit should allow for probable tests to be scheduled on the same day (a confirmed breast mass will have a slot for a mammogram and biopsy on the same day). Also it will allow all vital information on the patient to be available i.e. Previous mammograms and risk factors so that the physician does not have to sift through the medical record to find it.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/11/2017 7:01:24 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
CC: IP [@frenchangel59.com]; mbs(b) (6) @gmail.com; L Perl [(b) (6) @gmail.com]
Subject: Appointment delays

The only prevention is to harness existing technology. The VA needs a mobile app that provides a patient to request an appointment with demographic information and the patients reason for an appointment. The computerized program should be able to discern how urgent the appointment is (i.e. New breast mass urgent, versus appointment for hip arthritis). Knowing the reason for the visit should allow for probable tests to be scheduled on the same day (a confirmed breast mass will have a slot for a mammogram and biopsy on the same day). Also it will allow all vital information on the patient to be available i.e. Previous mammograms and risk factors so that the physician does not have to sift through the medical record to find it.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
Sent: 6/21/2017 8:54:57 PM
To: 'Marisol Garcia' [(b)@frenchangel59.com]; 'David shulkin' [Drshulkin@aol.com]
Subject: RE: [EXTERNAL] FW: FW: Senator Isakson

Tomorrow is not good- I am testifying on our budget

Sent with Good (www.good.com)

-----Original Message-----
From: Marisol Garcia [(b) @frenchangel59.com]
Sent: Wednesday, June 21, 2017 03:21 PM Eastern Standard Time
To: David shulkin; Alaigh, Poonam, M.D.
Subject: [EXTERNAL] FW: FW: Senator Isakson

Do you have time tomorrow between 10 am and 12pm?

-----Original Message-----
From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Wednesday, June 21, 2017 12:56 PM
To: IP
Cc: Marc Sherman; David shulkin; Poonam Alaigh; L Perl; (b) @frenchangel59.com
Subject: Re: Senator Isakson

Anytime except this afternoon

Sent from my iPhone

> On Jun 21, 2017, at 12:51 PM, IP <(b)@frenchangel59.com> wrote:
>
> We should be very concerned and may need to stop the program as soon
> as possible to avoid being embarrassed.
>
> I've asked Marisol to set-up a call so we can all discuss. Please
> email her your availability today or tomorrow for a quick call.
>
> Thank you.
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> Sent: Wednesday, June 21, 2017 6:36 AM
> To: Marc Sherman
> Cc: David shulkin; Poonam Alaigh; IP; L Perl
> Subject: Re: Senator Isakson

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>
> The concern about the choice program is going to hit a critical phase
> for the following reasons that have an immediate solution:
>
> 1. The wait time in the choice program is as problematic as the wait
> time at the VA.
>
> 2. Lack of vetting who is delivering care both from a hospital
> standpoint and physician standpoint therefore there is no cost control
> and more important quality control.
>
> 3. No system to control unnecessary laboratory testing, radiologic
> procedures and surgical procedures.
>
> 4. No control on treatment with controlled substances leading to
> further substance abuse.
>
> 5. The cost of the program will spiral out of control but the more
> problematic issue will be quality of care issues.
>
> All the systems already exist to solve all the issues, however until
> we sit down and decide how to integrate VA care with community care
> and make the total system seamless and cost effective we can not achieve
any goal.
>
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
>> On Jun 20, 2017, at 11:07 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:
>>
>> David and Poonam
>>
>> In a follow-up to my meeting last week with Rep Roe (see my summary
>> memo
> to you on June 12), I am meeting with Sen. Isakson on Thursday. Rep.
> Roe had asked that I meet with Isakson to fill him in on my
> conversation with him last week, the planned steps forward and obtain
> his support based on my prior discussion with him about the topic. Are
> there other topics that you would like me to cover with Isakson that
> would be helpful to you or the cause? If so, let's do that by a short
phone call among the three of us.
>>
>> On another note, there has been a lot of rumbling (as we discussed)
>> about
> Choice funding and budgeting and related issues. Does it make sense
> for all of us to have a call dedicated to this topic soon so you can
> tell us how we can help you in addressing this topic? It has huge
> implications to so many things that impact the success of the VA
> transformation. My hope was for us to talk about it last Friday, but we
ended up with limited time.

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>>
>> Marc
>

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/16/2017 8:07:56 PM
To: Marisol Garcia [(b) @frenchangel59.com]
CC: David shulkin [Drshulkin@aol.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; mbs(b) (6) @gmail.com
Subject: Re: Conference Call TONIGHT

Yes thanks

Sent from my iPhone

On Jun 16, 2017, at 2:55 PM, Marisol Garcia <(b) @frenchangel59.com> wrote:

> Hi –
>
> Please let me know if you are available tonight at 6:00 PM for a conference call.
>
> The call should be around 30 to 45 minutes.
>
> I will email the agenda when I get your the confirmations.
>
> Thank you,
> Marisol

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/16/2017 7:10:10 PM
To: Marisol Garcia [(b)(6)@frenchangel59.com]
Subject: Re: Conference Call TONIGHT

Ok

Sent from my iPhone

On Jun 16, 2017, at 2:54 PM, Marisol Garcia <(b)(6)@frenchangel59.com> wrote:

> Hi –
>
> Please let me know if you are available tonight at 6:00 PM for a conference call.
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>
> Thank you,
> Marisol

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/20/2017 8:47:27 AM
To: (b) (6) W. [(b) @mayo.edu]
CC: David Shulkin [drshulkin@aol.com]; (b) (6) M. D. [(b) (6) @partners.org]; (b) (6) M.D (b) (6) (b) mayo.edu]; (b) (6) [(b) (6) @jhmi.edu]; (b) (6) @ccf.org; (b) (6) kp.org; IP [(@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Bruce Moskowitz [brucem (b) (6) @mac.com]; mbs (b) (6) @gmail.com; Stephanie Reel (b) @jhu.edu) [(b) @jhu.edu]; (b) Christopher J. (b) (6) @mayo.edu]; (b) (6) (b) (6) @aol.com]
Subject: Re: Update: Conference Call | VA, Apple & Medical/Digital Experts

Thanks (b) captured really well. We will discuss next steps including the team structure next week after we hear from all the participants this week.

Sent from my iPad

On Jun 19, 2017, at 7:58 AM, (b) (6) W. <(b) @mayo.edu> wrote:

> Hi -- sharing the agenda and highlight of a call last week that included leadership of the VA; Apple; the "group of five" academic centers; Ike, Dr. Moskowitz, Marc Sherman and others.
>
> Strong, favorable progress was made during the course of Wednesday's call. (b) (6) Johns Hopkins CIO (included here) spoke behalf of the "group of five" CIOs who had met w/ the Apple team prior to the call. The output of those conversations are reflected in the document embedded w/in the agenda document.
>
> If you have questions or comments, feel free to reach out to your CIO or Dr. Alaigh in follow-up.
>
> Best,
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> [redacted] ([redacted]
> cell: (b) (6) | office: (b) (6)
> e-mail: (b) @mayo.edu
>
> <confcallagenda.pdf>
> <confcallhighlights.pdf>

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Message

From: [redacted] W. [redacted]@mayo.edu]
Sent: 6/19/2017 11:57:50 AM
To: David Shulkin [drshulkin@aol.com]; Poonam Alaigh [redacted]@hotmail.com]; [redacted] M. D. [redacted]@partners.org]; [redacted] M.D. [redacted] mayo.edu]; [redacted] [redacted]@jhmi.edu]; [redacted]@ccf.org; [redacted] kp.org; IP [redacted]@frenchangel59.com]; L Perl [redacted]@gmail.com]; Bruce Moskowitz [brucem[redacted]@mac.com]; mbs[redacted]@gmail.com
CC: Stephanie Reel ([redacted]@jhu.edu) [redacted]@jhu.edu]; Ross, Christopher J. [redacted]@mayo.edu]
Subject: Update: Conference Call | VA, Apple & Medical/Digital Experts
Attachments: confcallagenda.pdf; confcallhighlights.pdf

Hi -- sharing the agenda and highlight of a call last week that included leadership of the VA; Apple; the "group of five" academic centers; Ike, Dr. Moskowitz, Marc Sherman and others.

Strong, favorable progress was made during the course of Wednesday's call. Stephanie Reel, Johns Hopkins CIO (included here) spoke behalf of the "group of five" CIOs who had met w/ the Apple team prior to the call. The output of those conversations are reflected in the document embedded w/in the agenda document.

If you have questions or comments, feel free to reach out to your CIO or Dr. Alaigh in follow-up.

Best,

[redacted]
Chair |Mayo Clinic Department of Public Affairs
[redacted]
cell: [redacted] |office: [redacted]
e-mail: [redacted]@mayo.edu

AMERICAN OVERSIGHT

Conference Call | VA, Apple & Medical/Digital Experts

Date: Wednesday | June 14, 2017

Time: 11 a.m. – 12:30 p.m. ET/10 – 11:30 a.m. CT/8 – 9:30 a.m. PT

Dial-in Information: *United States*: 1.866.244.(b)

International: 719.457.0(b)

Passcode: (b) (6)

Participants:

Bruce Moskowitz, M.D.
Marc Sherman
Ike Perlmutter

Apple:
(b) (6) – Apple, Chief Executive Officer
(b) (6) – Apple, Chief Operating Officer
(b) (6) – Apple, Director of Global Government
(b) (6) – Apple, Vice President for Public Policy and Government Affairs

Office of Veterans Affairs:
David Shulkin, M.D. – Secretary of Veterans Affairs
Poonam Alaigh, M.D. – Acting Under-Secretary for Health
Darin Selnick – Senior Advisor to the Secretary
Rob C. Thomas II – Acting Assistant Secretary & Chief Information Officer
Department of Veterans Affairs
(b) (6) – Senior Advisor, Acting Under-Secretary for Health, Department of Veterans Affairs, Veterans Health Administration

Medical Institutions:
Christopher Ross – Chief Information Officer, Mayo Clinic
(b) (6) M.D. – Associate Dean/Center for Connected Care, Mayo Clinic
(b) (6) – Interim Chief Information Officer, Cleveland Clinic
(b) (6) M.D. – Associate Chief Information Officer, Cleveland Clinic
Stephanie L. Reel – Senior Vice President and CIO, Johns Hopkins Health System, Johns Hopkins Medicine, Vice Provost and CIO, Johns Hopkins University
(b) (6) – Senior Vice President, Care Delivery Technology Services, Kaiser Permanente
(b) (6) - Cofounder, CEO - Responsive Health
(b) (6) M.D. – Co-founder, Responsive Health/ Mount Sinai Health System
(b) (6) – Payer Advisor, Responsive Health
(b) (6) – Development Head, Responsive Health
(b) (6) - SME for Public Sector, Responsive Health
Aaron Moskowitz – Biomedical Research & Education Foundation, Executive Director
(b) (6) M.D. – Vice President, Connected Health | Partners HealthCare
(b) (6) M.D. – Chief Information Officer and Vice President, Information Systems, Brigham Health

Moderator:
(b) (6) – Chair, Department of Public Affairs/Mayo Clinic

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Agenda:

1) Introductions – (b) (6) Moderator

2) Review/Discussion of Purpose of Call – All
   Draft Meeting Objectives:
   - Consensus/endorsement of goals
   - Define roadmap and next steps
   - Determine core working team moving forward/ARCIV

3) Project Objectives/Status | Veteran's Administration Perspective – David Shulkin, M.D.

4) Perspective of the Medical Experts – What Works/What Doesn't – Medical Experts
   - Status of portable medical record for the private sector
   - What will it take to get to "state of the art?"
     - Preventive health/early detection of disease
     - How does the medical record pick up that which may threaten health
   - What are medical centers working on that has been well received by patients?

5) Discussion of Digital/Veteran Platform Project Road Map – Stephanie Reel

Digital Veteran Platform Experience.(

The attachment that reflects shared perspective of medical providers/Apple team.

6) Review/Discussion of Potential Project Requirements – All
   - Clinical needs re: obtaining information from the patient's EMR
     - Quick reference screen
       - Patient problem list
       - Medications
       - Allergies
       - Laboratory results
       - Diagnostic tests by specialty
       - Clinical notes by specialty
   - Dynamic vs. static EMR
   - Early disease detection
   - Chart medication adherence
   - Laboratory results depicted by in graph form to permit lifestyle modification conversations
   - Alerts for follow-up appointments/tests
   - Integration of clinical notes, lab and diagnostic text into integrated platform

7) Next steps Discussion:
   - Defining the core working team – ARCIV
   - Timeline

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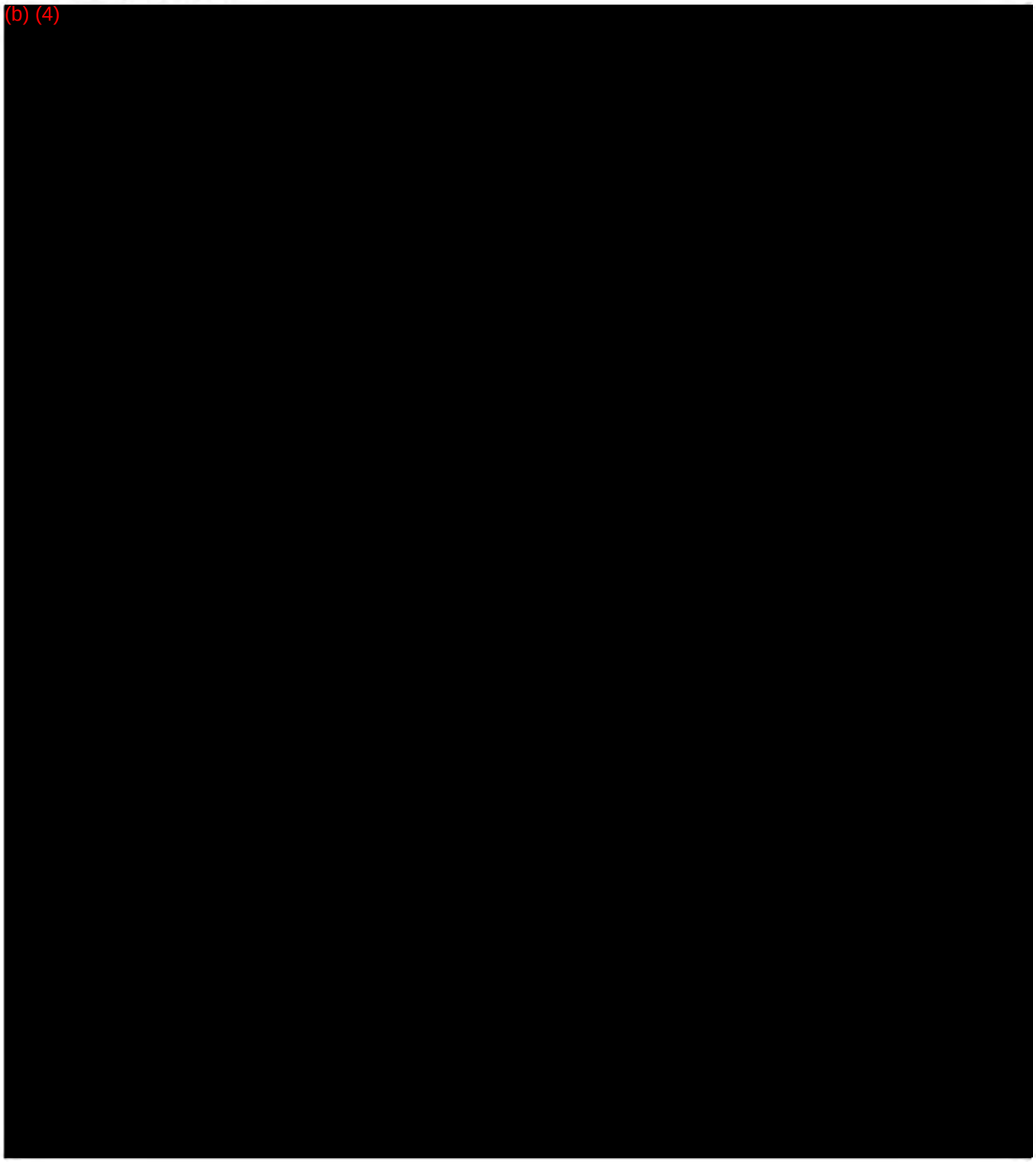
Digital Veteran Platform: Veteran-Mediated Data Exchange

Background

(b) (4)



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(b) (4)

[redacted]

Proposal

(b) (4)

[redacted]

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(b) (4)

[redacted]

Guiding Principles

(b) (4)

[redacted]

Next Steps

(b) (4)

[redacted]

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(b) (4)

[redacted]

This content should not be distributed outside of the participants of this call nor should it be published publicly.

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Highlights: Conference Call | VA, Apple & Medical/Digital Experts

1. (b) (6) (Mayo Clinic) moderated the call, and summarized the goals of the call.
    a. Introductions of participants
    b. Commitment to build consensus around overarching goals in support of our VA
    c. Describe the proposed approach
    d. Identify accountable leaders, governance and working group strategy.

2. Poonam Alaigh, MD (VA – Acting Under Secretary for Health) described the VA's vision for healthcare for the Veterans
    a. The implementation of a Data Exchange Platform, ensuring that the "Veteran owns her/his own record". This will require a high-performing network across the VA and around the nation, wherever care is provided.
    b. A 'Care Finder" platform that will be interfaced to the exchange, ensuring that the "Veteran can identify the best place to get care."
    c. Veterans and providers should have information at the "tips of their fingers."
    d. Artificial intelligence should be considered, as well as the ability for veterans to be proactive around wellness.

3. Stephanie Reel (Johns Hopkins Medicine) reviewed the Digital Veteran Platform: The Veteran-Mediated Data Exchange
    a. A review of our commitment to support the VA through a collaboration between Apple and 5 leading health systems
    b. A review of our four initiatives
        i. Care Finder
        ii. Veteran Health Data Exchange
        iii. Medication Tracking and Compliance
        iv. Transitions of Care
    c. A plan to achieve patient-focused care
    d. A focus on efficiency and effectiveness
    e. Clear guiding principles
        i. We will act in the best interests of the Veteran
        ii. We will support the ability of the Veteran's care team to provide the best care
        iii. We will identify and implement standards-based solutions where possible
        iv. We will deploy solutions that can be leveraged and adopted by the healthcare industry more broadly
    f. An agreement to create and support the most appropriate governance structure and working group structure to ensure success

4. Group Discussion
    a. Optimal governance structure
        i. CEO Group
        ii. Project governing group
        iii. Workgroup/project team
    b. Review/feedback on project guiding principles
        i. Broad agreement

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ii. Suggestion to add "joy in medicine" for providers into the mix

c. Known requirements feedback
    i. Quick Reference Screen
        1. Problem list
        2. Medications
        3. Allergies
        4. Lab Results
        5. Diagnostic tests by specialty
        6. Clinical notes by specialty
        ii. Dynamic vs Static EMR
        iii. Early disease detection
        iv. Chart medication adherence
        v. Graphical representation of results
        vi. Alerts for follow-up appointments and tests
        vii. Integration of notes, results and diagnostic test into an integrated platform

5. Next steps/timeline
    a. Poonam Alaigh, M.D. Agreed to serve as the Accountable Leader and identified Rob Thomas (VA – CIO) as her partner
        i. Will work with I. Perlmutter, M. Sherman and B. Moskowitz, M.D. to define the governance structure and working group structure
    b. Dr. Alaigh has reached out to participants identifying those willing/interested in serving on a governance committee as well as those individuals who will be part of the work group for this initiative, asking for a commitment by Thursday, June 22.
        i. Strong expression of interest among participants on call to serve

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/23/2017 11:39:21 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Egyptian embassy dinner next week?

Just finished with Bruce for the last 30min and now in an EMR meeting- call me if you want though

Sent from my iPhone

> On Jun 23, 2017, at 7:23 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> No - are u free for a call
>
> Sent from my iPhone
>
>> On Jun 23, 2017, at 5:46 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>
>> Didn't get any confirmation- do i need to do anything else
>>
>> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/23/2017 11:22:14 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Egyptian embassy dinner next week?

No - are u free for a call

Sent from my iPhone

> On Jun 23, 2017, at 5:46 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Didn't get any confirmation- do i need to do anything else
>
> Sent from my iPad

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/23/2017 9:46:19 AM
To: Drshulkin@aol.com
Subject: Egyptian embassy dinner next week?

Didn't get any confirmation- do i need to do anything else

Sent from my iPad

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/20/2017 2:59:28 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Im pissed - (b) and (b) had aisles

Is this tiffinany?

Sent from my iPhone

> On Jun 19, 2017, at 10:53 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> Middle seat for 3 hrs is the worst :-(
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 6/20/2017 2:53:23 AM
To: David Shulkin [drshulkin@aol.com]

Middle seat for 3 hrs is the worst :-(
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/17/2017 5:01:45 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Quick question

I submitted your name to the Wh- should be ok- i held all other names

Sent from my iPhone

> On Jun 17, 2017, at 12:56 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Any update on the USH position- I am ok if you want to repost, but just wanted to know so I can mentally prepare either ways obviously being settled in a place (either NJ or D.C.) helps vs shlepping like this.
>
> You said something in Ike's call yesterday that I just remembered- " if we ever get the nomination..."- maybe I am being overly sensitive but didn't know if there was something you were protecting me from
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/17/2017 4:56:40 PM
To: Drshulkin@aol.com
Subject: Quick question

Any update on the USH position- I am ok if you want to repost, but just wanted to know so I can mentally prepare either ways obviously being settled in a place (either NJ or D.C.) helps vs shlepping like this.

You said something in Ike's call yesterday that I just remembered- " if we ever get the nomination..."- maybe I am being overly sensitive but didn't know if there was something you were protecting me from

Sent from my iPad

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Message

From: Jared Kushner [(b) (6)
Sent: 6/21/2017 11:33:05 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Of course! Thank YOU for (b) (5)

On 6/20/17, 7:01 AM, "David shulkin" <Drshulkin@aol.com> wrote:

> Jared- congratulations on a (b) (5)
>
> See you soon
>
> David
>
> Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/20/2017 11:01:54 AM
To: Jared Kushner [(b)(b) (6)

Jared- congratulations on a great day yesterday with the launch of tech week

I also appreciated the shout out for VA- it means a lot to our staff who are working hard to make a difference

See you soon

David

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/25/2017 4:54:25 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Just realized

I dont have it yet- these people cannot even get this right

Sent from my iPhone

> On Jun 25, 2017, at 12:19 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> That I still have to earn your Secretary coin - haven't got it yet
>
> Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/25/2017 4:19:10 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Just realized

That I still have to earn your Secretary coin - haven't got it yet

Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/15/2017 8:31:29 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: drshulkin@aol.com; IP [@frenchangel59.com]; mbs(b) (6) @gmail.com
Subject: Re: Terry Fadem. And Apple

Yes, good idea- will you give him a heads up Bruce, and then I can connect with him prior to the first governance/oversight meeting

Sent from my iPhone

> On Jun 14, 2017, at 9:46 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> I spoke with Terry he immediately understands how to structure this to get the VA maximal benefit. We need to involve him as we put the committees in place and protect the intellectual capital of the VA prior to starting working on the project. We need to have a plan that is fair to all parties involved, the 5 academic partners, Apple and the VA.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 6/15/2017 8:23:37 PM
To: drshulkin@aol.com
Subject: The Congressional Baseball Game for Charity | MLB.com

The Congressional Baseball Game for Charity | MLB.com

http://m.mlb.com/nationals/tickets/info/congressional

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/14/2017 1:19:21 AM
To: (b) (6) (b) (6) va.gov]; Vivieca Simpson [(b) (6) @gmail.com]
Subject: Re: [EXTERNAL] First Meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis

http://www.cnn.com/videos/tv/2017/06/13/david-shulkin-secretary-veterans-affairs-cabinet-meeting-erin-burnett-outfront-cnntv.cnn/video/playlists/erin-burnett-outfront/

Sent from my iPad

On Jun 13, 2017, at 9:07 PM, (b) (6) (b) (6) va.gov> wrote:

K

-----Original Message-----
From: David shulkin [Drshulkin@aol.com]
Sent: Tuesday, June 13, 2017 09:05 PM Eastern Standard Time
To: (b) (6)
Subject: Re: [EXTERNAL] First Meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis

I had not seen the email before - and it was not clear how o me before that i was invited

Lets look at the schedule tommorow and see what we can do

Sent from my iPhone

On Jun 13, 2017, at 6:50 PM, (b) (6) (b) (6) va.gov> wrote:

May I send to valintino, Clancy etc?

-----Original Message-----
From: (b) (6) EOP/ONDCP
(b) (6) @ONDCP.EOP.GOV]
Sent: Tuesday, June 13, 2017 05:59 PM Eastern Standard Time
To: (b) (6)
Subject: RE: [EXTERNAL] First Meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis

Thanks for your response, yes we welcome you sending staff in the Secretary's stead. The guidance that we received was that Secretaries or Deputy Secretaries would have a speaking role questioning the non profit groups, and other staff would be able to attend and observe.

Thanks

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(b) (6)
Executive Assistant
National Drug Control Policy
(b) (6)
(b) (6) Main Number
(b) (6) Direct Number

-----Original Message-----
From: (b) (6) [mailto:(b) (6) va.gov]
Sent: Tuesday, June 13, 2017 5:53 PM
To: (b) (6) EOP/ONDCP [(b) (6) ONDCP.EOP.GOV>
Subject: RE: [EXTERNAL] First Meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis

Hi (b) (6) sec shulkin will not be in attendance, but can we send someone else in his stead?

-----Original Message-----
From: (b) (6) EOP/ONDCP [(b) (6) ONDCP.EOP.GOV
<mailto:(b) (6) ONDCP.EOP.GOV>]
Sent: Tuesday, June 13, 2017 05:25 PM Eastern Standard Time
To: (b) (6)
Subject: [EXTERNAL] First Meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis

Good afternoon (b) (6)

I'm following up on an exchange that you had with Abe Goldschmidt regarding Secretary Shulkin participating in the First Meeting of the President's Commission on Combating Drug Addiction and the Opioid Crisis to be held this Friday, June 16, 2017 from 12:30 - 2:30pm at the EEOB Room 350. Please advise if he will be able to join us and if so, if any staff will be accompanying him. Each guest will need to submit their clearance information through the link below.

https://events.whitehouse.gov/form?rid=7T6476FV2X

Please let me know if you have any questions.

Respectfully,

(b) (6)
Executive Assistant
National Drug Control Policy
(b) (6)
(b) (6) Main Number
(b) (6) Direct Number

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/13/2017 5:50:58 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

Can you find out if we are working on stellate ganglion blocks for ptsd- this is front page on the wall street journal and being tested by DoD

Sent from my iPhone

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/14/2017 1:17:58 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]

http://www.cnn.com/videos/tv/2017/06/13/david-shulkin-secretary-veterans-affairs-cabinet-meeting-erin-burnett-outfront-cnntv.cnn/video/playlists/erin-burnett-outfront/

Sent from my iPad

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/1/2017 1:21:13 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Ike and Laurie

Thanks so much Bruce please send terrys number and ill call tommorow

Enjoy the fourth

Sent from my iPhone

> On Jun 30, 2017, at 8:49 PM, Bruce Moskowitz <brucemd(b) (6) mac.com> wrote:
>
> I had dinner with them tonight. If you can not engage Terry under the usual method they want to provide his services via BREF foundation either free or under reimbursement model. They want you to choose the most expedited outcome. Laurie and I serve on the board so we can get it done immediately. They do want You to talk with Terry first. Enjoy the holiday we spoke your praises and believe you are the best the VA will ever have to get all that we envision done.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 2:05:11 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: POLITICO's Morning eHealth: Telemedicine in the schools (for now) — ONC moves to speed interoperability — Tales from VistA land

On rtls

Sent from my iPhone

On Jul 6, 2017, at 7:51 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> What report was positive on inventory management- not aware of it?
>
> Sent from my iPhone
>
> On Jul 6, 2017, at 7:21 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Im not worried about Bruce but we we should get a succinct statement on where we are on rtls implementation
> >
> > I had asked forvan update two weeks ago and the report was fairly positive- which had surprized me
> >
> > Sent from my iPhone
> >
> > On Jul 6, 2017, at 4:38 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
> >
> > > Yes- this is what Bruce has been speaking to us about- should we try to get a call with them today or tomorrow - I am leaving tomorrow evening so won't be available over the weekend unless you want to talk to them- we needed to get caught up but don't know that we will have time
> > >
> > > Sent from my iPhone
> > >
> > > On Jul 5, 2017, at 7:40 PM, David Shulkin <drshulkin@aol.com> wrote:
> > >
> > > > See the last story
> > > >
> > > > We should get ready for the rebuttal
> > > >
> > > > Sent from my iPad
> > > >
> > > > Begin forwarded message:
> > > >
> > > > **From:** (b) (6)
> > > > <(b) (6) 1@nyu.edu>
> > > > **Date:** July 5, 2017 at 11:22:27 AM

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EDT
To: Dad <drshulkin@aol.com>
Subject: Fwd: POLITICO's Morning eHealth: Telemedicine in the schools (for now) — ONC moves to speed interoperability — Tales from VistA land

NEWS FROM THE VA IT WARS - Sen. Ted Cruz last week introduced the VA Information Technology Restructuring Act, which would create a Chief Information Officer position within the Veterans Health Administration. The bill is backed by a Koch-sponsored vets group, Concerned Veterans for America, which said it would help the VA make better tech decisions. But VA insiders say creating such a position is unnecessary and potentially counterproductive. For the past two years, the VA's Office of Information and Technology has had "IT account managers" at each VA division including the Veterans Health Administration. The point of this was to streamline IT functions and avoid duplication in spending and planning, one senior official told us.

- POLITICO's Nancy Scola had this storyabout Jared Kushner's Office of American Innovation, including an administration official's claim that Kushner played a key role in VA Secretary David Shulkin's decision to skirt the bidding process and choose a Cerner system like the one the DoD is installing. Interestingly, a month ago an aide to Kushner told us his office hadn't influenced Shulkin's choice.

- Here's one consultant's take on Shulkin's decision to go with a sole-source contract.

- VISTA-GENERATED DATA - which has brought us discoveries

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such as Vioxx's link to heart attacks - continues to provide important evidence. A study in the British Medical Journal , based on an examination of 3.5 million VA medical records, showed that prescription strength proton-pump inhibitors - heartburn drugs--are associated with a potential 25 percent increased risk of early death. The study did not examine over-the-counter proton-pump inhibitors. "The VA has the largest integrated electronic medical record system in the world," lead author Ziyad Al-Aly of Washington University in St. Louis told CNN. "This enabled us to look at a large number of patients and follow them up for about six years to examine our research questions."

- **AND A NEW VA SCANDAL**: VA officials are warning that a fledgling effort to digitally track medical equipment is in danger of "catastrophic failure," according to a report in the Austin American-Statesman. It quotes VA officials worried last year that the department's $543 million contract with Hewlett-Packard Enterprise Services to implement a real-time locating system was careening off the rails. The system, which consists of tagging and wirelessly tracking everything from catheters to hospital beds, has been hailed as a way to potentially save millions of dollars in lost or misplaced equipment. Read all about it here.

Sent from my iPhone

Begin forwarded message:

> **From:** "Morning eHealth" <morningehealth@politico.com>
> **Date:** July 5, 2017 at

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10:07:03 AM EDT
To:
<(b) (6) @nyu.edu>
Subject:
POLITICO's Morning eHealth: Telemedicine in the schools (for now) — ONC moves to speed interoperability — Tales from VistA land
Reply-To:
"POLITICO subscriptions" <reply-fe8312777d6106757d-630302_HTML-778973872-1376319-0@politicoemail.com>

By Arthur Allen | 07/05/2017 10:01 AM EDT

With help from David Pittman and Darius Tahir

GOP LIKES TELEMEDICINE IN THE SCHOOLS; THE PRICETAG - NOT SO MUCH: One of the unintended effects of the Senate's Obamacare repeal bill would be to slash money that pays for school nurses to use telemedicine that connects sick kids to medical experts, our David Pittman reports. In poor and rural areas, many of them in reddest Trump Country, the school nurse is not just handing out bandaids anymore: she's become a de

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facto medical guide, marshalling health care for poor kids with obesity, asthma and diabetes, while on the lookout for issues like child abuse and teen pregnancy, David reports in this story.

"In many of our situations ... the school nurse is the only health care provider a child ever sees," said Kelli Marie Garber, who runs a growing school-based telemedicine program out of Charleston, S.C.

- Republican politicians generally like telemedicine - HHS Secretary Tom Price calls it an "exciting innovation." But the 26 percent cut to Medicaid planned by the administration and Congress for the next decade would deplete the funds that dozens of states are drawing on to make public schools a place of healing for kids.

FIRST FROM MORNING EHEALTH: ONC is taking a step toward fulfilling the 21st Century Cures Act section that aims to expedite interoperability. The agency has announced a July 24 meeting to

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start developing common rules for providers to electronically share information with each other, ONC officials tell David. Cures gives ONC until the end of the year to publish the "trusted exchange framework," a set of terms and conditions for health information exchange. The hope is that with these rules established, providers will experience less friction around sharing patient data. ONC has been working with groups like the Sequoia Project, the CommonWell Health Alliance and Direct Trust, and hopes to help fill in the gaps that separate those and other networks. More for Pros here.

Tweet of the Day: Andy Slavitt @ASlavitt The free press, hope for checks & balances, and your right to call people names. Donald Trump Jr. @DonaldJTrumpJr Out of curiosity, what exactly are Big Govt, opprressive taxation, anti 2A left wing socialists celebrating today?

Welcome to Monday morning eHealth, where we can hear fireworks from the Mall and we're sure

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that at least one of them was set off in honor of press freedom. Send your stories to aallen@politico.com, or engage via Twitter @David_Pittman, @athurallen202, @DariusTahir, @POLITICOPro, @Morning_eHealth.

NO FLOOR SCHEDULE YET FOR USER FEE REAUTHORIZATION - House Energy and Commerce Chairman Greg Walden told Pro's Prescription Pulse the House will consider the package "soon," despite missing the bipartisan, self-imposed deadline to pass it before Congress left for the July Fourth recess ... Aides for Senate Majority Leader Mitch McConnell and House Majority Leader Kevin McCarthy also said there's no time scheduled for the bill to hit the floor in either chamber. ... If a deal is not reached shortly, the FDA will be forced to begin sending out layoff notices on Aug. 1.

SWEET RELIEF: A bipartisan group of lawmakers led by Texas Rep. (b) (6) Burgess introduced a bill Friday aimed at

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easing meaningful use requirements for doctors and hospitals. The simple one-paragraph bill (H.R. 3120) eliminates part of a sentence in the 2009 HITECH Act that requires the HHS secretary to create "more stringent measures of meaningful use" over time. Sponsors, including Burgess, and Reps. Debbie Dingell, Pat Tiberi and Mike Thompson called the change "common sense." "Electronic health records place an enormous burden on physicians, and have failed to live up to their promise to improve health care delivery for patients," Burgess, chairman of the Energy and Commerce's health subcommittee, said in a release. "Unfortunately, current law places an arbitrary requirement on the secretary of Health and Human Services to impose an increasingly stringent burden on physicians' use of these records systems."

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Sent: 7/6/2017 11:51:30 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: POLITICO's Morning eHealth: Telemedicine in the schools (for now) — ONC moves to speed interoperability — Tales from VistA land

What report was positive on inventory management- not aware of it?

Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/6/2017 8:38:00 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: POLITICO's Morning eHealth: Telemedicine in the schools (for now) — ONC moves to speed interoperability — Tales from VistA land

Yes- this is what Bruce has been speaking to us about- should we try to get a call with them today or tomorrow - I am leaving tomorrow evening so won't be available over the weekend unless you want to talk to them- we needed to get caught up but don't know that we will have time

Sent from my iPhone

On Jul 5, 2017, at 7:40 PM, David Shulkin <drshulkin@aol.com> wrote:

> See the last story
>
> We should get ready for the rebuttal
>
> Sent from my iPad
>
> Begin forwarded message:
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> **From:** (b) (6) (b) (6) @nyu.edu>
> **Date:** July 5, 2017 at 11:22:27 AM EDT
> **To:** Dad <drshulkin@aol.com>
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> **Date:** July 5, 2017 at 10:07:03 AM EDT
> **To:** (b) (6) @nyu.edu>
> **Subject: POLITICO's Morning eHealth: Telemedicine in the schools (for now) — ONC moves to speed interoperability — Tales from VistA land**
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> By Arthur Allen | 07/05/2017 10:01 AM EDT
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> *With help from David Pittman and Darius Tahir*
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Tweet of the Day: Andy Slavitt @ASlavitt The free press, hope for checks & balances, and your right to call people names. Donald Trump Jr. @DonaldJTrumpJr Out of curiosity, what exactly are Big Govt, opprressive taxation, anti 2A left wing socialists celebrating today?

Welcome to Monday morning eHealth, where we can hear fireworks from the Mall and we're sure that at least one of them was set off in honor of press freedom. Send your stories to aallen@politico.com, or engage via Twitter @David_Pittman, @athurallen202, @DariusTahir, @POLITICOPro, @Morning_eHealth.

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By Arthur Allen | 07/05/2017 10:01 AM EDT

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From: Darin Selnick [(b) (6) @gmail.com]
Sent: 6/28/2017 12:30:48 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: Trump's breakthrough for veterans | Fox News (VA op-ed by Newt)

FYI - Good article from Newt on you.

Darin

http://www.foxnews.com/opinion/2017/06/27/trumps-breakthrough-for-veterans.html?utm_source=Gingrich+Productions+List&utm_campaign=183dfb4ca8-trumpva_2017_06_27&utm_medium=email&utm_term=0_bd29bdc370-183dfb4ca8-51242337

One of President Trump's most important promises throughout the campaign was to ensure that American veterans receive the respect and care they deserve.

Just months into his presidency, this is a promise on which he has delivered.

First, the president's decision to nominate Dr. David Shulkin as secretary of Veterans Affairs was critical. During his earliest days in office, I observed President Trump meticulously vet and rule out dozens of people for the post. He knew the VA was gigantic and deeply flawed, and he needed someone extremely competent to run the organization – someone who could wrangle the entrenched bureaucracy without being swallowed by it.

That is what led President Trump to choose Shulkin.

Let this sink in for a moment: Before President Trump took office, it was nearly impossible to fire a bad VA employee. Underperforming VA employees got bonuses. And executives who had been disciplined in the past received full pension benefits. The VA had become a scandal-laden, bureaucratic void.

In just five months, Shulkin has helped implement a VA Office of Accountability and Whistleblower Protection, created a website to track and publish wait times at every VA hospital, drastically increased mental health services across the system, and developed a way to electronically transfer veterans' medical records from the Department of Defense to the VA to simplify their transition from service to civilian life. Each one of these accomplishments is remarkable. But for President Trump and Secretary Shulkin, these achievements were merely the starting point.

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On Friday, President Trump signed the Veterans Accountability and Whistleblower Protection Act, which is the next great breakthrough for VA reform.

This legislation gives Secretary Shulkin the authority he needs to properly deal with or fire VA employees who fail to do their jobs.

The law shortens a years-long appeals process for disciplined employees and ensures that such employees will not be paid during disciplinary appeals. It also allows Shulkin to deny bonuses to underperforming employees and cut pensions for executives who misbehave. Under the law, VA employees who report misconduct within the organization will be protected from retaliation.

Let this sink in for a moment: Before President Trump took office and worked with the House of Representatives and the Senate to pass this bipartisan law, it was nearly impossible to fire a bad VA employee. Underperforming VA employees got bonuses. And executives who had been disciplined in the past received full pension benefits. The VA had become a scandal-laden, bureaucratic void, and only a few members of Congress were trying to do anything about it.

But this is no longer the case. As President Trump said before signing the law, these reforms are only the beginning, and "we will not rest until the job is 100 percent complete for our great veterans."

While President Trump has been the main driver of this push to reform the VA, Speaker Paul Ryan and members of the House and Senate Veterans Affairs Committees deserve credit as well. Prior to Trump taking office, they had been working diligently to cure the ailments of the VA but did not have the support they needed from the previous administration.

As Speaker Ryan said on June 21 before Congress sent the bill to President Trump's desk, "We all saw the scandals at the VA. We need to make sure something like this never happens again, and that the veterans get the care and treatment that they deserve, that they have earned."

Now, with the support of President Trump and Secretary Shulkin, this is not only possible but as Shulkin said earlier this month at a Christian Science Monitor breakfast, such change at the VA would also come quickly. He said, "that slow and incremental steady change isn't what this organization needs. That what we need is bolder, fundamental change dealing with the issues that frankly are really hard to deal with and that go back decades. That means, by definition, we are going to have to take greater risk. That is part of what [President Trump] has asked us to do."

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This law is a perfect example of how President Trump can make the government work – something I discuss in my #1 *New York Times* bestselling new book, "Understanding Trump." The VA might be the most visible example of federal incompetence, but the President has a great opportunity to work with Congress on reforms similar to the Veterans Accountability and Whistleblower Protection Act to cut waste at the Department of Defense, help eliminate fraud in Medicaid and Medicare, and begin reforming the entire federal civil service. Finally, in addition to the substance of the Veterans Accountability Law, I thought last Friday's signing ceremony clearly demonstrated how direly needed these reforms were.

President Trump and Secretary Shulkin introduced U.S. Army Sergeant (b) (6) Verardo, who lost a leg and an arm in Afghanistan after being deployed in 2010 with the 82nd Airborne Division. Verardo underwent 110 surgeries and years of therapy to overcome his wounds. And despite his injuries, he was fortunate. Secretary Shulkin said Friday that 37 other men with whom Verardo had been deployed did not return from their missions.
Still, Verardo came home to what he called "a broken VA system."

Upon transitioning from the Department of Defense to the VA system, Verardo constantly battled bureaucracy. He once had to wait 57 days to get his prosthetic leg repaired. It took three-and-a-half years for the VA to properly outfit his home with accessibility equipment. During his brief speech at the signing ceremony, he described a situation where he had to make a three-hour round trip to a VA facility, so doctors there could make sure he still had his "serious combat injuries" – remember he lost two limbs.

As Secretary Shulkin said, "the VA failed (b) (6)

After five months in office, President Trump has done exactly what he promised and is dismantling and reforming this abysmal VA system to ensure that no other veteran has an experience similar to Sergeant Verardo's. The years of corruption at the VA are over, and once again, protecting the lives of veterans, not the jobs of bureaucrats, is the priority.

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/12/2017 1:11:25 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Monday

Oh it not necessary for you to make a trip for that

Sent from my iPhone

> On Aug 11, 2017, at 9:09 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> The Baligh show and tell
>
> Sent from my iPhone
>
>> On Aug 11, 2017, at 9:07 PM, David shulkin <Drshulkin@aol.com> wrote:
>>
>> Im not sure what meeting you are referring to?
>>
>> Sent from my iPhone
>>
>>> On Aug 11, 2017, at 8:16 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>
>>> You sure you don't need me in person? Really won't be a big problem (only a hassle) if you think it's going to be a value add
>>>
>>> Sent from my iPhone
>>>
>>>> On Aug 11, 2017, at 7:48 PM, David shulkin <Drshulkin@aol.com> wrote:
>>>>
>>>> Thats fine
>>>>
>>>> Sent from my iPhone
>>>>
>>>>> On Aug 11, 2017, at 7:42 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>>>>>
>>>>> I am changing my plans so I attend the Care Planning meeting by phone in nj- it's only an hour and it's going to be too much going back and forth to dc in one day. Most importantly, if you are good with it, I will be too.
>>>>>
>>>>> But if you want me to be there in person, I will
>>>>>
>>>>> Sent from my iPhone
>>>>
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/12/2017 1:09:27 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Monday

The Baligh show and tell

Sent from my iPhone

> On Aug 11, 2017, at 9:07 PM, David shulkin <Drshulkin@aol.com> wrote:
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>>>> But if you want me to be there in person, I will
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>>>> Sent from my iPhone
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>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/12/2017 1:07:12 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Monday

Im not sure what meeting you are referring to?

Sent from my iPhone

> On Aug 11, 2017, at 8:16 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
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>>>
>>> But if you want me to be there in person, I will
>>>
>>> Sent from my iPhone
>>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/12/2017 12:16:44 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Monday

You sure you don't need me in person? Really won't be a big problem (only a hassle) if you think it's going to be a value add

Sent from my iPhone

> On Aug 11, 2017, at 7:48 PM, David shulkin <Drshulkin@aol.com> wrote:
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> Thats fine
>
> Sent from my iPhone
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>>
>> But if you want me to be there in person, I will
>>
>> Sent from my iPhone
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/11/2017 11:48:51 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Monday

Thats fine

Sent from my iPhone

> On Aug 11, 2017, at 7:42 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> I am changing my plans so I attend the Care Planning meeting by phone in nj- it's only an hour and it's going to be too much going back and forth to dc in one day. Most importantly, if you are good with it, I will be too.
>
> But if you want me to be there in person, I will
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/11/2017 11:42:06 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Monday

I am changing my plans so I attend the Care Planning meeting by phone in nj- it's only an hour and it's going to be too much going back and forth to dc in one day. Most importantly, if you are good with it, I will be too.

But if you want me to be there in person, I will

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/24/2017 8:08:43 PM
To: (b) (6) @aol.com
Subject: Re: Apple project status

I got it (b) (6) thanks- ill handle

Sent from my iPhone

> On Jun 24, 2017, at 2:43 PM, (b) (6) @aol.com wrote:
>
> Wanted to provide status report on the joint project w Apple. Darin called me last week to tell me that Apple does not like working w Bruce. He also reported that it was his responsibility to report to Reed C at the WH on Bruce activity and that I was to stay in close contact with Darin. FYI.
>
> A call was set up this week by Apple that included me (as rep for Poonam), rob Thomas, Ricci mulligan, and 3 people from Apple. Bruce was not invited to the call. The discussion was led by Apple with Darin the most active voice from our side. A set of milestones for the project had been developed by VA for distribution to the field. Apple asked to review before distribution which has apparently now been done. Darin and Ricci wanted the names submitted to them so they could distribute to the field. That did not happen yet. That Apple call also discussed the roles of each of the three levels of participants. The last item on the Apple VA call was them noting that other issues had been raised during an in-person work session (e.g. Analytics, artificial intelligence etc - raised by VA IT). VA was asked for a list of issues of importance or need by the VA and they (apple) would begin to review and prioritize next step projects. The genomic data was not specifically discussed but when I briefed Bruce he immediately interpreted this was implied in the analytics reference and shared with me an emphatic response that this was not to be discussed again. While I am clear on the importance and value of the genomics data I am not sure that others are e.g. IT folks or possibly Darin. FYI
>
> Bruce reached out yesterday for Update on the names submitted by Apple and the 5 centers and we agreed to touch bases this am. I provided him the names and a brief update on the Apple call this morning
>
> Bruce wanted some minor edits to the participant list which has now been provided and he wanted to discuss with Ike how the list should be distributed (by Ike, Bruce or us). That decision is pending but it is clear he wants to make certain that everyone knows who is on point to oversee this project
>
> He also asked that the working level document of milestones etc developed by Ricci mulligan and edited/approved by Apple not be distributed before approved by executive group. He is concerned that Apple doesn't have a good handle on this project and he wants it directed top---down so the product meets our needs and not apples.
>
> I advised Bruce that I had been requested by Apple to speak with them on Monday. He did not specifically ask to be included but had previously said he did not want meetings without being included.
>
> Bottom line - The Darin-Apple approach to this project appears to be exclusive of Bruce and is likely to create quite a challenge. I am trying not to get in the middle but that is a challenge as well. Darin clearly communicated with Apple that we had a green light to proceed with Apple - VA projects that did not include the five centers or others. Apple raised that they were willing to complete additional documents e.g. MOU and Darin said that he was on point with those requests.
>
> Let me know if you have questions or advice. In the meantime - I am tip-toeing thru this - with extreme caution being exercised. Poonam had provided guidance on Thursday - just wanting to make certain you all had Update and we were on the same page.
>
>
>
>
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)]@gmail.com]
Sent: 6/18/2017 12:15:27 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Updates

Great, we need to keep the PVA initiative confidential and limited to key VA staff, if it gets out prematurely we probably lose them.

Darin

On Sun, Jun 18, 2017 at 4:48 AM, David shulkin <Drshulkin@aol.com> wrote:
Ok thanks Darin- lets pursue this

Sent from my iPhone

On Jun 17, 2017, at 10:47 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> **Apple Partnership**: I had a talk on Friday with (b) (6) - VP of Government Affairs from Apple. She is now my Apple counterpart. Apple was pleased overall with the conference call and the VA partnership, but was concerned about the Governance getting in the way and Bruce leading the effort. Apple and (b) (6) believe that VA should be leading the effort going forward. I agree, and now that we have one agreed upon path with the Centers on-board and working closely with Apple and VA, I do not think that will be an issue. As we discussed, we just need to let the combined working group get there work done and I will work with (b) (6) and Bruce to ensure that.
>
> What you need to know, is that (b) (6) will be in DC and talking to Jared at the WH and will tell him that VA needs to be in the lead going forward.
>
> **PVA support of our CARE plan and Pilots:** (b) (6) asked to meet me and we met on Friday. Bottom line is that PVA, (b) (6) and the National leadership above him, are ready to break ranks with the other Big 6 VSOs and **publicaly support the VA CARE plan, including the pilots.** They are tired with the status quo, frustrated, and do not see the VAMCs improving. They just want to ensure their members get good care, whether it is at a VA facility or in the Community
>
> I have been working on this with (b) (6) since last November. Once I was able to explain the intent of the CARE plan and the pilots, it erased his concerns. His problem was that the way it had been explained to him from VA staff was confusing and they did not understand it.
>
> To get PVA public support, we need to do the following which I agree with and recommend we do.
> 1. Have a private meeting at VA with just you, me, VA staff and PVA staff, no other VSOs. Purpose is to fully explain to them exactly how the CARE plan and pilots would work. They need to fully understand so that they can explain it to their leadership and members. (b) (6) says he respects and trusts you, so he wants to hear it from you. Other VA staff he thinks are spinning.
>
> 2. Besides understanding the CARE plan, PVA needs to support VA the ammunition and the marketing materials, at an 8th grade level, to explain to their members and to defend themselves

AMERICAN OVERSIGHT

against attacks. Once they go public and break ranks, they expect to be attacked, but they are ready to do it if we support them and provide them the talking points and other information and resources they need to be successful in their support.

3. PVA would like to assist us and provide input into the CARE plan marketing materials, that way they know they will have the ammunition they need to be successful with their support. This really helps us as we need to test out and focus group our message.

(b) (6) believes there is a 1 year window on this and they are ready to support us if we follow up quietly and bring them into the fold quickly.

This is a big break for us and I recommend we do it soon. I have talked to John, Brooks and Jake about it and we will make this happen quickly in coordination with the rest of the team, once you give us the ok.

Let me know what you think and if you would like to discuss it with me and the team.

Darin

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/18/2017 11:48:17 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: Updates

Ok thanks Darin- lets pursue this

Sent from my iPhone

On Jun 17, 2017, at 10:47 PM, Darin Selnick <(b) (6) @gmail.com> wrote:

> **Apple Partnership**: I had a talk on Friday with (b) (6) - VP of Government Affairs from Apple. She is now my Apple counterpart. Apple was pleased overall with the conference call and the VA partnership, but was concerned about the Governance getting in the way and Bruce leading the effort. Apple and (b) (6) believe that VA should be leading the effort going forward. I agree, and now that we have one agreed upon path with the Centers on-board and working closely with Apple and VA, I do not think that will be an issue. As we discussed, we just need to let the combined working group get there work done and I will work with (b) (6) and Bruce to ensure that.
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(b) (6) believes there is a 1 year window on this and they are ready to support us if we follow up quietly and bring them into the fold quickly.

This is a big break for us and I recommend we do it soon. I have talked to John, Brooks and Jake about it and we will make this happen quickly in coordination with the rest of the team, once you give us the ok.

Let me know what you think and if you would like to discuss it with me and the team.

Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick(b) (6) @gmail.com]
Sent: 6/18/2017 2:47:46 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Updates

Apple Partnership: I had a talk on Friday with (b) (6) - VP of Government Affairs from Apple. She is now my Apple counterpart. Apple was pleased overall with the conference call and the VA partnership, but was concerned about the Governance getting in the way and Bruce leading the effort. Apple and (b) (6) believe that VA should be leading the effort going forward. I agree, and now that we have one agreed upon path with the Centers on-board and working closely with Apple and VA, I do not think that will be an issue. As we discussed, we just need to let the combined working group get there work done and I will work with (b) (6) and Bruce to ensure that.

What you need to know, is that (b) (6) will be in DC and talking to Jared at the WH and will tell him that VA needs to be in the lead going forward.

PVA support of our CARE plan and Pilots: (b) (6) asked to meet me and we met on Friday. Bottom line is that PVA, (b) (6) and the National leadership above him, are ready to break ranks with the other Big 6 VSOs and **publicaly support the VA CARE plan, including the pilots.** They are tired with the status quo, frustrated, and do not see the VAMCs improving. They just want to ensure their members get good care, whether it is at a VA facility or in the Community

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Let me know what you think and if you would like to discuss it with me and the team.

Darin

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6)@gmail.com]
Sent: 6/27/2017 5:53:52 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Call with (b) (6), (b) and Sanford

Ok, will do. I'll track Charlie down.

Btw, we scheduled your call with (b) for tomorrow afternoon.
I need more details but I think this could make a nice announcement. I'll talk with (b) (6) about it.
Thanks,
Jen

> On Jun 27, 2017, at 12:47 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> Also please try to meet charlie wiggins- he is now at VA- should be around this aftetnoon
>
> Sent from my iPhone
>
>> On Jun 27, 2017, at 12:09 PM, Jennifer Lee (b) (6)@gmail.com> wrote:
>>
>> Just wanted to you know I had a good call with Mark yesterday - brainstorming on some pharma partnerships.
>> Tomorrow, we'll be talking with Novartis - will keep you posted.
>>
>> Also, I just spoke with the Sanfordhealth folks again. Sounds like a sizable gift! I'm getting more background but (b) wants to tell you himself. I'm going to try to get a quick call on your schedule.
>> Thanks,
>> Jen
>>
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/27/2017 4:47:36 PM
To: Jennifer Lee [(b) (6)@gmail.com]
Subject: Re: Call with (b) (6), (b) and Sanford

Also please try to meet charlie wiggins- he is now at VA- should be around this aftetnoon

Sent from my iPhone

> On Jun 27, 2017, at 12:09 PM, Jennifer Lee (b) (6)@gmail.com> wrote:
>
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> Thanks,
> Jen
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/27/2017 4:46:57 PM
To: Jennifer Lee [(b) (6)@gmail.com]
Subject: Re: Call with (b) (6), (b) and Sanford

Thats great

Keep at it- full steam ahead!

Sent from my iPhone

> On Jun 27, 2017, at 12:09 PM, Jennifer Lee (b) (6)@gmail.com> wrote:
>
> Just wanted to you know I had a good call with (b) yesterday - brainstorming on some pharma partnerships.
> Tomorrow, we'll be talking with Novartis - will keep you posted.
>
> Also, I just spoke with the Sanfordhealth folks again. Sounds like a sizable gift! I'm getting more background but (b) wants to tell you himself. I'm going to try to get a quick call on your schedule.
> Thanks,
> (b)
>

AMERICAN OVERSIGHT

Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 6/27/2017 4:09:35 PM
To: David shulkin [drshulkin@aol.com]
Subject: Call with (b) (6), (b) and Sanford

Just wanted to you know I had a good call with (b) yesterday - brainstorming on some pharma partnerships.
Tomorrow, we'll be talking with Novartis - will keep you posted.

Also, I just spoke with the Sanfordhealth folks again. Sounds like a sizable gift! I'm getting more background but (b) wants to tell you himself. I'm going to try to get a quick call on your schedule.
Thanks,
(b)

AMERICAN OVERSIGHT

Appointment

From: Marisol Garcia [(b)@frenchangel59.com]
Sent: 6/16/2017 8:19:39 PM
To: L Perl [(b) (6) @gmail.com]; (b) (6) @hotmail.com; David shulkin [Drshulkin@aol.com]; mbs(b) (6) @gmail.com; Bruce Moskowitz [brucem(b) (6) @mac.com]; @frenchangel59.com

Subject: VA - Follow-up - WE WILL EMAIL AGENDA BY 6:00 PM
Location: Conference Call

Start: 6/16/2017 10:00:00 PM
End: 6/16/2017 10:45:00 PM
Show Time As: Tentative

Recurrence: (none)

Friday, June 16th

(b) (6) – 6:45 PM EST

Dial-in Information:

US: 1-605-475-(b) (6)

Passcode: (b) (6)

Participants:

Laurie, Dr. Poonam Alaigh Secretary David Shulkin, Marc Sherman, Dr. Bruce Moskowitz, Ike

All my Best,

Marisol

(b) (6) (Office)

AMERICAN OVERSIGHT

(b) (6) (Weekend)

(b) (6) (Cell)

Email: (b) @frenchangel59.com

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/16/2017 11:16:40 PM
To: IP [@frenchangel59.com]; Poonam Alaigh [(b) (6) @hotmail.com]; David shulkin [drshulkin@aol.com]
Subject: Terry

Just checked with him tonight he has heard nothing

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) W. [(b) @mayo.edu]
Sent: 6/15/2017 1:31:03 PM
To: IP [@frenchangel59.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) @gmail.com; David shulkin [drshulkin@aol.com]
Subject: VA Apple

Thank you again for your kind words; an honor to support this important work in support of veterans.

(b) (6)
Chair | Department of Public Affairs
(cell) (b) (6)

On Jun 15, 2017, at 9:24 AM, IP <@frenchangel59.com> wrote:

(b)

I was thinking a lot about yesterday's meeting -- what you were able to accomplish was truly amazing.

Your ability to partner with so many stakeholders and coordinate a complicated set of topics into organized and cohesive agenda with a clear and defined outcome/next steps was unbelievable. We would not made the progress nor achieved the results we did if not but for your focus, expertise, and commitment.

I want to thank you and let you know how much we appreciate your help and you being on the team.

All my Best,

Ike

-----Original Message-----
From: Poonam Alaigh [mailto:(b) (6) @hotmail.com]
Sent: Wednesday, June 14, 2017 8:43 PM
To: (b) (6) W.
Cc: Bruce Moskowitz; IP; L Perl; mbs(b) (6) @gmail.com; David shulkin
Subject: Re: VA Apple

Thanks to (b) most definitely for a successfully executed complex meeting today with so many different stakeholders and participants. We are really excited about the possibilities that can now be generated as a result of the best of intellects, innovators and intentions working together.

Most importantly, David and I cant thank you enough, (the Fab Four Team- Laurie, Ike, Bruce, Marc), for your invaluable and tireless support to us and our Veterans!

Sent from my iPad

> On Jun 14, 2017, at 7:46 PM, (b) (6) W. <(b) (6)@mayo.edu> wrote:
>
> Thank you for your kinds words and this group's amazing commitment and leadership to support our nation's veterans.
>

AMERICAN OVERSIGHT

> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> (c) (b) (6)
>
>
>> On Jun 14, 2017, at 11:07 AM, Bruce Moskowitz <brucem(b) (6)@mac.com> wrote:
>>
>> You made an astoundingly complicated agenda easy with a defined outcome. Thank you
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/15/2017 12:43:20 AM
To: (b) (6) W. [(b) @mayo.edu]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]; IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; mbs(b) (6) @gmail.com; David shulkin [drshulkin@aol.com]
Subject: Re: VA Apple

Thanks to (b) most definitely for a successfully executed complex meeting today with so many different stakeholders and participants. We are really excited about the possibilities that can now be generated as a result of the best of intellects, innovators and intentions working together.

Most importantly, David and I cant thank you enough, (the Fab Four Team- Laurie, Ike, Bruce, Marc), for your invaluable and tireless support to us and our Veterans!

Sent from my iPad

> On Jun 14, 2017, at 7:46 PM, (b) (6) W. <(b) @mayo.edu> wrote:
>
> Thank you for your kinds words and this group's amazing commitment and leadership to support our nation's veterans.
>
> (b) (6)
> Chair | Mayo Clinic Department of Public Affairs
> (c) (b) (6)
>
>
>> On Jun 14, 2017, at 11:07 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>
>> You made an astoundingly complicated agenda easy with a defined outcome. Thank you
>>
>> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: [redacted] W. [redacted]@mayo.edu]
Sent: 6/14/2017 11:46:12 PM
To: Bruce Moskowitz [brucem[redacted]mac.com]; IP [[redacted]@frenchangel59.com]; L Perl [[redacted]@gmail.com]; mbs[redacted].@gmail.com; Poonam Alaigh [[redacted]@hotmail.com]; David shulkin [drshulkin@aol.com]
Subject: VA Apple

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[redacted]
Chair | Mayo Clinic Department of Public Affairs
(c) [redacted]

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>
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>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 6/18/2017 11:20:45 AM
To: drshulkin@aol.com
Subject: Re: Dinner june 27 - 7 pm

Thank you....I am really looking forward to this experience.....never had dinner at one of the embassies....thank you for inviting me....

Sent from Yahoo Mail on Android

On Sat, Jun 17, 2017 at 10:07 PM, David Shulkin
<drshulkin@aol.com> wrote:

Tom- at this point - right now its single- but if there is another spot open I will give you first dibs.

I will know by June 22nd.

-----Original Message-----
From: thomas bowman <(b) (6) @yahoo.com>
To: Drshulkin <Drshulkin@aol.com>; David Shulkin <drshulkin@aol.com>
Sent: Sat, Jun 17, 2017 3:35 pm
Subject: Re: Dinner june 27 - 7 pm

Will do.....is this single to me or does it also include a guest with me.....

Sent from Yahoo Mail on Android

On Sat, Jun 17, 2017 at 2:28 PM, David shulkin
<Drshulkin@aol.com> wrote:

For the dinner on the 27 th for some reason the embassy has not heard from you - it may just be an error but just in case for security purposes would you be able to confirm your attendance- would you please confirm your rsvp at :

events@egyptembassy.net

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/18/2017 2:07:32 AM
To: (b) (6) @yahoo.com
Subject: Re: Dinner june 27 - 7 pm

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events@egyptembassy.net

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/12/2017 7:17:22 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: [EXTERNAL] Re: VA email from the Under Secretary.

Ok great

Sent from my iPhone

On Jul 12, 2017, at 1:45 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> Fortunately most of this is on the shelf and plug and play!
>
> Sent from my iPhone
>
> On Jul 11, 2017, at 7:17 PM, (b) (6) (t(b) (6) apple.com> wrote:
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> > Thanks, Dr. Alaigh.
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> >
> > Sent from my iPhone
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> > On Jul 11, 2017, at 6:11 PM, Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov> wrote:
> >
> > > Thanks Bruce for ensuring that we are all aligned in our objectives around this collaboration, (b) (6) I am copying (b) who is on point for the Secretary and I regarding this project. Our priority is to build this mobile technology that will ensure our Veterans can chose to get care anywhere based on geo-access/quality data both inside the VA and in Community Care.
> > >
> > > (b) can you connect with (b) (6) on this please.
> > >
> > > Thanks
> > >
> > > Sent with Good (www.good.com)
> > >
> > > -----Original Message-----
> > > **From:** Bruce Moskowitz [brucem(b) (6) @mac.com]
> > > **Sent:** Tuesday, July 11, 2017 05:17 PM Eastern Standard Time
> > > **To:** (b) (6)
> > > **Cc:** (b) (6) Alaigh, Poonam, M.D.; David shulkin
> > > **Subject:** [EXTERNAL] Re: VA email from the Under Secretary.

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I have copied the undersecretary and the Secretary who are in charge of this on the VA side. This is an important area that needs integration with the portable EMR and needs to develop at the same time, to save lives . All three of us understand the importance of getting the EMR done however this is an urgent issue especially for critical care and suicide prevention. We have the academic resources to plug this in and I can bring more resources in from the academic centers to work on this part. The bottom line is whether you have a potential breast cancer or need an acute psychiatric appointment to prevent suicide the portable EMR is not going to save your life this attachment to the EMR may.
Sent from my iPad
Bruce Moskowitz M.D.

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> > Sent from my iPad
> > Bruce Moskowitz M.D.
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> >
> > > Hi Bruce,
> > > As you know, the VA told us that their first priority is the mobile EHR issue, and that is why we are working

AMERICAN OVERSIGHT

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>
> Sent

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from my iPad

Bruce Moskowitz M.D.

Begin forwarded message:

From: Poonam Alaigh <(b)(6)@hotmail.com>

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Date: July 11, 2017 at 3:20:03 PM EDT
To: Bruce Moskowitz <bruc

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Sent from my iPhone

On Jul 11, 2017, at 9:02 PM, Bruce Mo

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Message

From: (b) (6) ((b) (6) va.gov]
Sent: 7/11/2017 11:53:42 PM
To: (b) (6) ((b) (6) apple.com]; Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
CC: 'Bruce Moskowitz' [brucem(b) (6) @mac.com]; (b) (6) [(b) (6) @apple.com]; 'David shulkin' [drshulkin@aol.com]
Subject: RE: [EXTERNAL] Re: VA email from the Under Secretary.

(b) (6) I can make myself available for a call anytime between 630-10am. Let me know what works for you.
(b)

Sent with Good (www.good.com)

-----Original Message-----
From: (b) (6) ((b) (6) apple.com]
Sent: Tuesday, July 11, 2017 07:18 PM Eastern Standard Time
To: Alaigh, Poonam, M.D.
Cc: Bruce Moskowitz; (b) (6) David shulkin; (b) (6)
Subject: Re: [EXTERNAL] Re: VA email from the Under Secretary.

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Sent from my iPad
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To: Bruce Moskowitz <brucem[(b) (6)]@mac.com>
Cc: David shulkin <drshulkin@aol.com>, IP [(b)]frenchangel59.com>, "mbs[(b) (6)]@gmail.com" <mbs[(b) (6)]@gmail.com>, L Perl [(b) (6)]@gmail.com>
Subject: Re: Appointment delays

Bruce- you are completely on point with this- this is what we need Apple to work with us on as a priority

Sent from my iPhone

On Jul 11, 2017, at 9:02 PM, Bruce Moskowitz <bruce[(b) (6)]@mac.

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com>
wrote:

The only prevention is to harness existing technology. The VA needs a mobile app that provides a patient to request an appointment with demographic information and the patients reason for an appointment. The computerized program should be able to discern how urgent the

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appointment is (i.e. New breast mass urgent, versus appointment for hip arthritis). Knowing the reason for the visit should allow for probable tests to be scheduled on the same day (a confirmed breast mass will have a slot for a mammogram and biopsy on the same day). Also it will allow all vital information on the

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patient to be availab le i.e. Previo us mamm ograms and risk factors so that the physici an does not have to sift throug h the medica l record to find it.

Sent from my iPad

Bruce Mosko witz M.D.

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Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 7/11/2017 11:45:13 PM
To: (b) (6) ((b) (6) apple.com]
CC: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]; (b) (6) [(b) (6) @apple.com]; David shulkin [drshulkin@aol.com]; (b) (6) [(b) (6) va.gov]
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Date: July 11, 2017 at 3:20:03 PM EDT
To: Bruce Moskowitz <bruce (b) (6) [redacted] @mac.com>
Cc: David shulkin <drshulkin@aol.com>, IP (b) [redacted] @frenchangel59.com>, "mbs[redacted]b @gmail.com" <mbsh

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AMERICAN OVERSIGHT

Message

From: (b) (6) apple.com [(b) (6) apple.com]
on behalf of (b) (6) [(b) (6) apple.com]
Sent: 7/11/2017 11:17:39 PM
To: Alaigh, Poonam, M.D. [Poonam.Alaigh@va.gov]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]; (b) (6) [(b) (6) @apple.com]; David shulkin [drshulkin@aol.com]; (b) (6) [(b) (6) va.gov]
Subject: Re: [EXTERNAL] Re: VA email from the Under Secretary.

Thanks, Dr. Alaigh.
(b) I know the teams have a call tomorrow at 11:00. Perhaps you and I could chat briefly before that. Please let me know what might work.

Sent from my iPhone

On Jul 11, 2017, at 6:11 PM, Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov> wrote:

> Thanks Bruce for ensuring that we are all aligned in our objectives around this collaboration, (b) (6) I am copying (b) who is on point for the Secretary and I regarding this project. Our priority is to build this mobile technology that will ensure our Veterans can chose to get care anywhere based on geo-access/quality data both inside the VA and in Community Care.
>
> (b) can you connect with (b) (6) on this please.
>
> Thanks
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Bruce Moskowitz [brucem(b) (6) @mac.com]
> **Sent:** Tuesday, July 11, 2017 05:17 PM Eastern Standard Time
> **To:** (b) (6)
> **Cc:** (b) (6) Alaigh, Poonam, M.D.; David shulkin
> **Subject:** [EXTERNAL] Re: VA email from the Under Secretary.
>
> I have copied the undersecretary and the Secretary who are in charge of this on the VA side. This is an important area that needs integration with the portable EMR and needs to develop at the same time, to save lives . All three of us understand the importance of getting the EMR done however this is an urgent issue especially for critical care and suicide prevention. We have the academic resources to plug this in and I can bring more resources in from the academic centers to work on this part. The bottom line is whether you have a potential breast cancer or need an acute psychiatric appointment to prevent suicide the portable EMR is not going to save your life this attachment to the EMR may.
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Jul 11, 2017, at 4:55 PM, (b) (6) [(b) (6) apple.com> wrote:

AMERICAN OVERSIGHT

Our understanding of the priority of the EMR is from the entire VA team not only from Darin. We are working well with the VA and the medical centers and have just completed a roadmap to guide the work. I don't think it would be helpful to add an additional focus until the EMR work is further along. I understand the urge to solve all problems at once, but we will share the roadmap and progress report this week and I believe there will be agreement with how we are proceeding.

> On Jul 11, 2017, at 4:46 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
>
> Offline will explain that Daren apparently is no longer in charge and why this is a priority in conjunction with the EMR
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Jul 11, 2017, at 4:34 PM, (b) (6) (b) (6) apple.com> wrote:
>
> > Hi Bruce,
> > As you know, the VA told us that their first priority is the mobile EHR issue, and that is why we are working to get that project off the ground first. We are making progress there which we will share later this week with the senior oversight team.
> > (b) (6)
> >
> > On Jul 11, 2017, at 3:41 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
> >
> > What is in the email should be a priority. I will need to walk your team through the specifics. This technology also is important for the private sector.
> >
> > Sent from my iPad
> > Bruce Moskowitz M.D.
> >
> > Begin forwarded message:
> >
> > **From:** Poonam Alaigh (b) (6) @hotmail.com>
> > **Date:** July 11, 2017 at 3:20:03 PM EDT
> > **To:** Bruce Moskowitz <brucem(b) (6)

AMERICAN OVERSIGHT

@mac.com>
Cc: David shulkin <drshulkin@aol.com>, IP [redacted]@frenchangel59.com>, "mbs[redacted]@gmail.com" <mbs[redacted]@gmail.com>, L Perl [redacted]@gmail.com>
Subject: Re: Appointment delays

Bruce- you are completely on point with this- this is what we need Apple to work with us on as a priority

Sent from my iPhone

> On Jul 11, 2017, at 9:02 PM, Bruce Mosko witz <bruce[redacted]@mac.com> wrote:
>
> The only prevention is to harness existing technology. The

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VA needs a mobile app that provides a patient to request an appointment with demographic information and the patients reason for an appointment. The computerized program should be able to discern how urgent the appointment is (i.e. New breast mass urgent, versus appointment for hip arthritis). Knowing the

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reason for the visit should allow for probable tests to be scheduled on the same day (a confirmed breast mass will have a slot for a mammogram and biopsy on the same day). Also it will allow all vital information on the patient to be available i.e. Previous mammograms and risk factors so that the physician

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does not have to sift throug h the medica l record to find it.

Sent from my iPad

Bruce Mosko witz M.D.

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 6/15/2017 2:15:48 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Sunday

K will tell him
On Wed, Jun 14, 2017 at 10:06 PM David shulkin <Drshulkin@aol.com> wrote:
(b) (6) took a picture if the ticket today

Sent from my iPhone

> On Jun 14, 2017, at 9:57 PM, (b) (6) <(b) (6) @gmail.com> wrote:
>
> (b) is the agent with you this weekend. He asked for your train time back on sunday, he needs to book his train tmrw to be with you. We gave him Friday

--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/15/2017 2:06:54 AM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re: Sunday

(b) (6) took a picture if the ticket today

Sent from my iPhone

> On Jun 14, 2017, at 9:57 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> (b) is the agent with you this weekend. He asked for your train time back on sunday, he needs to book his train tmrw to be with you. We gave him Friday

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 6/15/2017 1:57:22 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Sunday

(b) is the agent with you this weekend. He asked for your train time back on sunday, he needs to book his train tmrw to be with you. We gave him Friday

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/14/2017 1:03:06 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Honoring (b) (6)

Ive already done this once- we had a full celebration and recognition of him

For me to do this again - when i have no relationship with him seems disingenous

Sent from my iPhone

> On Jun 13, 2017, at 8:07 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> We have decided to present the highest award from the secretary to him and wanted you to do it next week when you are at NLC. He is not doing well and I know it would mean a lot to him and all the employees since they respect him so much. For some reason when this was messaged to (b) (6) she refused on your behalf alleging that in the 30 min you wanted to deliver your talk and you wouldn't have time for anything else. I think that there is nothing more important than recognizing and giving him that honor, but if you don't have time, I will do it. It was always on the agenda for me to do it, but I thought it would be more meaningful if you did it - I am fine either ways- you know I am adaptable
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/14/2017 12:07:06 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Honoring (b) (6)

We have decided to present the highest award from the secretary to him and wanted you to do it next week when you are at NLC. He is not doing well and I know it would mean a lot to him and all the employees since they respect him so much. For some reason when this was messaged to (b) (6) she refused on your behalf alleging that in the 30 min you wanted to deliver your talk and you wouldn't have time for anything else. I think that there is nothing more important than recognizing and giving him that honor, but if you don't have time, I will do it. It was always on the agenda for me to do it, but I thought it would be more meaningful if you did it - I am fine either ways- you know I am adaptable

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/16/2017 6:24:50 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Phone call

Let's talk about this- but I spoke to him and have mitigated this and he understands your perspective now

Sent from my iPhone

Begin forwarded message:

> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** June 16, 2017 at 2:22:38 PM EDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: Phone call**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Windom, John H.
> **Sent:** Friday, June 16, 2017 12:20 PM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** Phone call
>
> Ma'am,
>
> I would like to speak to you at your earliest convenience. I just spoke to Rob Thomas at length (he called me), and many of his comments attributed to the Secretary may undermine our overall success. I would like to send the Secretary a note updating him on the status of negotiations and offer some comments in how we are planning to move forward. Forcing contract(s) and personnel on me at this stage just undermines efficiency and success. Standing by.
>
> V/r,
>
> John
>
> 202-794-4911
>
> CAPT John H. Windom
>
> Special Advisor to the Under Secretary for Health
>
> 810 Vermont Avenue NW (Suite 375X)

AMERICAN OVERSIGHT

Washington, DC 20420

John.Windom@va.gov

Office: (202) 461-5820

Mobile: (202) 794-4911

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/28/2017 6:55:36 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]

https://www.statnews.com/2017/07/28/trump-va-reforms-fact-check/

Sent from my iPad

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Message

From: Darin Selnick (b) (6) @gmail.com]
Sent: 6/15/2017 4:05:00 AM
To: David shulkin [Drshulkin@aol.com]
Subject: Fwd: Image from https://georgewbush-whitehouse.archives.gov/news/releases/2006/08/images/20060801-2_d-0384-1-515h.jpg.

I thought you would want to see this note from Secretary Prinicpi. You made a similar comment the other day.

Darin

---------- Forwarded message ----------
From: **Anthony Principi** <(b) (6) @yahoo.com>
Date: Wed, Jun 14, 2017 at 1:47 PM
Subject: Fwd: Image from https://georgewbush-whitehouse.archives.gov/news/releases/2006/08/images/20060801-2_d-0384-1-515h.jpg.
To: (b) (6) (b) (6) @lmco.com>, Darin Selnick (b) (6) @gmail.com>

Hi (b) and Darin,

I was sitting next to a former Hispanic Marine who lost both legs in Iraq in 2006. See below email and photo of him with President Bush. I mentioned to him I was Secretary and asked about his care at the VA. After he was discharged from Bethesda he went home to Richmond and received care at the VAMC. He said he would never go back as the care and rehab were terrible. He prefers to drive to Walter Reed where he receives great care.

I'm afraid something is terribly wrong when we can't provide world class treatment to a veteran who lost both legs and most of his thighs. I was heartbroken and embarrassed.

Darin if you want to share with the Secretary that's fine with me.

Tony

Anthony J. Principi

Begin forwarded message:

> **From:** Anthony Principi (b) (6) @yahoo.com>
> **Date:** June 14, 2017 at 2:51:01 PM CDT
> **To:** (b) (6) @ogwb.org
> **Subject: Fwd: Image from https://georgewbush-whitehouse.archives.gov/news/releases/2006/08/images/20060801-2_d-0384-1-515h.jpg.**
>
> Hi Logan,
>
> I met an incredible Marine, (b) (6) , who lost both legs in Iraq. The President pinned his Purple Heart on him at Bethesda. See below photo. I mentioned to him I served as the President's Secretary of the VA and he asked me to remind the President he owes him a run. If the President is still painting images of wounded service members I know he would love to be included. His email address is: (b) (6) @yahho.com.

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I was pleased to learn the President is receiving the Leo Thorsness award. I know they would love an acceptance video, but understand if that is not possible.

I look forward to seeing the President and First Lady next week.

Best

Tony

Anthony J. Principi

Begin forwarded message:

From: Reaper (b) (6) @yahoo.com>
Date: June 14, 2017 at 2:42:28 PM CDT
To: (b) (6) @yahoo.com
Subject: Image from https://georgewbush-whitehouse.archives.gov/news/releases/2006/08/images/20060801-2_d-0384-1-515h.jpg.

https://georgewbush-whitehouse.archives.gov/news/releases/2006/08/images/20060801-2_d-0384-1-515h.jpg

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/14/2017 1:17:45 AM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]; Laurie Perlmutter [(b) (6)@gmail.com]; Marc Sherman [mbs(b) (6)@gmail.com]; Bruce Moskowitz [brucem(b) (6)@mac.com]

http://www.cnn.com/videos/tv/2017/06/13/david-shulkin-secretary-veterans-affairs-cabinet-meeting-erin-burnett-outfront-cnntv.cnn/video/playlists/erin-burnett-outfront/

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/19/2017 3:55:45 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: POLITICO: Trump demands face time with favored Cabinet heads

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: June 19, 2017 at 7:33:58 AM CDT
To: Dad <drshulkin@aol.com>
Subject: POLITICO: Trump demands face time with favored Cabinet heads

Trump demands face time with favored Cabinet heads
POLITICO

CIA chief Mike Pompeo spends three hours almost every day driving downtown from Langley to brief the president, and he's not alone. Read the full story

Shared from Apple News

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 11:17:33 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Accountability website

Yes

Sent from my iPhone

> On Jul 6, 2017, at 5:37 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Can you ask for a quick demo before it gets rolled out- none of us have seen it and although we have given input in VHA- don't know if all of that has been incorporated- just don't want any miss on this as it is like no other agency or private sector enterprise doing it.
>
> Also, we should try to get a call with Ike and all today if possible and give them a heads up about this so they feel part of the journey with us
>
> Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/6/2017 9:37:50 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Accountability website

Can you ask for a quick demo before it gets rolled out- none of us have seen it and although we have given input in VHA- don't know if all of that has been incorporated- just don't want any miss on this as it is like no other agency or private sector enterprise doing it.

Also, we should try to get a call with Ike and all today if possible and give them a heads up about this so they feel part of the journey with us

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/20/2017 10:32:58 PM
To: (b) (6) ((b) (6) va.gov]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; drshulkin@aol.com; IP [@frenchangel59.com]; mbs(b) (6) @gmail.com
Subject: Re: [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration

Yes I am available. Every attendee in the academic centers on the call was personally chosen by me for their skill set. Some were not able to make the call and we need their expertise. I also identified two parts of the agenda that would take considerable time to get done and we will benefit by including three individuals who already have a shelf ready solution.

Sent from my iPad
Bruce Moskowitz M.D.

On Jun 20, 2017, at 6:26 PM, (b) (6) (b) (6) va.gov> wrote:

> Yes, I am still waiting for a few responses from our partners and they are due Thursday. Perhaps we can discuss then when we will have the best sense of everyone's responses. Does Thursday morning look possible on your schedule? (b)
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Bruce Moskowitz [brucem(b) (6) @mac.com]
> **Sent:** Tuesday, June 20, 2017 05:40 PM Eastern Standard Time
> **To:** (b) (6)
> **Cc:** Poonam Alaigh; drshulkin@aol.com; IP; mbs(b) (6) @gmail.com
> **Subject:** Re: [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration
>
> We need to get back to the group on the governance I am available anytime to discusss
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Jun 14, 2017, at 3:49 PM, (b) (6) <(b) (6) va.gov> wrote:
>
> > Thank you very much Dr. Moskowitz. As always, your feedback is so helpful. On our call today we had mentioned a three tier system with Governance (CEO), Technical Expertise (CIO) and Working group. Apple requested a leaner process which would reduce the model to two levels and eliminate the Technical Expertise level. Would you suggest the addition of 2-3 CIO's at the Governance level in order to flatten the structure? Thank you for your consideration. (b) (6)

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From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Wednesday, June 14, 2017 3:36 PM
To: (b) (6)
Cc: Poonam Alaigh; drshulkin@aol.com; IP; mbs(b) (6) @gmail.com
Subject: [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration

For governing committee I and Mr. Perlmutter spoke it will be the 5 CEO's and (b) (6) who will have the opportunity to be directly involved along with the choice from Apple we should leave that up to Mr. (b) (6) Also obviously Mr. Perlmutter (he will ask Mrs for her involvement) and Mr. Sherman are critical since this is definitely going to turn out to be the most transformative issue to improve medical care not just for the VA but for the nation.

Sent from my iPad

Bruce Moskowitz M.D.

On Jun 14, 2017, at 2:45 PM, (b) (6) (t(b) (6) va.gov> wrote:

> Good Afternoon, Thank you for your participation on the mid-day call to discuss the collaboration between the Veterans Affairs, Apple and the five academic medical centers. As we discussed, we will begin by identifying those individuals from each of the aforementioned organizations to serve on a governance committee as well as those individuals who will be part of the work group for this initiative. Please forward your recommendations and their contact information to me by Thursday June 22 ((b) (6) va.gov).
>
> Thank you for your participation and enthusiasm!

(b) (6)

Senior Advisor, acting Under Secretary for Health

Department of Veterans Affairs

Veterans Health Administration

810 Vermont Avenue, NW

Rm. 815c

Washington, DC 20420

AMERICAN OVERSIGHT

iPhone: (b) (6)

(b) (6) va.gov

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/14/2017 9:47:54 PM
To: (b) (6) ((b) (6) va.gov]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; drshulkin@aol.com; IP [@frenchangel59.com]; mbs(b) (6) @gmail.com
Subject: Re: [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration

Yes that would be appropriate and actually most of the CEO's would put their CIO on the board but to be politically correct we need to give them the choice. When you get to the next level the working group I will give you the ones who actually will work.

Sent from my iPhone

On Jun 14, 2017, at 3:49 PM, (b) (6) ((b) (6) va.gov> wrote:

> Thank you very much Dr. Moskowitz. As always, your feedback is so helpful. On our call today we had mentioned a three tier system with Governance (CEO), Technical Expertise (CIO) and Working group. Apple requested a leaner process which would reduce the model to two levels and eliminate the Technical Expertise level. Would you suggest the addition of 2-3 CIO's at the Governance level in order to flatten the structure? Thank you for your consideration. (b) (6)
>
> **From:** Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> **Sent:** Wednesday, June 14, 2017 3:36 PM
> **To:** (b) (6)
> **Cc:** Poonam Alaigh; drshulkin@aol.com; IP; mbs(b) (6) @gmail.com
> **Subject:** [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration
>
> For governing committee I and Mr. Perlmutter spoke it will be the 5 CEO's and (b) (6) who will have the opportunity to be directly involved along with the choice from Apple we should leave that up to Mr. (b) Also obviously Mr. Perlmutter (he will ask Mrs for her involvement) and Mr. Sherman are critical since this is definitely going to turn out to be the most transformative issue to improve medical care not just for the VA but for the nation.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Jun 14, 2017, at 2:45 PM, (b) (6) ((b) (6) va.gov> wrote:
>
> > Good Afternoon, Thank you for your participation on the mid-day call to discuss the collaboration between the Veterans Affairs, Apple and the five academic medical centers. As we discussed, we will begin by identifying those individuals from each of the aforementioned organizations to serve on a governance committee as well as those individuals who will be part of the work group for this initiative. Please forward your recommendations and their contact information to me by Thursday June 22 ((b) (6) va.gov).
> >
> > Thank you for your participation and enthusiasm!
> > (b) (6)
> > Senior Advisor, acting Under Secretary for Health
> > Department of Veterans Affairs
> > Veterans Health Administration
> > 810 Vermont Avenue, NW

AMERICAN OVERSIGHT

Rm. 815c
Washington, DC 20420
iPhone: (b) (6)
(b) (6) va.gov

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) va.gov]
Sent: 6/14/2017 7:49:29 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; drshulkin@aol.com; IP [@frenchangel59.com]; mbs(b) (6) @gmail.com
Subject: RE: [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration

Thank you very much Dr. Moskowitz. As always, your feedback is so helpful. On our call today we had mentioned a three tier system with Governance (CEO), Technical Expertise (CIO) and Working group. Apple requested a leaner process which would reduce the model to two levels and eliminate the Technical Expertise level. Would you suggest the addition of 2-3 CIO's at the Governance level in order to flatten the structure? Thank you for your consideration. (b) (6)

From: Bruce Moskowitz [mailto:brucemc(b) (6) @mac.com]
Sent: Wednesday, June 14, 2017 3:36 PM
To: (b) (6)
Cc: Poonam Alaigh; drshulkin@aol.com; IP; mbs(b) (6) n@gmail.com
Subject: [EXTERNAL] Re: Veterans Affairs, Apple, Academic Health System Collaboration

For governing committee I and Mr. Perlmutter spoke it will be the 5 CEO's and (b) (6) who will have the opportunity to be directly involved along with the choice from Apple we should leave that up to Mr. (b) Also obviously Mr. Perlmutter (he will ask Mrs for her involvement) and Mr. Sherman are critical since this is definitely going to turn out to be the most transformative issue to improve medical care not just for the VA but for the nation.

Sent from my iPad
Bruce Moskowitz M.D.

On Jun 14, 2017, at 2:45 PM, (b) (6) [(b) (6) va.gov> wrote:

> Good Afternoon, Thank you for your participation on the mid-day call to discuss the collaboration between the Veterans Affairs, Apple and the five academic medical centers. As we discussed, we will begin by identifying those individuals from each of the aforementioned organizations to serve on a governance committee as well as those individuals who will be part of the work group for this initiative. Please forward your recommendations and their contact information to me by Thursday June 22 ((b) (6) va.gov).
>
> Thank you for your participation and enthusiasm!
> (b) (6)
> Senior Advisor, acting Under Secretary for Health
> Department of Veterans Affairs
> Veterans Health Administration
> 810 Vermont Avenue, NW
> Rm. 815c
> Washington, DC 20420
> iPhone: (b) (6)
> (b) (6) va.gov

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/11/2017 8:38:26 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: [EXTERNAL] 11 July Veterans Affairs Media Summary and News Clips
Attachments: 170711_Veterans Affairs Media Summary and News Clips.docx; ATT00001.htm; 170711_Veterans Affairs Media Summary and News Clips.pdf; ATT00002.htm

Showed story #3.7 to Ray- he says it's like a Playboy in brail and without the centerfold

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
To: "'Poonam Alaigh'" <(b) (6) @hotmail.com>
Subject: FW: [EXTERNAL] 11 July Veterans Affairs Media Summary and News Clips

Sent with Good (www.good.com)

-----Original Message-----
From: VA Media Analysis [VAMediaAnalysis@barbaricum.com]
Sent: Tuesday, July 11, 2017 05:18 AM Eastern Standard Time
To: VA Media Analysis
Subject: [EXTERNAL] 11 July Veterans Affairs Media Summary and News Clips

Good morning,

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

BARBARICUM

AMERICAN OVERSIGHT

1. Top Stories

1.1 - The New York Times: A Bipartisan Congress That Works? Veterans Committees Show How It's Done (10 July, Nicholas Fandos, 30M online visitors/mo; New York, NY)
This is Congress? Something strange is happening in the staid hearing rooms of the House and Senate Veteran Affairs Committees here this summer, though few have taken notice. As the rest of Congress fights over the health care overhaul and looming budget deadlines, the committees responsible for writing legislation affecting veterans are quietly moving forward with an ambitious, long-sought and largely bipartisan agenda that has the potential to significantly reshape the way the nation cares for its 21 million veterans.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): New Food Pantry at Salt Lake's VA Already Serving Dozens - A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people. (10 July, 24M online visitors/mo; Washington, DC)
A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people a month. The Salt Lake City Tribune reports the food pantry that opened in March at the George E. Wahlen Department of Veterans Affairs Medical Center serves close to 100 veterans and their families every month.

Hyperlink to Above

1.3 - The Washington Times: VA denies claims for Gulf War illness more often, study finds (10 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)
Veterans claiming "Gulf War illness" are about three times less likely than other veterans to have their disability claims approved by the Department of Veterans Affairs, according to a new watchdog report Monday that recommended the agency beef up its response to the illness. The Government Accountability Office said the VA handled about 11,400 claims for Gulf War illness (GWI) in fiscal 2015, more than double the number of claims filed in 2010.

Hyperlink to Above

1.4 - Military.com: Quick Action Needed From Congress on VA Choice Program (10 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
Congress is returning this week from the July 4 recess under deadlines for action on an array of budget issues, including authorizing funding for the Veterans Affairs Department's Choice program. Funding for Choice, which allows veterans flexibility in seeking private health care, will likely run out by Aug. 7 unless lawmakers act to provide a fix, according to VA Secretary Dr. David Shulkin.

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1.5 - The Salt Lake Tribune: 'A godsend': Salt Lake V.A.'s new food pantry is in high demand (10 July, Luke Ramseth, 3.2M online visitors/mo; Salt Lake City, UT)
That's why the couple makes weekly trips to a new food pantry at the George E. Wahlen Department of Veterans Affairs Medical Center. Opened in March, the pantry already serves close to 100 veterans and their families per month, said Natalie Green, a VA health care administration trainee who started the program. Late last year, Green said, she realized the

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extent of the veteran hunger problem. Some 1.7 million veterans experience food insecurity annually.

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1.6 - Knoxville News Sentinel (USA Today Network – Tennessee): Veterans' health care data could lead to rapid medical breakthroughs (10 July, Brittany Crocker, 2.1M online visitors/mo; Knoxville, TN)
Scientists at Oak Ridge National Laboratory are developing a secure platform for researchers to access the healthcare data of 22.5 million military veterans, accelerating the timeline for medical research breakthroughs. Scientists from ORNL's Computational Sciences and Engineering Division started building the platform as part of the laboratory's involvement in a national partnership between the Department of Veterans Affairs and the Energy Department.

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1.7 - The Tennessean (USA Today Network – Tennessee): Gulf War veterans face more, longer delays at VA, government report says (10 July, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)
Gulf War veterans often wait four times longer for care and their claims at the VA are three times more likely to be denied, according to a report released Monday by the Government Accountability Office. The GAO report is the most recent indication that the VA itself acknowledges some of its own shortcomings in training, knowledge of medical conditions and the inner workings for which veterans across the country continually blast the VA.

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1.8 - Austin American-Statesman: VA releases list, but is mum on why employees were fired (10 July, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)
The Department of Veterans Affairs last week released its first public list of fired and disciplined employees, an initiative of its newly created Office of Accountability and Whistleblower Protection. The list, which includes job descriptions, but not names of disciplined employees, is meant to increase transparency and accountability at the VA, which came under intense criticism for failing to adequately discipline employees responsible for secretly manipulating wait times…

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1.9 - Stars and Stripes: Report: VA claims for Gulf War illness denied 80 percent of the time (10 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)
The Department of Veterans Affairs denies more than 80 percent of veterans' claims for benefits for Gulf War-associated illnesses -- an approval rating three times lower than all other types of claims, according to a Government Accountability Office report released Monday. From 2010 to 2015, the VA approved 17 percent of claims – or 18,000 of 102,000 -- for health care and disability compensation for veterans suffering from Gulf War Illness…

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2. Veteran and Employee Experience

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2.1 - Breitbart: VA Under Trump Admin Fires More Than 500 Employees, Suspends 200 for Misconduct (10 July, Katherine Rodriguez, 19.1M online visitors/mo; Los Angeles, CA)
The Department of Veterans Affairs fired more than 500 employees and suspended nearly 200 for misconduct since President Trump's inauguration in January, keeping true to campaign promises to clean up the agency. The VA's accountability report released Friday noted that the agency removed 526 employees, suspended 194 employees for more than two weeks, and demoted 27 employees.

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2.2 - The Hill: Week ahead: Defense spending, Trump nominees top agenda (10 July, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)
Congress returns from its July 4th recess on Monday and must tackle several fiscal 2018 defense bills and Pentagon nominations before the month-long August recess in three weeks. The Senate Veterans Affairs Committee, the House Rules Committee and the Senate Appropriations Committee will all move forward legislation, starting with a markup of the Senate VA bill Tuesday.

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2.3 - The Salt Lake Tribune: Tribune Editorial: Someone finally steps up to help hungry veterans (10 July, Editorial Board, 3.2M online visitors/mo; Salt Lake City, UT)
We have shamefully underfunded and understaffed our system of veterans' services. For example, in 2015 the wait times for Utah veterans seeking medical care were longer than the national average, and the national average was pretty poor. Granted, the Department of Veterans Affairs (VA) in Salt Lake City has made great improvements over the last year, detailed in a June op-ed by Shella Stovall, acting director of the VA Salt Lake City Health Care System.

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2.4 - Investor's Business Daily: Good News For Veterans: Trump Tells Hundreds Of VA Workers 'You're Fired!' (10 July, 3.2M online visitors/mo; Los Angeles, CA)
Accountability: For decades, political leaders have lamented the scandal-plagued Veterans Health Administration, and did little more than throw more money at the problem. The Trump administration is firing workers who aren't doing their jobs. According the Department of Veterans Affairs, 526 have been fired for misconduct since President Trump took office. Another 200 have been suspended and 33 demoted.

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2.5 - WXIA (NBC-11, Video): Man shot by police during bank standoff had issue with VA benefits (10 July, Phillip Kish, 1.5M online visitors/mo; Atlanta, GA)
The man shot dead by authorities after he claimed to have a bomb at a Marietta bank had visited the Atlanta Veteran Affairs office days before the incident. VA spokesperson James Hutton confirmed to NBC News that Brian Easley was at the Atlanta office on July 3 to discuss an issue with his BA benefits. After being informed of what he needed, Easley said that he'd return on Thursday with the paperwork to settle the matter.

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2.6 - WFED (AM-1500, Audio): VA's first 'accountability' posting shows hundreds fired since Trump inauguration (10 July, Terry Wing, 831k online visitors/mo; Washington, DC)
The Department of Veterans Affairs has posted its first list of employee removals, suspensions and demotions showing VA has fired 525 staffers since President Trump took office in January. The list, posted on Friday, includes doctors, nurses, housekeepers and even grave diggers. It does not include employee names, due to privacy reasons but does note the employee's position and VA region.

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2.7 - WFED (AM-1500): What VA's now public adverse action reports don't say about employee accountability (10 July Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
Some federal employee groups and experts are scratching heads over the Veterans Affairs Department's recent decision to publish a weekly list of all major disciplinary actions for its workers. VA is the first federal agency to publish such information, and it described the decision as a step toward improving accountability and transparency at a department which has long struggled to use governmentwide disciplinary procedures to tackle entrenched cultural challenges.

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2.8 - WSYX (ABC-6, Video): Veterans Administration mistakenly declares war veteran "dead" (11 July, Kurt Ludlow, 450k online visitors/mo; Columbus, OH)
A military veteran turned to Six On Your Side for help after getting the surprise of his life. He was surprised to find out he was "dead." At least as far as the government was concerned. "We are so sorry to learn of the death of Manis McKenzie, and extend to you our deepest sympathy," said Manis as he read from a letter to his wife from the Veterans Administration.

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2.9 - KRGV (ABC-5, Video): Veterans Accountability Report Questioned (10 July, 277k online visitors/mo; Weslaco, TX)
The U.S. Department of Veterans Affairs is providing the removal, suspensions and demotions of employees as of July 3, 2017 in an online accountability report. The report shows 23 veterans health administrations across the country. According to the Veterans Health Administration, the Rio Grande Valley is under the Veterans Integrated Service Network (VISN 17). It's made up of seven different VA medical health care clinics in Texas. The VA accountability report shows several removals and suspensions and demotions.

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2.10 - Cape May County Herald: Veterans Affairs Pitches Vision; Crest Dune Project on Hold (10 July, Rachel Rogish, 191k online visitors/mo; Rio Grande, NJ)
Hinker concluded by requesting permission to set up a booth at upcoming concerts held in the borough. "I like to engage people," said Hinker, explaining the personal interaction she seeks to facilitate while presenting Veterans Affairs. "We want every vet to have a good experience."

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2.11 - WTOK (ABC-11, Video): Town hall addresses veterans' concerns (10 July, Jeffrey May, 66k online visitors/mo; Meridian, MS)

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Local veterans had the chance to have their questions about their health benefits answered. The associate director of the Sonny Montgomery VA Medical Center in Jackson stopped in Meridian Monday for a town hall meeting. He participated in a Q & A session with veterans and their families.

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2.12 - WAGM (FOX-8): Poliquin Introduces Bipartisan Legislation to Streamline VA Workforce Acquisition (10 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)
Subcommittee on Oversight and Investigations Chairman Jack Bergman (R-Mich.) and Ranking Member Annie Kuster (D-NH), along with Rep. Bruce Poliquin (R-Maine), introduced bipartisan legislation to streamline VA's processes for workforce acquisition. "I'm proud to join Rep. Poliquin and Ranking Member Kuster in supporting this legislation that takes critical steps to improve the methods by which the VA trains, recruits, and retains top professional talent in acquisition career fields," said Bergman.

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2.13 - Dayton Business Journal: VA cuts 70 positions across Ohio, as part of new accountability effort (10 July, 20k online visitors/mo; Dayton, OH)
The U.S. Department of Veterans Affairs has implemented a new accountability practice whereby poor-performing employees can be removed from their jobs. And since January, the VA has fired more than 500 people across its extensive footprint. That's the word from the VA's adverse actions report, which was released last week.

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2.14 - Corridor News: VA Apprenticeship Program To Train, Employ Veterans To Assist Other Veterans In Properly Filing For VA benefits (10 July, 17k online visitors/mo; San Marcos, TX)
Veterans service organizations (VSOs) play a major role as advocates for the Veteran community, and as partners with VA, to ensure this nation's Veterans receive the benefits they have earned. An important part of this partnership is to support VSOs as they train their advisors on the benefit process.

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3. Access to Healthcare

3.1 - The Huffington Post (Video): No Marine Left Behind... Except This One (10 July, Jon Hotchkiss, 22.9M online visitors/mo; New York, NY)
In 2012, he went to the VA… where it was determined that he had only about 70% mobility in his right shoulder and his constant chronic pain was verified. It was determined that he needed surgery on his shoulder. James was forced to wait 5 years for his operation. He was told he needed the surgery in 2012. In 2017 the VA finally arranged for him to get it.

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3.2 - The Hill: Humane Society pushes bills to connect wounded vets, service dogs (10 July, Sumner Park, 11.8M online visitors/mo; Washington, DC)

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The Humane Society of the United States is urging lawmakers to pass a package of bills to make it easier for veterans and service members to get therapy dogs. The bills have bipartisan support, but animal rights advocates are making a new push to get the legislation through Congress, with lawmakers nearing their August recess with an already busy docket.

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3.3 - WRC (NBC-4, Video): Washington DC VA Medical Center Operating Room Temporarily Shut Down (10 July, Scott MacFarlane, 4.8M online visitors/mo; Washington, DC)
Federal officials ordered an operating room at the Washington DC VA Medical Center shut down late last week after the latest in a series of maintenance issues that have plagued the facility in recent months. The temporary shutdown lasted approximately three hours, according to a U.S. Department of Veterans Affairs spokesman.

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3.4 - Hartford Courant (Video): Service Dogs Provide Lifeline For Disabled And Veterans (10 July, Matt Ormseth, 2.1M online visitors/mo; Hartford, CT)
Charles returned from a tour in Kuwait with PTSD and a brain injury suffered when he was thrown out of an armored truck — "invisible wounds," he called them. He had planned on getting a master's degree in social work at UConn and working at Veteran's Affairs, but he couldn't concentrate, couldn't rid himself of flashbacks from tours in the Middle East and Bosnia in the '90s. The nightmares were happening three to four times a week, he said.

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3.5 - KSAT (ABC-12): Rep. Beto O'Rouke lays out veteran, mental health plans at town hall, Congressman running for U.S. senate seat (10 July, Chris Shadrock, 1.1M online visitors/mo; San Antonio, TX)
U.S. Rep. Beto O'Rourke (D-16) announced on Monday his plans at a town hall meeting in Somerset for a piece of legislation dedicated to veterans and mental health. O'Rourke said an estimated 20 veterans die from suicide every day. He acknowledged there aren't enough mental health care providers and that it's difficult to get veterans to receive the care they need from the VA.

Hyperlink to Above

3.6 - Pantagraph: Veterans Corner 7/10/17 (10 July, 834k online visitors/mo; Bloomington, IL)
I am a friend of a veteran who has serious mental health issues. His limited insurance coverage for such issues is inadequate and he periodically ends up in the emergency room for threatening suicide. He was discharged from military duty with a general discharge under other than honorable conditions.

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3.7 - WFED (AM-1500, Tom Temin Commentary): VA's new list: Playboy without the centerfold (10 July, Tom Temin, 831k online visitors/mo; Washington, DC)
Secretary David Shulkin, a physician, has thrown himself into the management reform effort at VA. I think he relishes it. The latest gambit is posting to VA's website a list of adverse employee actions, to be updated weekly. The initial list has 26 pages each with 29 demotions, suspensions of more than 14 days, and removals. I guess "removal" means firing.

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3.8 - WKRG (CBS-5): New Mobile V.A. Clinic On Track (10 July, Bill Riales, 272k online visitors/mo; Mobile, AL)
Veterans say after decades of talks, it's about time. Land and permits have been acquired and the new Mobile Veterans Outpatient Clinic is on target to be completed by November 2018. That's the word from the company that is building the new facility, U.S. Federal Properties of Kansas City, Mo.

Hyperlink to Above

3.9 - Johnson City Press: Congressman Roe's response to July 3 protest (10 July, Brandon Paykamian, 196k online visitors/mo; Johnson City, TN)
During a July 3 ceremony honoring Mountain Home's historic buildings, Robert Rose turned his wheelchair to face away from the Republican 1st Congressional District representative to express his opposition to the "Opioid Safety Initiative," which Rose claims restricts access to pain medications for patients and veterans suffering from chronic pain.

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3.10 - Circa (Video): Veterans want pot and more accountability as the VA battles the opioid epidemic (10 July, Allison Maass, 22k online visitors/mo; Arlington, VA)
In the U.S. millions of people are addicted to opioids, and the veterans' community is no stranger to the epidemic. A recent report found the guidelines the VA had recommended to manage addiction risks when prescribing opioids had not always been followed, and though progress has been made since, some veterans think there is still a long way to go.

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3.11 - WGCU (NPR-90.1, Audio): VA Expands Emergency Mental Health Care To Vets With OTH Discharges (10 July, Stephanie Colombini, 1.4k online visitors/day; Fort Myers, FL)
This week the Department of Veterans Affairs expanded emergency mental health care to vets with other-than-honorable discharges. It's part of an effort to curb the recent increase in veteran suicide. According to the VA, the rate of suicide among veterans who don't use VA care is increasing at a much higher rate than for those who do.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Managed Healthcare Executive: ICER, VA join to work on drug value, price negotiations (11 July, Tracey Walker, 348k online visitors/mo; North Olmstead, OH)

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The Institute for Clinical and Economic Review (ICER) will work with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) to facilitate their integration of ICER reports into VA's formulary management process of evaluating the comparative clinical effectiveness and value of drugs.

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6.2 - mHealth Intelligence: VA, Air Force Expand Tele-ICU Program for Patient Care, A tele-ICU collaboration between the VA and the Air Force aims to extend patient care for service members in critical condition. (10 July, 53k online visitors/mo; Danvers, MA)
A collaboration between the VA's Midwest Healthcare Network and the Air Force's Medical Operations Agency will open a tele-ICU program to Air Force servicemen at five military treatment centers across the country. Through this new agreement, the Air Force now can access the VA's centralized tele-ICU capabilities in Minneapolis.

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7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

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1. Top Stories

1.1 - The New York Times: A Bipartisan Congress That Works? Veterans Committees Show How It's Done (10 July, Nicholas Fandos, 30M online visitors/mo; New York, NY)

WASHINGTON — Magnanimous hearings. Bipartisan votes. Substantial legislation on its way to becoming law.

This is Congress? Something strange is happening in the staid hearing rooms of the House and Senate Veteran Affairs Committees here this summer, though few have taken notice.

As the rest of Congress fights over the health care overhaul and looming budget deadlines, the committees responsible for writing legislation affecting veterans are quietly moving forward with an ambitious, long-sought and largely bipartisan agenda that has the potential to significantly reshape the way the nation cares for its 21 million veterans. It could also provide President Trump with a set of policy victories he badly wants.

"It's a case study in Washington working as designed," said Phillip Carter, who studies veterans issues at the Center for a New American Security and advises Democrats. "And it's shocking because we so rarely see it these days."

The tally thus far is impressive, if not exactly the stuff of headline news: The secretary of Veterans Affairs was confirmed unanimously, the only cabinet secretary with that level of congressional approval. Congress quickly passed a temporary funding extension for the Veterans Choice Program, which pays for private-sector health care for veterans facing long wait times at government facilities. Then it passed a new law that makes it easier for the department to hire and fire. The next bit of legislation on the brink of becoming law expedites disability benefits appeals.

This is happening as Congress finds itself stalled by a growing list of priorities that lawmakers had hoped to send to Mr. Trump before the August recess. In the case of the health care overhaul, the Senate leadership has even decided to sidestep the committee process that typically sets the pace of legislation moving through the Capitol.

Lawmakers with coveted spots on the veterans committees are quick to acknowledge that caring for those who served the country in uniform has long been largely a bipartisan pursuit. But ideological differences do exist between the parties on how to care for veterans' health needs, particularly when it comes to the Choice program, which was hastily written after a 2014 scandal over the manipulation of patient wait times and has proved to be a flawed, if popular, fix.

Whether the latest bout of amity can persist will largely depend on whether lawmakers are able to agree on a way to permanently fix the program, and streamline a half dozen others that send veterans out for private care, before it loses its authorization in January.

But as lawmakers talk about how they will do it, it almost sounds like an idealized version of how Washington works.

"We don't want to have a fight for fights' sake. We want to find solutions," said Johnny Isakson, the courtly Republican chairman of the Senate Committee on Veterans' Affairs. "So when we

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have opposition to an issue from a member, we try to bring them into the fold and sometimes maybe address the concern they have."

Mr. Isakson, 72, a former real estate executive, is among an increasingly rare breed of deal makers in the upper chamber. Those watching the 15-person committee say he has gone a long way to set the tone for its work. He has found a willing partner in Jon Tester of Montana, the committee's top Democrat, who along with being a political moderate is up for re-election next year in a rural state that voted overwhelmingly for Mr. Trump.

"With Johnny at the helm, we've been able to get a lot of stuff done," Mr. Tester said. "Do Johnny and I agree on everything? No, we don't, but we believe we can communicate and move forward."

The 24-member House committee, which is more ideologically diverse, has its own incentives to compromise. Representative Phil Roe of Tennessee, its chairman, was by most accounts chastened by harsh blowback to a draft bill floated in April that would have made service members pay to be eligible for G.I. Bill benefits. The committee's top-ranking Democrat, Tim Walz of Minnesota, represents a right-leaning rural district and is in the early stages of running for governor. The two men have been working side by side on the committee for nearly a decade.

That both sides remain cautiously confident in the Department of Veterans Affairs secretary, David Shulkin, who also served in the Obama administration, has helped as well.

Mr. Tester and Mr. Walz have shown that they are willing to maneuver their caucuses toward compromise if the Republican position is within range. To pass the accountability legislation, a long-held priority for both parties that had the support of influential veterans' groups, the Democrats had to overcome initial opposition to weakening the protections afforded to department employees accused of wrongdoing. The changes were opposed by the largest federal workers' union. The final legislation, which Mr. Trump signed into law late last month, makes it easier for the department to fire problematic employees, incentivizes whistle-blowing and gives the secretary greater hiring authorities to fill vacant medical center director jobs.

Legislation that overhauls the department's appeals procedure was an easier lift. About half a million veterans have pending claims contesting a Veterans Benefits Administration decision. The process, as currently configured, can take years to sort out. The legislation tries to significantly expedite that process by creating distinct queues for veterans based on the evidence they wish to submit with their claims.

The department had championed a similar proposal during the Obama administration, and it won support from the veterans groups. But then lawmakers ran out of time to move it through Congress. The legislation won quick passage in the House this term and, with Congress returning from recess, is expected to win passage in the upper chamber as well. Lawmakers hope it will become law before the August recess.

The good feeling may soon be put to the test, however. "What they are getting done now is low-hanging fruit," said Paul Rieckhoff, the chief executive of the Iraq and Afghanistan Veterans of America. "You could argue it is a great political strategy: Get points on the board, get wins. But I don't think that's going to last."

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Mr. Rieckhoff was referring to negotiations, which are expected to intensify this fall, over a reimagining of the multibillion-dollar Choice program and a half dozen other programs that allow veterans to seek health care in their communities at government expense. In the aftermath of the 2014 scandal, lawmakers created a program that gave veterans facing long wait times and travel distances the option of going to private doctors. But lawmakers from both parties agree that its unnecessarily cumbersome scheduling and payment process, among other problems, needs fixing.

Exactly how to do so is where the fights might occur. Democrats support community care in theory, but they are fearful that Republicans in the majority and the White House could try to use a significant expansion of the program to force further privatization of the department's services. Republicans largely deny that that is their agenda. Mr. Shulkin plans to present lawmakers with the department's own plan, which could either heighten animosities or dampen them.

"If they simply reauthorize Choice resources at the current level, that achieves bipartisan consensus easily," Mr. Carter said. "If they revamp Choice to make it more aggressive, the fiscal implications of that will make many Republicans balk and the privatization implications will make Democrats balk."

The committees remain in the early stages of negotiations. For now, though, Democratic and Republican leaders alike are content to take stock of a rare moment of agreement.

"I think it's been probably the most productive time of any committee I've ever been on," Mr. Walz said. "It's a unique time."

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1.2 - U.S. News & World Report (AP): New Food Pantry at Salt Lake's VA Already Serving Dozens - A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people. (10 July, 24M online visitors/mo; Washington, DC)

SALT LAKE CITY (AP) — A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people a month.

The Salt Lake City Tribune (http://bit.ly/2tA6Wdk) reports the food pantry that opened in March at the George E. Wahlen Department of Veterans Affairs Medical Center serves close to 100 veterans and their families every month.

Natalie Green is the Veterans Health Administration trainee who started the program. She says veterans return with an immense need for support.

The newspaper reports some 1.7 million veterans experience food insecurity every year.

Green says VA funds can only be used for medical services, not for a food pantry. So, she set up a separate account that accepts donations.

Air Force veteran Rebecca Clark says the food pantry "was a godsend."

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1.3 - The Washington Times: VA denies claims for Gulf War illness more often, study finds (10 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)

Veterans claiming "Gulf War illness" are about three times less likely than other veterans to have their disability claims approved by the Department of Veterans Affairs, according to a new watchdog report Monday that recommended the agency beef up its response to the illness.

The Government Accountability Office said the VA handled about 11,400 claims for Gulf War illness (GWI) in fiscal 2015, more than double the number of claims filed in 2010. But approval rates for GWI were about three times lower than all other veterans' claimed disabilities, GAO said.

Among the possible reasons for the lower approval rate are that GWI claims "are not always well understood by VA staff, and veterans sometimes file for benefits without medical records to adequately support their claim," the report said.

The GAO said the department's ability to accurately process GWI claims "is hampered by inadequate training, and its decision letters for denied claims do not communicate key information to veterans" about why a claim was rejected.

Veterans who served in the Gulf War, which often included exposure to a toxic environment from oil fires and chemical weapons, have been at increased risk for several illnesses including joint pain, gastrointestinal problems, fatigue and neurological disorders.

Since 1994, the VA has automatically presumed a connection between those illnesses and Gulf War service, a move that should enable veterans to receive a disability rating and benefits more quickly. Late last year, the government extended the deadline for veterans to apply for GWI benefits through the end of 2021.

GA said the VA's claims staffers often rely on the agency's medical examiners to assess a veteran's disability before a decision is made on a claim. But VA medical examiners told investigators that "conducting Gulf War general medical exams is challenging because of the range of symptoms that could qualify as GWI."

VA has developed elective GWI training for its medical examiners, but only 10 percent of examiners had taken the training as of February, GAO said.

The VA said all its pension and compensation examiners will complete a mandatory 90-minute course on GWI by November, and it will make necessary changes in the notification process by August.

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1.4 - Military.com: Quick Action Needed From Congress on VA Choice Program (10 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

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Congress is returning this week from the July 4 recess under deadlines for action on an array of budget issues, including authorizing funding for the Veterans Affairs Department's Choice program.

Funding for Choice, which allows veterans flexibility in seeking private health care, will likely run out by Aug. 7 unless lawmakers act to provide a fix, according to VA Secretary Dr. David Shulkin.

The department initially proposed paying for Choice with cuts to the Individual Unemployability program, a lifeline to more than 225,000 elderly and disabled vets, but backed off the plan after an uproar from vets and veterans service organizations.

Currently, the Choice program allows veterans to use private care if they can't get an appointment with the VA within 30 days or they live more than 40 miles from the nearest VA facility. Shulkin has pledged to expand the program and lift some of the restrictions under a revamped Choice program expected to be unveiled later this week.

The new plan would be included in the VA's budget for fiscal 2018, which begins Oct. 1. In his proposed budget, President Donald Trump called for $2.9 billion in new funding for Choice in fiscal 2018 and $3.5 billion in fiscal 2019.

Meanwhile, the VA is faced with funding Choice past Aug. 7, which will leave Congress with only three weeks to act before the traditional August recess.

Shulkin has urged Congress to pass emergency stopgap funding for the Choice program or give him the authority to transfer funds out of other VA accounts. Currently, he cannot transfer funds.

At a Senate Veterans Affairs Committee hearing last month, Shulkin made clear that he will no longer be looking at cuts to the Individual Unemployability program to pay for Choice.

Shulkin said that cuts to IU had been one of several options that the VA had considered to keep funds flowing to Choice and expand the program, but "as I began to listen to veterans and their concerns, it became clear that this would be hurting some veterans."

He said the IU cuts would amount to "a take away from veterans who can't afford to have those benefits taken away. I'm really concerned about that," Shulkin said. "This is part of a process. We have to be looking at ways to do things better, but I am not going to support policies that hurt veterans."

Veterans currently eligible for the IU benefit have a 60 to 100 percent disability rating through the VA and are unable to secure a job because of their disability. IU allows them to receive the highest compensation rate.

The budget proposal would have removed veterans from the IU program when they reached the minimum age for Social Security. About 225,000 veterans aged 60 or older could have been affected by the cut -- about 7,000 of them over the age of 80.

"It shouldn't have been proposed to begin with," Veterans of Foreign Wars National Commander Brian Duffy said of the initial plan to cut IU. "Balancing budgets on the backs of veterans is something the VFW will never tolerate."

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1.5 - The Salt Lake Tribune: 'A godsend': Salt Lake V.A.'s new food pantry is in high demand (10 July, Luke Ramseth, 3.2M online visitors/mo; Salt Lake City, UT)

Navy veteran Carl Callahan and his wife, Shannon, receive about $1,600 in Social Security benefits each month.

They use it to pay rent and utilities on their South Salt Lake apartment, which the Department of Veterans Affairs helped them find after a stint of homelessness two years ago. They use it to pay their cellphone bills and buy gas for the car. Sometimes they use it to pay medical bills for Shannon, who takes frequent trips to the hospital for her asthma.

By the time the bills are paid, Callahan said, about $100 is leftover for groceries — "if we're lucky."

That's why the couple makes weekly trips to a new food pantry at the George E. Wahlen Department of Veterans Affairs Medical Center. Opened in March, the pantry already serves close to 100 veterans and their families per month, said Natalie Green, a VA health care administration trainee who started the program.

Late last year, Green said, she realized the extent of the veteran hunger problem. Some 1.7 million veterans experience food insecurity annually. And for younger veterans who served in Afghanistan and Iraq, the food insecurity rate is about 27 percent — nearly double that of the general U.S. population, according to a University of Minnesota study.

Green said she was surprised to find only four other VA hospitals nationwide with a food pantry, and those operated only a day or two each month.

"We have veterans coming back with an immense need for support," she said. "We know food and nutrition directly affects health outcomes, yet [access to food] was something that was kind of missing from the whole health picture."

Part of the problem, Green quickly learned, was that VA funds couldn't be allocated for a food pantry. They must be used for traditional medical services. So she had to get creative.

So Green set up an external account that could accept donations for the pantry. She secured a vacant room, lined up a partnership with the Utah Food Bank, and procured canned food donations from the VA staff. She documented her policies and procedures so other VA hospitals could follow a similar path.

"She cut through the bureaucratic red tape," VA Salt Lake City spokeswoman Jill Atwood said.

On a recent Thursday, two veterans were sitting in the hallway outside the pantry at 2:30 p.m., waiting for Green to unlock the door. The pantry stocks the usual assortment of canned food. And depending on donations, Green also tries to stock nutritional items such as milk, eggs, meat, fruits and veggies — items Callahan and others say often are impossible to find at other food banks in the area.

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"This was a godsend, really," said Rebecca Clark, an Air Force veteran who served in the Gulf War.

Her husband, Jesse, also served in the Air Force and had a $90,000 job in aircraft maintenance until he got hurt about five years ago, Clark said. "Everything started going downhill fast after that," she said.

The couple recently came to the VA in search of housing assistance — they now live in a hotel — and were told about the food pantry.

"It helps a lot because with all the other food banks, with the amount of disability we're getting, they're like, 'Oh, you make more than $200 too much, so you can't come here.' " Clark said. "And the church is like 'Well, you're not a member, so you can't come here.'

"We would stretch out one meal a day until we got here," she added. "Now, we can buy meats, and this gives you everything else."

Callahan, 62, was an electronics technician aboard the USS Constellation in the late 1970s. He visits the VA often for help with his memory loss, depression and post-traumatic stress disorder, he said. Now he also comes for the food pantry.

"It's just been tough financially, trying to keep up with everything," Callahan said.

"Places like this really help out."

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1.6 - Knoxville News Sentinel (USA Today Network – Tennessee): Veterans' health care data could lead to rapid medical breakthroughs (10 July, Brittany Crocker, 2.1M online visitors/mo; Knoxville, TN)

Scientists at Oak Ridge National Laboratory are developing a secure platform for researchers to access the healthcare data of 22.5 million military veterans, accelerating the timeline for medical research breakthroughs.

Scientists from ORNL's Computational Sciences and Engineering Division started building the platform as part of the laboratory's involvement in a national partnership between the Department of Veterans Affairs and the Energy Department.

The partnership aims to address complex health issues that disproportionately affect veterans more than other communities, like prostate cancer, cardiovascular conditions and suicide prevention.

"We are creating architecture to allow for rapid advancements in medical research," said Edmon Begoli, the principal investigator for the project and the division's chief architect.

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"Typically these can take five, 10 or even 15 years, but given the gold mine of data that we have, it will enable scientists to move much faster and to see the benefits much sooner than they currently can."

Largest in the world

The VA's healthcare data set is the largest and most comprehensive in the world, and it's still expanding. In 2011, the VA launched the Million Veterans Program to consolidate service members' genetic information with their health records and information on their lifestyles and exposures during their military service.

To participate, current and former service members donate blood for genome sequencing and fill out surveys on their lifestyles and military service history.

Energy Secretary Rick Perry, an Air Force veteran, donated blood to have his own genome sequenced into the database when he announced the Energy Department's involvement in May.

"We're bringing together the VA's unparalleled and vast database of healthcare and genomic data with DOE's world class super computing and data analysis," Perry said in a video announcing the project.

Unlikely pair

At first glance, the Energy Department and the VA might seem like unlikely partners. But, with records on more than 22.5 million current and former service members, the VA literally has more data than they know what to do with.

That's where DOE comes in. The Energy Department is the nation's steward for high-performance computing. Oak Ridge National Laboratory's Titan supercomputer is the fastest in the country.

"Nowhere will you find this large of a population with this much comprehensive healthcare data," said Shaun Gleason, ORNL's Computational Sciences and Engineering Division director. "This is a tremendous gold mine for doing discovery on, but you need the high-performance compute power to mine the data and analyze it. We're trying to enable these medical discoveries by building this platform to start with and making it available to the researches the VA wants to have access to it."

Begoli said teams of DOE and VA researchers are already active and ORNL expects to be able to start mining the data set in the fall.

"Hundreds of papers are being planned," he said. "There will be major discoveries and I say this with confidence because some of these abstracts are already hinting at some correlations that have been discovered. We expect rapid breakthroughs in medical research."

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1.7 - The Tennessean (USA Today Network – Tennessee): Gulf War veterans face more, longer delays at VA, government report says (10 July, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)

Gulf War veterans often wait four times longer for care and their claims at the VA are three times more likely to be denied, according to a report released Monday by the Government Accountability Office.

The GAO report is the most recent indication that the VA itself acknowledges some of its own shortcomings in training, knowledge of medical conditions and the inner workings for which veterans across the country continually blast the VA.

The VA processed some 11,400 claims in 2015 — more than double than 2010 — from Gulf War veterans reporting conditions from Gulf War Illness (GWI), a collection of symptoms and conditions that many veterans from the wars in the early 1990s are suffering.

"VA's ability to accurately process GWI claims is hampered by inadequate training, and its decision letters for denied claims do not communicate key information to veterans," the report reads. "VA medical examiners told GAO that conducting Gulf War general medical exams is challenging because of the range of symptoms that could qualify as GWI."

Symptoms that have been related to GWI include joint pain, gastrointestinal problems, fatigue, and neurological problems, according to GAO, which could include an array of actual diagnoses.

Part of the problem, the GAO report says, is that the VA has training for its examiners, but that training is elective. Just 10 percent of those eligible for the training have taken part, according to the report.

"Federal internal control standards call for adequate training for staff so they can correctly carry out an agency's procedures," the report said.

Claims processors reported depending on examiners to approve or deny claims. The GAO also found that denial letters often lacked explanations of why the claims were denied.

As a result of the findings in the report, the VA said it would make the 90-minute training for examiners mandatory and would work with a focus group to more clearly define GWI.

In its response, the VA pointed to a $2-million 2014 study that tried to develop a single definition for GWI, but the committee appointed came up with two definitions.

The claims filed by veterans for GWI conditions were approved just 17 percent of the time between 2010 and 2015, the same time period the number of claims spiked.

"This approval rate was consistently lower than that of the non-Gulf War Illness medical issues in each year we reviewed, which officials attributed, in part, to the complexity of processing Gulf War Illness-related medical issues," the report reads.

Many of those veterans had other claims that were approved and resulted in some disability compensation, the report found, but potentially not what they may have been entitled to.

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In some areas of the country, the approval rate was less than 9 percent. More than 2,000 undiagnosed illness claims in Muskogee, Okla., for example, were denied in 2015. In Nashville, the denial-to-approval ration was 1,095-194, or nearly 13 percent.

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1.8 - Austin American-Statesman: VA releases list, but is mum on why employees were fired (10 July, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)

The Department of Veterans Affairs last week released its first public list of fired and disciplined employees, an initiative of its newly created Office of Accountability and Whistleblower Protection.

The list, which includes job descriptions, but not names of disciplined employees, is meant to increase transparency and accountability at the VA, which came under intense criticism for failing to adequately discipline employees responsible for secretly manipulating wait times to make it appear that vets were getting into medical clinics faster than they actually were.

But so far at least, the department isn't being very transparent about its latest transparency initiative.

In response to questions from the Statesman, the VA is refusing to reveal the reasons behind any of the firings, suspensions and demotions it handed out in the first half of 2017. Nor will the VA reveal the location of fired employees, beyond the VISN, the VA's nomenclature for its 21 sprawling regional networks in the U.S. The region that includes Central Texas stretches from Amarillo to El Paso.

For Texas readers, that means we don't know if any of the personnel actions are connected to a damning Inspector General report released last year that found systematic data manipulation by scheduling clerks to "zero out" wait times in Central Texas, in many cases on orders of higher-ups. And Austin veterans can't know if any of the firings occurred at the outpatient clinic here or any of the other medical facilities surrounding the Texas capital.

We do know that the list includes 23 medical employees in the VA region that covers Central Texas, and that a "senior leader" was fired in June. When we asked the VA for the reason behind the senior leader's firing, or whether any of the discipline was related to the scheduling manipulation, we were pointed back to the VA's press release. The communique states only that the VA will not release the names of the fired individuals, an entirely defensible position, but says nothing about withholding the reason for the discipline.

Without that information, the list does little to illuminate the specific problems at the VA that officials are aiming to clean up through these personnel actions. The public has been given little context to understand the significance of the firings except the sheer volume of disciplined employees.

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1.9 - Stars and Stripes: Report: VA claims for Gulf War illness denied 80 percent of the time (10 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)

The Department of Veterans Affairs denies more than 80 percent of veterans' claims for benefits for Gulf War-associated illnesses -- an approval rating three times lower than all other types of claims, according to a Government Accountability Office report released Monday.

From 2010 to 2015, the VA approved 17 percent of claims – or 18,000 of 102,000 -- for health care and disability compensation for veterans suffering from Gulf War Illness, which is an umbrella term for certain medical conditions common in some of the 1 million servicemembers who deployed to Southwest Asia in the past 27 years. Besides claims getting denied more often, veterans seeking benefits for Gulf War illness are having to wait four months longer on average to hear back from the VA, the GAO found.

There's confusion among VA staff about how to handle the claims, the report states. The Government Accountability Office also found VA medical examiners, who are key in providing information for veterans' claims, lacked training on Gulf War illness. As of February, 90 percent of medical examiners had not been trained on how to conduct exams for Gulf War illness. The VA made the training optional.

However, the VA attributes the low approval ratings to the complexity of Gulf War illness, thought to be caused by toxic exposure. There's not a single definition for Gulf War illness, which includes a cluster of different conditions, as well as nine infectious diseases.

"There's a whole range of illnesses that are covered under this umbrella term of Gulf War Illness, and it's difficult to know the causes of those conditions," said the report's author, Melissa Emrey-Arras. "Part of that is because many of the people who served were exposed to things like pesticides, smoke from oil well fires and even depleted uranium. It's difficult to piece together."

VA Deputy Chief of Staff Gina Farrisee responded to the report in a letter, promising medical examiners would be required to go through training on Gulf War illness by November. The training is a 90-minute online course.

"We strongly believe people at VA need full training on this before doing medical exams," Emrey-Arras said.

In 1994, Congress passed legislation allowing Gulf War veterans with undiagnosed illnesses a "presumption," meaning they don't have to prove to the VA their illnesses were caused by military service.

An amalgam of medically unexplained chronic illnesses found among Gulf War veterans, including fibromyalgia, fatigue and gastrointestinal disorders, was added to that presumption in 2001. Nine infectious diseases were added in 2010. To secure benefits, veterans had to have served on active duty in Southwest Asia any time after Aug. 2, 1990, and have an illness that falls into one of those categories.

Even with the law, approvals are low compared to other types of claims. While 17 percent of claims of Gulf War illness were approved from 2010 to 2015, VA staff approved 57 percent of veterans' claims for all other medical issues during the same time.

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Ron Brown, president of the National Gulf War Resource Center, has been helping Gulf War veterans with their denied claims for the past three years. He communicates between veterans and VA leadership, and is often successful at getting a veteran's denial reversed.

Brown had a direct line of communication with former VA Secretary Bob McDonald and he has advocated for better training for VA staff. He has also criticized the VA for being too vague in denial letters to veterans, contending more specific information about why a claim was denied would help veterans know their next step.

The Government Accountability Office discovered the same problem. Emrey-Arras described the denial letters as technical, legalistic and "difficult to understand."

"I'm extremely disappointed," Brown said. "These are the same issues the National Gulf War Resource Center has been trying to bring to the VA's attention for three years now. I'm left scratching my head on what we've accomplished. We've had 26 years to get this right, and we're not even close. These vets are struggling."

article continues below

Brown served in Operation Desert Storm in 1990-91 and it took 13 years to gain approval for his own claim of Gulf War illness. He now lives in Roanoke, Va. According to a breakdown in the report of approvals and denials of Gulf War illness claims by city, Roanoke had one of the lower approval ratings in 2015.

That year, the Roanoke office denied 544 claims and approved 47 from veterans who said they were suffering from medically unexplained chronic illnesses. The office also denied 1,482 claims from veterans who sought benefits for undiagnosed illnesses related to their Gulf War service and approved 51.

Besides requiring more training for medical examiners, Farrisee wrote the VA would be more specific in its letters of denial to veterans and gather a group of experts to come up with a clear plan for researching Gulf War illnesses.

The VA has spent more than $160 million from 1994 through 2015 on research related to Gulf War illnesses and was given another $12.3 million for the research in 2016. Yet, the VA has not added any conditions since 2010 to ones already associated with Gulf War service. It tried and failed last year to create a fast-track to compensation for Gulf War veterans with brain cancer.

"There's not a clear, single definition of what Gulf War Illness is at this point," Emrey-Arras said. "The VA has had a goal of having a single definition, and yet they don't have it. They have no strategic plan of getting there, no steps laid out to make that so."

VA officials will have more opportunity to respond Thursday, when the report will be the subject of a congressional hearing. Two subcommittees of the House Committee on Veterans' Affairs – one that deals with VA oversight and the other focused on disability assistance – will hold the hearing at 10 a.m.

Brown isn't confident the report and another hearing will produce change. He provided testimony last March about the VA's low approvals for Gulf War claims and will again submit written testimony with similar information.

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"This isn't the first time they've had reports from the GAO, and what's changed?" Brown said. "We keep regurgitating the same stuff over and over again. It's just like anything else, nothing ever gets resolved fast at the VA."

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2. Veteran and Employee Experience

2.1 - Breitbart: VA Under Trump Admin Fires More Than 500 Employees, Suspends 200 for Misconduct (10 July, Katherine Rodriguez, 19.1M online visitors/mo; Los Angeles, CA)

The Department of Veterans Affairs fired more than 500 employees and suspended nearly 200 for misconduct since President Trump's inauguration in January, keeping true to campaign promises to clean up the agency.

The VA's accountability report released Friday noted that the agency removed 526 employees, suspended 194 employees for more than two weeks, and demoted 27 employees.

Among those disciplined by the agency include 70 nurses, 25 physicians, 14 police officers, a public affairs specialist, a program analyst with the Government Accountability Office, and 22 senior officials.

The agency also fired convicted felons and sex offenders who worked as housekeeping aides and food service workers.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," VA Secretary David Shulkin said in a statement. "Posting this information online for all to see, and updating it weekly, will do just that."

Many veterans have died waiting for care, and VA officials have allegedly reported false data on wait times to receive cash bonuses.

However, changes to improve the agency have been slow-going because the union that represents VA employees, the American Federation of Government Employees, has convinced Democrats to provide greater job protections for government employees.

Secretary Shulkin, who was appointed as undersecretary to the VA under the Obama administration, grew frustrated with efforts by the government employees' union and other groups defending sub-par employees' rights to stay on the government payroll when these same employees neglected to care for veterans.

"Just last week we were forced to take back an employee after they were convicted no more than three times for DWI and had served a 60-day jail sentence … Our accountability processes are clearly broken," Shulkin said at the White House.

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2.2 - The Hill: Week ahead: Defense spending, Trump nominees top agenda (10 July, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)

Congress returns from its July 4th recess on Monday and must tackle several fiscal 2018 defense bills and Pentagon nominations before the month-long August recess in three weeks.

The Senate Veterans Affairs Committee, the House Rules Committee and the Senate Appropriations Committee will all move forward legislation, starting with a markup of the Senate VA bill Tuesday.

The House Rules Committee the same day will consider the House Armed Services Committee's annual defense policy bill, the National Defense Authorization Act, then consider amendments for the legislation on Wednesday.

Once the process is completed, the bill could move to the floor for a full House vote as early as this week.

The Senate Appropriations Committee, meanwhile is hoping to make headway on its military construction and veterans affairs spending bill, set to be marked up on Thursday.

Lawmakers are scrambling to complete and vote on the bills prior to the start of the new 2018 fiscal year, beginning Oct. 1.

At issue is the final topline for the Pentagon in fiscal 2018. The House Armed Services Committee passed a $696.5 billion defense policy bill, divided into $621.5 billion in the base budget and $75 billion in war funding known as the Overseas Contingency Operations account.

The Senate, however, passed a version which would authorize a total of $700 billion, split into $640 billion base defense funding and $60 billion for the war fund.

Both are above the $603 billion base defense budget President Trump proposed.

Lawmakers also must work to fill in gaps in the Pentagon's personnel ranks.

The Senate Armed Services Committee on Tuesday will hold a hearing for Navy Secretary nominee Richard V. Spencer.

The hearing - originally set for June 22 but postponed as Senate Republicans held talks on their ObamaCare repeal-and-replace bill – will now be held at 9:30 a.m., at the Dirksen Senate Office Building, room G-50.

Spencer is Trump's second choice for Navy secretary. The president's first pick, investor Philip Bilden, pulled out from consideration in February after he was unable to untangle and divest his business holdings to meet ethics rules.

Air Force Secretary Heather Wilson is so far the only service secretary to make it through the nomination process. The White House has yet to name someone for Army secretary after two previous picks withdrew from consideration. Tennessee state Sen. Mark Green (R) withdrew his name from consideration in May, and nominee Vincent Viola dropped out in February.

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On Wednesday, the Senate Armed Services Committee will also hold a nomination hearing for four Defense Department positions: Army undersecretary, principal deputy undersecretary for policy, general council for the Department of the Navy and assistant secretary for special operations and low-intensity conflict.

The nominees, Ryan McCarthy, David Trachtenberg, Charles Stimson and Owen West, respectively, are all expected to easily make it through the hearing with little controversy over their nominations.
House and Senate committees this week will also hold hearings on a wide range of other issues.

The Senate Veterans Affairs Committee will mark up legislation at 2:30 p.m. Tuesday at the Russell Senate Office Building, room 418. http://bit.ly/2tQC7S3

The House Rules Committee will consider the National Defense Authorization Act at 5 p.m. Tuesday at The Capitol, House room 313. http://bit.ly/2u0quZQ

The Senate Armed Services Committee will hold a confirmation hearing for the nominees to be principal deputy under secretary of Defense for policy, assistant secretary of Defense for special operations and low-intensity conflict, under secretary of the Army and general counsel of the Department of the Navy at 9:30 a.m. Wednesday at Dirksen G-50. http://bit.ly/2tQrHlU

The Senate Foreign Relations Committee will hold a hearing on the Taylor Force Act, which would stop U.S. economic aid to the Palestinian Authority, at 10 a.m. Wednesday at Dirksen 419. http://bit.ly/2uyVVHq

The House Foreign Affairs Committee will hold a hearing on empowering women in the developing world with testimony from outside experts at 10 a.m. Wednesday at the Rayburn House Office Building, room 2172. http://bit.ly/2u0enM5

The House Veterans Affairs Committee will hold a hearing on the VA's capital assets, including Secretary David Shulkin's plans to close excess facilities, at 10 a.m. Wednesday at the Cannon House Office Building, room 334. http://bit.ly/2tyFcnF

A House Foreign Affairs subcommittee will hold a hearing on the administration's fiscal 2018 budget request for the Western Hemisphere at 2 p.m. Wednesday at Rayburn 2172. http://bit.ly/2tUQ29Q

Another House Foreign Affairs subcommittee will have a hearing on terrorism in Southeast Asia at 2:30 p.m. Wednesday at Rayburn 2200. http://bit.ly/2uz32Qo

The Senate Appropriations subcommittee on military construction and veterans affairs will mark up its fiscal 2018 appropriations bill at 2:30 p.m. Wednesday at Dirksen 124. http://bit.ly/2tpISJV

The House Rules Committee will consider amendments for the National Defense Authorization Act at 3 p.m. Wednesday at House 313. http://bit.ly/2sP66L0

The Senate Armed Services Committee will hold a hearing on the coup attempt in Montenegro with testimony from the country's ambassador to the U.S. at 9:30 a.m. Thursday at Dirksen G-50. http://bit.ly/2tUV721

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The full Senate Appropriations Committee will mark up the fiscal 2018 military construction and veterans affairs appropriations bill at 10:30 a.m. Thursday at Dirksen 106. http://bit.ly/2uziiga

A House Foreign Affairs subpanel will hold a hearing on the administration's fiscal 2018 budget request for the Middle East and North Africa at 1 p.m. Thursday at Rayburn 2172.

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2.3 - The Salt Lake Tribune: Tribune Editorial: Someone finally steps up to help hungry veterans (10 July, Editorial Board, 3.2M online visitors/mo; Salt Lake City, UT)

Few would argue against the following assertions:

• Members of the armed forces are invaluable to our nation's safety and morale.

• We should care for our veterans.

• Our care, in many circumstances, has failed miserably.

We have shamefully underfunded and understaffed our system of veterans' services. For example, in 2015 the wait times for Utah veterans seeking medical care were longer than the national average, and the national average was pretty poor.

Granted, the Department of Veterans Affairs (VA) in Salt Lake City has made great improvements over the last year, detailed in a June op-ed by Shella Stovall, acting director of the VA Salt Lake City Health Care System.

But our veterans are still suffering, some from the most basic needs. Like food.

Luckily, there are people able to fix a problem once identified, and that is exactly what Natalie Green, a SLC VA health care administration trainee, has done. Green noticed that some of the veterans receiving medical services at the George E. Wahlen Department of Veterans Affairs Medical Center were desperately hungry. So she started a food pantry.

Twenty-seven percent of younger veterans who served in Iraq and Afghanistan suffer food insecurity. Yet VA funds cannot be allocated for food assistance. Services offered by the Utah Department of Veterans and Military Affairs include education, employment, health care, burial assistance and loan programs, but not food assistance. Green set up a separate account for private donations, asked for donations of canned goods from employees and other veterans and partnered with the Utah Food Bank to help fill the shelves. The pantry has been open since March and is already serving almost 100 veterans and their families a month.

Not only has Green gone above and beyond to organize the food pantry, she has also documented her efforts to help other VA hospitals across the country do the same thing. Green essentially "cut through the bureaucratic red tape" and hopefully started a national movement. The United States Department of Veterans Affairs has taken note.

The pantry is open every Thursday from 2:30 to 4:00 p.m. Donations can be made online by donating to the General Purpose fund and including in the comments section that donations

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should be directed to the Food Pantry GPF # 1063. Or donors can deliver in-kind donations to the SLC VA, Building 4, Room 1C25.

No, it's not Thanksgiving or Christmas, but people still need to eat. At the very least, we can all help ensure that our veterans don't go hungry.

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2.4 - Investor's Business Daily: Good News For Veterans: Trump Tells Hundreds Of VA Workers 'You're Fired!' (10 July, 3.2M online visitors/mo; Los Angeles, CA)

Accountability: For decades, political leaders have lamented the scandal-plagued Veterans Health Administration, and did little more than throw more money at the problem. The Trump administration is firing workers who aren't doing their jobs.

According the Department of Veterans Affairs, 526 have been fired for misconduct since President Trump took office. Another 200 have been suspended and 33 demoted.

Most of them worked at the VHA and included physicians, nurses, pharmacy technicians, food service workers, medical technicians, office workers, even some police officers.

VA Secretary David Shulkin said this was part of a broader effort to reform the culture at the VA.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," he continued. "Posting this information online for all to see, and updating it weekly, will do just that."

Expect more terminations now that Trump has signed the VA Accountability and Whistleblower Protection Act, which strengthens Shulkin's ability to get rid of bad employees, including senior executives.

Contrast this with the Obama administration, which ceaselessly talked about accountability while providing little of it.

In the wake of the 2014 widespread scandal at the VHA, where veterans died during endless waits for treatment and officials tried to cover it up, only nine employees (out of 57 targeted for disciplinary actions) were let go, three of whom were senior officials.

And then, in June 2016, the Obama administration announced that it was abandoning the 2014 law's streamlined firing process altogether after deciding it was unconstitutional.

Shulkin is also imposing a requirement that any monetary settlement with an employee over $5,000 has to be approved by a senior official.

As the Daily Caller reports, in the past the VA "repeatedly made five- and six-figure payments to bad employees to get them to quit" rather than deal with a lengthy appeals process.

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In the two and half years that Bob McDonald was running the VA under Obama, the agency paid out more than $5 million in such payments. The message to VA employees was clear: If you're threatened with being fired, hold out for a settlement.

Every government agency has the same problem as the VA — it's difficult to impossible to fire workers for misconduct, thanks to the heavy union presence and the Merit Systems Protection Board.

The result is that managers not only avoid firing workers, they won't even give employees bad reviews out of fear of triggering lengthy and costly appeals. As a result, 99.5% of federal workers get a "fully successful" rating or above, according to an audit by the Government Accountability Office. More than a third got an "outstanding" rating.

Government workers already make more money and get far more generous benefits than those in the private sector who pay their salaries. The fact that so many federal workers get what amounts to a guaranteed job for life is adding insult to injury.

What's needed is a wholesale revamp of the rules and regulations covering government employees so that agency heads can actually create cultures of accountability, instead of just talking about it.

But the need is more urgent at the VHA, where the failure of government employees can cost lives. Shulkin, to his credit, has taken the first step to remedying that.

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2.5 - WXIA (NBC-11, Video): Man shot by police during bank standoff had issue with VA benefits (10 July, Phillip Kish, 1.5M online visitors/mo; Atlanta, GA)

The man shot dead by authorities after he claimed to have a bomb at a Marietta bank had visited the Atlanta Veteran Affairs office days before the incident.

VA spokesperson James Hutton confirmed to NBC News that Brian Easley was at the Atlanta office on July 3 to discuss an issue with his BA benefits. After being informed of what he needed, Easley said that he'd return on Thursday with the paperwork to settle the matter.

Easley didn't return as planned, Hutton said.

On Friday, police said Easley walked into a Wells Fargo bank and said he had a bomb in his backpack. He made several demands that referenced the miltary and his status as a veteran, authorities said.

Early in the standoff, he released some customers and employees. Police said he held two women hostage until after noon.

After several hours of negotiations, authorities entered the bank and said that Easley was dead. They've declined to release details into how he died, but have classified the incident as an "officer-involved shooting."

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"I don't think that suspect had an idea what was going on or about to occur," Cobb County Police Sgt. Dana Pierce said on Friday.

Authorities later confirmed that the backpack did not contain a bomb.

The Georgia Bureau of Investigation has taken over the investigation, as they do most officer-involved shootings.

"VA is deeply saddened by the news in Cobb County," Hutton said. " VA worked closely with law enforcement to try to resolve the situation peacefully, but unfortunately it ended in tragedy. Our sincere condolences go out to everyone affected."

The VA reminds veterans that the Veterans Crisis Line is available 24 hours a day at 1-800-273-8255.

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2.6 - WFED (AM-1500, Audio): VA's first 'accountability' posting shows hundreds fired since Trump inauguration (10 July, Terry Wing, 831k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has posted its first list of employee removals, suspensions and demotions showing VA has fired 525 staffers since President Trump took office in January. The list, posted on Friday, includes doctors, nurses, housekeepers and even grave diggers. It does not include employee names, due to privacy reasons but does note the employee's position and VA region. In announcing the new effort at transparency last week, VA Secretary David Shulkin said veterans and taxpayers have a right to know what VA is doing to hold its 345,000 employees accountable. The so-called "accountability actions" will be posted on a weekly basis. (Veterans Affairs)

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2.7 - WFED (AM-1500): What VA's now public adverse action reports don't say about employee accountability (10 July Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Some federal employee groups and experts are scratching heads over the Veterans Affairs Department's recent decision to publish a weekly list of all major disciplinary actions for its workers.

VA is the first federal agency to publish such information, and it described the decision as a step toward improving accountability and transparency at a department which has long struggled to use governmentwide disciplinary procedures to tackle entrenched cultural challenges.

"Together with the accountability bill the president signed into law recently, this additional step will continue to shine a light on the actions we're taking to reform the culture at VA," Secretary David Shulkin said in a July 7 statement. "Veterans and taxpayers have a right to know what

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we're doing to hold our employees accountable and make our personnel actions transparent. Posting this information online for all to see, and updating it weekly, will do just that."

But federal employee groups and employment attorneys say the department's new adverse action reports don't tell the full story about VA's efforts — or struggles — to improve accountability.

Sponsored Content: Questions about moving to the cloud? Chat with FDA Chief Information Officer Todd Simpson on July 25, at 1:30 p.m.

They don't, for example, explain why VA appears to be on track to fire fewer employees during the first year of the Trump administration than the previous fiscal year.

VA's July 3 report lists 525 removals during roughly the first six months of 2017. If the department removes employees at the same pace for the remaining six months, about 1,050 employees from VA will be fired by the end of 2017.

Yet according to Office of Personnel Management information on the agency's data archive FedScope, 2,575 employees at VA were removed for discipline or performance in fiscal 2016.

VA Removals for Discipline or Performance

Year	# of Removals
FY2011	2,094
FY2012	2,036
FY2013	2,264
FY2014	2,590
FY2015	2,363
FY2016	2,575

Though the recent VA data shows disciplinary actions for the six months of the calendar year and OPM's information tracks removals for the given fiscal year, the department appears on track to fire fewer employees in fiscal 2017 than it has in each of the past six years.

"They're firing at about half the rate they did last year," Richard Loeb, senior policy counsel for the American Federation of Government Employees, said. "I'm not really quite sure what all the claims of accountability are about. Obviously with the new law, they feel they'll be able to fire more easily and more quickly. This seems to be a notion of firing your way to excellence."

The most recent data from VA won't likely include many removals that the department performed under the new VA Accountability and Whistleblower Protection Act, which President Trump signed into law June 23.

Worried about the Trump administration's proposed cuts to federal retirement? Find out what these 100 members of Congress have to say about it.

Shulkin has said the new law will allow him to move disciplinary actions through the decision and appeals process more quickly than previous methods. It shortens the time employees have to respond to a disciplinary action, shortens the grievance process, expedites the appeals process at the Merit Systems Protection Board for rank-and-file employees and eliminates the MSPB as avenue for senior executives to appeal disciplinary actions.

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In addition, the majority of the adverse actions described in the first report are among lower-level employees at VA, including 94 housekeepers, 55 food service workers and 21 clerks.

Practically all of the 94 housekeepers that were removed or suspended during the first six months of the administration are likely veterans, because a provision in the U.S. Code requires VA hire only candidates with veterans preference to fill certain positions like custodians, guards, elevator operators or messengers.

One person on the July 3 report was listed as a "senior leader" within the Veterans Health Administration's Central Office, and 17 others are listed as senior leaders within VA medical facilities.

Few other VA employees on the most recent report carry higher-level ranks or senior titles.

One general attorney at VA's Office of General Counsel was fired in March, for example. A supervisory biomedical engineer and several physicians were also removed.

"The so-called VA scandals allegedly started when senior-level VA officials at the medical centers allegedly created secret waiting lists and the like," Loeb said. "I doubt that was done too often by housekeepers or laundry workers, but yet that's where the firing seems to be focused."

Debra D'Agostino, a federal employment attorney with the Federal Practice Group, said the majority of the employees in these lower-level positions don't have control over major decisions or policies that dictate how well VA is caring for and treating its veterans.

"This data doesn't show that there's any real change happening in VA," she said.

The adverse action reports don't list employee names due to privacy reasons, VA said. But the reports also lack details about the specific charges related to each disciplinary action.

D'Agostino called VA's decision to exclude this information "odd," but said she and other lawyers within her practice have often argued with federal agencies over these details when seeking information on other employees who have faced similar charges.

Federal circuit case law requires that agencies provide these lists so that employees and their attorneys can compare the charges and decisions with previous disciplinary actions from the department during the appeals process.

"I'm not aware of any private sector employer that routinely fires people, as some do, that publishes a public list," Loeb said. "[You] might say they're not public employers either, but there's no requirement to publish these lists. These are facts, whether people are employed by agencies and how they left the agency, and as necessary, that type of information can be released for some background investigations or employment inquires or the like. But this doesn't seem to have any utility other than to tell people, 'Be afraid. Be very afraid.'"

VA's new public reports list the organization or Veterans Integrated Service Network (VISN) where the disciplinary action occurred, the position that the employee held, the action the department took and the date it was effective.

But they don't indicate when VA made an initial proposal to remove, demote or suspend an employee for more than 14 days.

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"It's not clear [these] proposals [were] issued before Trump was inaugurated and then the decision was promptly made," D'Agostino said.

The department can often take six months to a year to decide what kind of disciplinary action to make, D'Agostino added. Though the report only lists actions taken after Inauguration Day, she suspects VA made proposals for some of those actions before the new administration began.

In addition to the new lists, Shulkin will also now require senior officials to approve any monetary settlements with an employee above $5,000. The undersecretary, assistant secretary of an "equivalent senior-level official within the organization" where the dispute occurred will need to sign off on the settlement.

D'Agostino said employee settlements often widely vary.

"$5,000 is a very low bar to require that level of review," she said. "That's going to have a tremendous impact on negotiations. Just the fact that it's been put out there is going to have a chilling effect on settlements."

Reaching a settlement is the goal, she said, because it acknowledges that the agency and the employee "agree to disagree" and move forward.

"There's going to be a lot more litigation that gets dragged on and on because of this," D'Agostino said. "This sends a chilling effect about bringing something like an [equal employment opportunity] EEO claim forward."

Many federal employee groups said this decision sends the wrong message to the department's workforce and federal workers in general.

"While there is value in posting these kinds of lists in terms of accountability, the larger and more positive effect, we believe, is to restore public confidence in the federal government's ability to effectively manage its workforce," Bill Valdez, president of the Senior Executives Association, said. "There has been a myth floating around that civil servants, because they cannot be fired easily, are unaccountable. This myth, which lists like this prove to be dead wrong, needs to be stamped out because the overwhelming number of federal employees are focused on delivering superior products and services to the American taxpayer. Moreover, the vast majority of civil servants would agree that poor performers should be disciplined or removed from the civil service."

AFGE, which represents roughly 230,000 VA employees, said it wants to hear more about the department's plans to fill 49,000 vacancies and improve the quantity and quality of health care to veterans, Loeb said.

"This is not about accountability and it's not about transparency," he said. "It's about sending a message."

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2.8 - WSYX (ABC-6, Video): Veterans Administration mistakenly declares war veteran "dead" (11 July, Kurt Ludlow, 450k online visitors/mo; Columbus, OH)

A military veteran turned to Six On Your Side for help after getting the surprise of his life. He was surprised to find out he was "dead." At least as far as the government was concerned. "We are so sorry to learn of the death of Manis McKenzie, and extend to you our deepest sympathy," said Manis as he read from a letter to his wife from the Veterans Administration.

"And they said I had died March 30th and if I'd known that, I wouldn't have scheduled the knee surgery," he said as he laughed.

McKenzie had just returned home from knee surgery. He's got a great sense of humor, which he promptly used on his wife.

"I called my wife and I said, 'I thought you told me that the surgery went well.' She goes, 'well it did.' And I said, 'well I don't think it went so well. I got a letter stating that I died,'" he said.

Manis joined the Marines when he was 17, and at 18 was in Vietnam. Later he joined the Navy Reserves where he served for 20 more years. He was eventually sent to Operation Desert Storm.

"And then in 2004, my son was in my unit and we both got called up together to go to Kuwait for several months for Iraqi Freedom," he said.

He survived all of it, only to be killed off by the V.A. in 2017.

"Got to talkin' to 'em and they started the process of bringin' me back to life," he joked.

The V.A. told him by phone that the only way to clear it up would be to go to Cleveland in person immediately. So, he got his son to drive him, swollen leg and all.

"And I walk in and they said, 'can we help you?' I said 'yes, I'm dead and I'd like to be brought back to life.' And the guy sort of looked at me strange and everybody else in the waiting area laughed," he said.

They'd made the three-hour drive only to be ushered out the door just minutes later.

"All they did was copy my I-D's, fill out a small form and I was on my way back home to Columbus and that's, something like that, why they couldn't do that locally, I don't have a clue," he said.
The whole thing was funny for awhile he said. Then the checks stopped.

"And now my V.A. check's gonna be stopping and then yesterday in the mail I got a letter stating that since I'm retired from the Navy Reserves that they're stopping that check now too since I died. And so it's just a big mess."

The V.A. told ABC 6/Fox 28 it was notified by a third party that Manis had died. Its statement said it "regrets the inconvenience." and has strengthened its verification process to reduce the likelihood of mistakes like this, which the agency says, don't happen very often.

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VA has found that these types of cases represent a very small number of beneficiaries in comparison to the millions of transactions completed each year. Additionally, VA has several matching programs that are designed to prevent overpayment and debts incurred by beneficiaries. One of these programs matches death record data from the Social Security Administration (SSA) with our database. When a match is made between SSA death records and VA records, the beneficiary is identified as possibly deceased, and a letter is sent to the beneficiary in order to confirm the match. During calendar year 2016, VA confirmed the accuracy of the automated SSA death match process, finding a 99.67 percent accuracy rate. During that period, the process automatically suspended VA benefit payments for 103,243 beneficiaries. Of those, 345 beneficiaries had their benefit awards reactivated due to erroneous suspensions, representing less than 0.4 percent of the year's SSA match caseload.

- Terrence Hayes, V.A. Spokesman

"Why in the world they aren't required to have a death certificate before they start killing somebody off? I don't have a clue," said McKenzie.

For now, Manis tries to laugh it all off. He's obviously thankful to be alive. But worried the mailman might bring some more bad news.

"So I'm just curious today when I get the mail, anybody else killed me off," he joked.
The V.A. said it restarted McKenzie's benefits within a few days of being notified he was alive.

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2.9 - KRGV (ABC-5, Video): Veterans Accountability Report Questioned (10 July, 277k online visitors/mo; Weslaco, TX)

The U.S. Department of Veterans Affairs is providing the removal, suspensions and demotions of employees as of July 3, 2017 in an online accountability report.

The report shows 23 veterans health administrations across the country. According to the Veterans Health Administration, the Rio Grande Valley is under the Veterans Integrated Service Network (VISN 17). It's made up of seven different VA medical health care clinics in Texas. The VA accountability report shows several removals and suspensions and demotions.

"They're seeing now that they are terminating all these people. They're saying you know what they got terminated, what makes us think that we're not going to get terminated. The need to open their eyes and we're probably start getting better service. But right now it's not good service," said Veteran Richard Pena.

Army Veteran and Americas Last Patrol Commander, Richard Pena is frustrated. He said an appointment letter he got from the VA came too late.

"Then I get the letter the same day my appointment is. I saw the date on there. The same date of my appointment how can they know I didn't show up for my appointment the same day," said Pena.

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Pena hopes Veterans Affairs new accountability tactic works soon before his next medical appointment comes too late.

Pena also questioned why specific facilities are not on the list. We reached out to the VA Texas Coastal Bend in Harlingen. They sent us this statement:

“The Department of Veterans Affairs (VA) is making public a list of adverse employee actions taken since Jan. 20 in order to continue to shine a light on the actions we're taking to reform the culture at VA."

"The news release further states that for privacy reasons, the adverse action list does not include employee names, but gives information on the position, VA region or administration and type of adverse or disciplinary action taken,” said VA Texas Valley Coastal Bend Public Affairs Officer Reynaldo Leal.

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2.10 - Cape May County Herald: Veterans Affairs Pitches Vision; Crest Dune Project on Hold (10 July, Rachel Rogish, 191k online visitors/mo; Rio Grande, NJ)

WILDWOOD CREST — “Wildwood Crest is my home," said Jacqueline Hinker, outreach specialist for the U.S. Department of Veterans Affairs. She spoke during the Borough Commission meeting July 5. Raised on Lavender Road and a graduate of Wildwood High School, Class of '84, Hinker has returned to the county in her present capacity.

"I answer to the director," said Hinker, explaining her unique position as beneficial to veterans obtaining services.

With less "red tape," Hinker finds "kinks" in the process chain and resolves issues if a veteran is unable to receive services.

Doris Barnes, 96, of Cape May County recently received her hearing aids due to Hinker's investigation into her case. A veteran of World War II, Barnes can now hear.

Hinker presented a vision of increasing enrollment in veterans' healthcare countywide; she desires county veterans to have access to optimum care and services. However, without "numbers," (translated enrollment) Hinker said services would not be as available.

A 10,000-square-foot complex, newly built in Vineland, stands testament to growing veterans' enrollment in Cumberland County. Hinker wishes the same for Cape May County.

Hinker also attended the June 28 Wildwood City Commission meeting and presented her vision.

Though a long-term goal, finding a new facility for veteran care is on Hinker's agenda, eventually replacing present community-based outpatient clinic facility at the Coast Guard Training Center in Cape May.

"We need to care for each other," said Hinker, referring not only to veterans but also to their families, friends, and care providers. Hinker said many veterans are not enrolled because they

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"want to leave it (healthcare) for those who really need it." Hinker said although this spirit is admirable, not enrolling decreases the services made available in the county.

Hinker concluded by requesting permission to set up a booth at upcoming concerts held in the borough.

"I like to engage people," said Hinker, explaining the personal interaction she seeks to facilitate while presenting Veterans Affairs. "We want every vet to have a good experience."

Commissioner Joyce Gould offered assistance to Hinker's cause as did Mayor Carl Groon.

"I will coordinate with you," Borough Administrator Constance Mahon said. A Veterans Affairs meeting is planned July 15 from 2 to 4 p.m. at the Cape May County Police Academy, 171 Crest Haven Road, Court House.

Hinker said her position is personal: her father served during the Korean War and her husband in Operation Iraqi Freedom.

Dune Project Update

During Mahon's report, commissioners learned that the islandwide dune project remains in the design phase, according to the state Department of Environmental Protection, as cooperation continues with the Army Corps of Engineers.

Kayak Launch Site

A pre-application will be presented in Trenton by Mahon for the kayak launch at Sunset Lake. Mahon said the purpose is to "smooth out" any potential problems before the application process begins.

No New Beach Signs

New beach signs will not be installed on Crest beaches until upcoming winter months and spring of 2018. According to Mahon, the JIF (Atlantic County Joint Insurance Fund) has not yet written "uniform language" for the signs.

However, Mahon assured commissioners that the signs would include the borough's designation as a TripAdvisor Hot Spot and as one of the top 10 beaches in New Jersey.

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2.11 - WTOK (ABC-11, Video): Town hall addresses veterans' concerns (10 July, Jeffrey May, 66k online visitors/mo; Meridian, MS)

Local veterans had the chance to have their questions about their health benefits answered.

The associate director of the Sonny Montgomery VA Medical Center in Jackson stopped in Meridian Monday for a town hall meeting. He participated in a Q & A session with veterans and their families.

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The VA wanted to inform the vets about the changes to medical and claims benefits and discuss the Veterans Affairs Choice Program that congress is examining. Local community vendors showcased the services they provide.

"I hope that they see we are here to do the veterans in our community, to actually know that they can come to us and get them answers," said Jeff Sibley, veterans service officer. "And that they learn the new stuff coming out with the hospital."

Veterans may stop by the Lauderdale County Veterans Office at 1827 23rd Avenue.

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2.12 - WAGM (FOX-8): Poliquin Introduces Bipartisan Legislation to Streamline VA Workforce Acquisition (10 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)

Subcommittee on Oversight and Investigations Chairman Jack Bergman (R-Mich.) and Ranking Member Annie Kuster (D-NH), along with Rep. Bruce Poliquin (R-Maine), introduced bipartisan legislation to streamline VA's processes for workforce acquisition.

"I'm proud to join Rep. Poliquin and Ranking Member Kuster in supporting this legislation that takes critical steps to improve the methods by which the VA trains, recruits, and retains top professional talent in acquisition career fields," said Bergman. "Our men and women in the military have provided an invaluable service. More often than not, their commitment comes with great physical sacrifice and lasting effects requiring a lifetime of care. Our Veterans deserve a reliable and effective support structure from well trained and dedicated professionals."

"I'm pleased to introduce this important legislation with my Republican colleagues," said Kuster.

"VA has serious purchasing problems that delays healthcare services to our veterans and wastes billions of dollars of taxpayer funds. This bill would ensure that the Department of Veterans Affairs is able to hire and effectively train the employees it holds responsible for purchasing medical supplies and contracting construction projects. This bill would also enable the VA to reform its acquisitions bureaucracy and improve its overall government purchasing operation. I urge my colleagues in the House of Representatives to immediately pass this legislation so we can help improve the overall accountability, efficiency, and functioning of the VA."

"Unfortunately, far too often we have seen excessive waste and inefficiencies at the VA that have in some cases severely hurt services to our Veterans," said Poliquin.

"It is critical that the resources we put into the VA are used in the most efficient ways and to their maximum potential for our Veterans. To achieve this goal, we must ensure the workforce at the VA receives the training needed to cut down waste and improve efficiency, while also eliminating bureaucracy that harms the department's ability to ultimately carry out this mission. I'm enormously proud to push this legislation forward to increase efficiency, better our Veterans' services and make sure they receive the care and support they deserve."

Background:

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The VA Acquisition Workforce Improvement and Streamlining Act would require VA to create career certification programs for construction and logistics employees, which would be in line with similar programs at the Department of Defense. It would also extend VA's career certification for contracting officers to VA's logistics workers and construction managers as well. Furthermore, the bill would direct VA to expand its acquisition intern programs to bring new college graduates and recent veterans into VA to replace retiring employees. The bill pays for these workforce improvements by consolidating redundant acquisition bureaucracy.

The Subcommittee on Oversight and Investigations is expected to mark up this legislation on Wednesday.

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2.13 - Dayton Business Journal: VA cuts 70 positions across Ohio, as part of new accountability effort (10 July, 20k online visitors/mo; Dayton, OH)

The U.S. Department of Veterans Affairs has implemented a new accountability practice whereby poor-performing employees can be removed from their jobs.

And since January, the VA has fired more than 500 people across its extensive footprint. That's the word from the VA's adverse actions report, which was released last week.

The U.S. Department of Veterans Affairs has implemented a new accountability practice whereby poor-performing employees can be removed from their jobs.

The U.S. Department of Veterans Affairs has implemented a new accountability practice… more

It shows 71 people have either been fired or supended in the VA's Ohio district, which includes facilities in Dayton and Springfield.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," said U.S. Secretary of Veterans Affairs David Shulkin in a release.

Secretary Shulkin pointed to the move as another step in long-sought transparency and accountability actions at VA, and noted that VA is the first federal agency to make such data public.

The report follows the VA Accountability and Whistleblower Protection Act signed by President Donald Trump less than two weeks ago.

For privacy reasons, the list does not include employee names, but gives information on the position, VA region or administration and type of adverse or disciplinary action taken.

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2.14 - Corridor News: VA Apprenticeship Program To Train, Employ Veterans To Assist Other Veterans In Properly Filing For VA benefits (10 July, 17k online visitors/mo; San Marcos, TX)

Veterans service organizations (VSOs) play a major role as advocates for the Veteran community, and as partners with VA, to ensure this nation's Veterans receive the benefits they have earned. An important part of this partnership is to support VSOs as they train their advisors on the benefit process.

VA's Vocational Rehabilitation and Employment (VR&E) program recently entered in to an agreement with Paralyzed Veterans of America to participate in an apprenticeship program to train Paralyzed Veterans' employees on how to assist Veterans to file for and obtain their benefits. A similar program is currently in effect with the Disabled American Veterans organization.

Paralyzed Veterans is an advocate for quality health care, spinal cord injury and disease research, VA benefits, and civil rights for Veterans and all people with disabilities. As a service oriented non-profit organization, Paralyzed Veterans employs national service officers to serve Veterans.

"The apprenticeship program with Paralyzed Veterans will put much needed resources into communities nationwide to work with our Veterans and assist them in applying for benefits," stated Tim Johnston, supervisor for rehabilitation services at VR&E. "This not only gives those accepted into the program a skill, but ensures that Veterans in communities, large and small, have access to trained professionals who can help them understand the process and apply for those benefits they have earned and deserve."

In a memorandum of understanding between the two organizations, Paralyzed Veterans will provide a 36-month on-the-job training program to qualified Veterans who are selected for the apprenticeship program.

Most of the apprenticeship is supervised work with some classroom and on-line learning. These are full-time national service officer positions.

Pay during the apprenticeship is supplemented by the VR&E program. For the first 12 months, those selected for the program are paid $2,890 per month by Paralyzed Veterans, and an additional $651 from VA as a training allowance.

In the remainder of the apprenticeship, Paralyzed Veterans pays $3,166.66, and VR&E pays $375 per month for training. The VR&E training allowance to the Veteran is tax-free. VA also pays for the training and necessary supplies.

Selection for the program generally comes from two sources. Paralyzed Veterans may notify VR&E that they have a candidate in mind, or a VA vocational rehabilitation counselor can recommend someone for the program.

The current memorandum of understanding will be in effect until May 2021.

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3. Access to Healthcare

3.1 - The Huffington Post (Video): No Marine Left Behind... Except This One (10 July, Jon Hotchkiss, 22.9M online visitors/mo; New York, NY)

On Friday, July 7th, 2017 Staff Sgt. James Hollon (USMC, Delta Company), his wife Angela and their 3-year old baby got in James' Red Ford truck and drove a few hours south from Portland to a friend's. For the next few nights, they'll sleep on their friend's couch.

Yes. It's summer. But no. They're not on vacation.

They're homeless.

Let me tell you a little about James. He's from a small Texas town. As a teenager, he had a motorcycle that he rode too fast.

He realized his life was going nowhere and that he need structure and discipline. He joined the marines at age 20 – the day was january 18th, 2000. Just a handful of months before terrrorists with box cutters flew planes into the twin towers.

He was trained. And deployed overseas. On his first mission, he assisted with the evacuation of the US embassy in Yemen after the USS Cole was attacked.

Then, he served 5 combat tours in Iraq and Afghanistan as an infantryman. He was a soldier higher ups relied on. There came a point where he was in charge of a squad and multiple millions in warfare weaponry.

While serving in combat, he got 14 concussions from being too close when IEDs exploded. They knocked him out. In some cases he was inside a vehicle. Other times, on foot. First, the blast wave in and of itself, is devastating. And that can give you a concussion.

PTSD / TBI: Then, the blast can throw you and you hit your head inside the vehicle, or just as likely, your head hits the ground if you were on foot. His official medical records say he got at least 14 concussions. But James thinks the # is actually closer to 20.

Today: we know that even just a few repeated concussions or traumatic brain injures – like those suffered by James Hollon — will result in diminished thinking capacity, diminished sensation like sight or balance, diminished language capacity, including communication, expression and understanding and diminished emotional capacity, including depression, anxiety, personality changes, aggression, inappropriate social behavior and suicide. 20 veterans a day kill themselves in the US.

Repeated concussions will also likely cause early onset epilepsy, parkinsons, and alzheimers.

After his combat duty, James was a drill instructor for the marines, training new recruits who would head to iraq and afghanistan.

3 year later, James became an ied specialist – teaching marines right before they shipped out to war the devestating effects these improvised bombs had, how these improvised explosive devices are made, how they are deployed, how to spot them, and how to dismantle them.

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James gave the marines 12 ½ years. While on duty as a drill instructor, he injured his shoulder. Now, as a marine, he was taught to suck it up. To not complain. To deal with the pain. Because that's what a marine does.

And that's what James did. And after giving the marine's 12 ½ years of service, James decided to move on…

VA BOTCHES SURGERY: In 2012, he went to the VA… where it was determined that he had only about 70% mobility in his right shoulder and his constant chronic pain was verified. It was determined that he needed surgery on his shoulder.

James was forced to wait 5 years for his operation. He was told he needed the surgery in 2012. In 2017 the VA finally arranged for him to get it.

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3.2 - The Hill: Humane Society pushes bills to connect wounded vets, service dogs (10 July, Sumner Park, 11.8M online visitors/mo; Washington, DC)

The Humane Society of the United States is urging lawmakers to pass a package of bills to make it easier for veterans and service members to get therapy dogs.

The bills have bipartisan support, but animal rights advocates are making a new push to get the legislation through Congress, with lawmakers nearing their August recess with an already busy docket.

"At a time in a country when we are so polarized, this is a set of issues that we can unite around," Wayne Pacelle, president and CEO of the Humane Society of the United States, told The Hill. "The American public will be pleased that the Congress is getting something done and is doing something done that is aligned with their values."

One of the bills, the Paws Act, would provide more service dogs to veterans with post-traumatic stress disorder (PTSD). Though veterans with physical disabilities already have access to service dogs, the bill would authorize the Veterans Administration to fund a five-year program to support organizations that provide companion animals to wounded veterans.
Re-introduced by Reps. Ron DeSantis (R-Fla.) and Earl Blumenauer (D-Ore.), the bill has 147 cosponsors.

The bill has been referred to the House Veterans Affairs Subcommittee on Health. There is a companion bill in the upper chamber from Sens. Deb Fischer (R-Neb.) and Cory Booker (D-N.J.) that has been referred to the Veterans Affairs Committee.

Another bill in the current Congress, the Veterans Dog Training Therapy Act, would establish a pilot program allowing veterans with post-traumatic stress disorder (PTSD) to take part in therapeutic dog training.

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The bill passed the House in the last Congress, and was reintroducted this year by Reps. Steve Stivers (R-Ohio) and Tim Walz (D-Minn.).

“Helping our veterans cope with Post Traumatic Stress Disorder is one of the most solemn responsibilities of our time,” Walz told The Hill.

The bill calls for Veterans Administration facilities to connect veterans with local dog training organizations and to study the therapeutic value of those programs.

Walz said the program would help veterans rehabilitate by training therapy dogs, which would then go on to assist other disabled veterans.

“As more research continues to be conducted, I believe this ‘veterans helping veterans’ pilot program carries great promise of improving the quality of life for all veterans involved,” Walz said.

Another bill, the Wounded Warrior Service Dog Act, from Reps. Jim McGovern (D-Mass.) and Walter Jones (R-N.C.), would allocate grants to nonprofits that train and provide service dogs to veterans with disabilities or PTSD. The bill is before a House Armed Services subcommittee.

Jones told The Hill he's seen a change in attitudes over the issue.

“Thanks to a lot of interests nationally was well within military, the whole attitude has changed that service men be given the opportunity to have a service dog after serving," he said.

Lawmakers, though, face a tough schedule ahead, leaving many to question when the bills will finally move. Congress must pass a spending bill, raise the debt ceiling, and tackle GOP priorities, including ObamaCare repeal and potentially tax reform.

Pacelle said the Humane Society is reaching out to lawmakers to push the legislation on veterans and animals along.

"We inform our constituents, lobby offices, write position papers, take advertising, rally millions of Americans, and do much more to advance our goals on Capitol Hill," he told The Hill.

"HSUS is all about getting the Congress to act on legislation to advance animal welfare."

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3.3 - WRC (NBC-4, Video): Washington DC VA Medical Center Operating Room Temporarily Shut Down (10 July, Scott MacFarlane, 4.8M online visitors/mo; Washington, DC)

Federal officials ordered an operating room at the Washington DC VA Medical Center shut down late last week after the latest in a series of maintenance issues that have plagued the facility in recent months.

The temporary shutdown lasted approximately three hours, according to a U.S. Department of Veterans Affairs spokesman.

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An air valve failed, the agency said, triggering a spike in temperature and humidity in the operating room, which is one of six inside the giant VA Medical Center on Irving Street in Washington, D.C.

The emergency shutdown required the postponement of surgeries and raised new questions about the operations of the major medical facility, which treats about 98,000 local military veterans a year. An agency spokesman said two eye surgeries were postponed because of the malfunction. Repairs have since been completed, the spokesman said.

The shutdown occurred weeks after a series of other maintenance and safety problems and a management shakeup at the medical center were revealed by a News4 I-Team investigation. Records obtained by the I-Team showed the agency hired a contractor to fix potentially unsafe floor cracks in the facility's surgery department in March. VA officials also ordered repairs of holes in the walls of the facility's "center core areas," completing the project in mid-February.

The facility suffered a cockroach infestation and a lack of sanitary conditions in its food service areas in 2015, according to federal records reviewed by the I-Team. An agency spokeswoman told the I-Team the problems have since been remedied.

In May, an I-Team investigation revealed the body of a patient went undiscovered for nearly two days in the parking lot outside the medical center. The cause of death has not been determined, according to federal officials who spoke with the I-Team. The agency acknowledged it will investigate the time lag between the death and discovery of the man.

The string of recent problems closely preceded a major management shakeup at the medical center. The agency's longtime DC VA Medical Center director Brian Hawkins was reassigned to a position at VA headquarters in April. Days after questions were raised by the I-Team in June about the reassignment, the agency announced it had ordered a disciplinary action against Hawkins but would not specify the type of disciplinary action.

The I-Team's reporting and a separate review by the U.S. Department of Veterans Affairs Office of Inspector General triggered a congressional investigation into the DC VA Medical Center.

The inspector general review, released in April, revealed broader safety and management problems at the DC VA Medical Center, including dirty sanitary storage areas, supply shortages and more than $150 million in unaccounted for equipment and supplies.

Eighteen of the medical center's 25 sterile storage areas were found to be dirty, according to the report by the VA Office of the Inspector General. In five storage areas, the clean equipment and supplies were mixed with the dirty. Seventeen areas lacked ways to monitor pressure, temperature and humidity.

The medical center lacked an effective inventory system, and $150 million in equipment and supplies were not inventoried in the past year. Meanwhile, the lease on a large warehouse of non-inventoried items expires at the end of the month with no plan to relocate the contents and staffing constraints could make it difficult to address the situation.

Also, no effective system was in place to ensure recalled supplies and equipment were not used on patients, according to the report.

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The unsanitary conditions and lack of attention to safety recalls placed patients at risk, as did a failure to ensure availability of supplies and equipment when needed, the report said. For example, a nurse reported a floor was out of tubes used to provide oxygen when a patient was in need. On a couple of occasions in March, the medical center ran out of bloodlines for treating dialysis patients.
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3.4 - Hartford Courant (Video): Service Dogs Provide Lifeline For Disabled And Veterans
(10 July, Matt Ormseth, 2.1M online visitors/mo; Hartford, CT)

Twenty-five years as an Army chaplain tested Tony Charles' faith. But today, he has an angel that never leaves his side.

Dozer, a 4-year-old golden retriever, is Charles' service dog. The two met in 2014, when Charles went to Educated Canines Assisting with Disabilities in Torrington to be paired with one of their dogs, which are trained to help people with physical and emotional disabilities. On his fifth night at the center, Charles suffered one of the nightmares that had plagued him since he retired from the military in 2012.

"He woke me up out of the nightmare and chest-thumped me with his head," Charles recalled. "I was disoriented as to where I was, and I said, 'I got to find the lights.' And when I said the word 'lights,' he went over and turned them on.

"I really believe he is an angel in disguise."

Dozer is one of more than 350 dogs ECAD has placed with veterans, children with autism and people with physical disabilities. ECAD's founders, Lu and Dale Picard, are now expanding their training center in Torrington, marking a new chapter in the center's 22-year history.

"He's helped me regain my sense of pride," Charles said about Dozer. "I'm a different person. I'm much easier to live with."

Match Made In Heaven

Charles returned from a tour in Kuwait with PTSD and a brain injury suffered when he was thrown out of an armored truck — "invisible wounds," he called them. He had planned on getting a master's degree in social work at UConn and working at Veteran's Affairs, but he couldn't concentrate, couldn't rid himself of flashbacks from tours in the Middle East and Bosnia in the '90s. The nightmares were happening three to four times a week, he said.

"I was lost as to what to do with my life," he said. "I had thought I was going to be a social worker … thought I could spend the rest of my life helping families through the VA. But my doctor said I couldn't do it."

A psychologist suggested he apply for a service dog. Charles filed an application with ECAD, only to be told there was a two-year waiting list. He spent those two years raising money from

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the VA, the VFW and the American Legion to pull together the $25,000 needed to cover the cost of raising a service dog.

A family whose veteran son had taken his own life gave him $10,000. "They felt that if their son had gotten a service dog, that maybe he wouldn't have committed suicide," said Charles.

Finally, Charles met Dozer in 2014. "Without any coaxing he came and put his head between my knees," he recalled. "It was a match made in heaven."

The Picards have been raising service dogs since 1994, when Lu Picard's father suffered a stroke and she trained the family dog, Juliette, to tug him off the couch and pick up the things he dropped. At the time, the Picards were managing convenience stores.

"I said, 'Dale, this what I should do,'" Lu Picard recalled. "Running convenience stores is a job, but I needed something more. I needed something I could be passionate about."

The two started ECAD in 1995 out of a two-car garage in West Granby. They've since moved to a larger facility in Torrington, and last week the Picards broke ground on the new center. They've raised $700,000 for the project, about half its estimated cost.

The 9,000-square-foot building will include housing for clients like Charles, who go through a two-week training session with their dogs before taking them home.

"There's nothing worse than teaching 89 commands to a dog and giving him to someone who has no experience," said Dale Picard. "The dog will just drive you nuts."

Dogs That Open The Fridge

The Picards breed the dogs — all golden retrievers — on-site, and train them for a year before pairing them with clients. The dogs can open doors, fridges and washing machines for the physically disabled; they can press 911 panic buttons when their owners are hurt, and wake veterans like Charles from nightmares.

The dogs are remarkably attuned to their owners' body language.

"I didn't go to a mall for, like, seven years," Charles said. "But now, if I get panicked because too many people are coming towards me, [Dozer] will sense that and pull me away from the crowd or the noise."

The dogs are as indispensable to some clients "as much as their wheelchair is to them, or their cane," said Lu.

Charles credits Dozer with pulling him out of the aimlessness that followed his retirement. The dog has given him a routine — three walks a day, grooming once a day, a toothbrushing every night.

Service dogs can help counter the guilt that often accompanies a disability, Lu said. After the stroke, her father felt he was a burden on his family; there was no convincing him otherwise, not until they trained the dog and he felt he was responsible, again, for something's well-being.

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"Nobody wants to be a burden on anybody," she said, "and the dog needs you as much as you need them."

Dozer has helped Charles stave off the loneliness he sees engulf many veterans, loneliness that has driven some to suicide.

"They lose their social context and become more and more isolated," he said. "But it's very difficult to do that when you've got a service dog that needs to be walked three times a day, and when you need to be groomed and look at least as good as your dog does."

Charles still gets nightmares from time to time. But he has Dozer now; he can feel Dozer's warm mass at his hip, his angel watching over him as he drifts off to sleep.

"I don't know when, but sometime after I fall asleep he gets off the bed and goes to his bed in the corner," he said. "And if I have a nightmare or a night terror, he'll come right over to me and do his job."

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3.5 - KSAT (ABC-12): Rep. Beto O'Rouke lays out veteran, mental health plans at town hall, Congressman running for U.S. senate seat (10 July, Chris Shadrock, 1.1M online visitors/mo; San Antonio, TX)

U.S. Rep. Beto O'Rourke (D-16) announced on Monday his plans at a town hall meeting in Somerset for a piece of legislation dedicated to veterans and mental health.

O'Rourke said an estimated 20 veterans die from suicide every day.

He acknowledged there aren't enough mental health care providers and that it's difficult to get veterans to receive the care they need from the VA.

The El Paso congressman said he hopes to change that with a proposal introduced as the Honor Out Commitment Act of 2017.

"These are ideas that don't have any partisan aspect to them," O'Rourke said. "We just want to serve Americans, veterans, heroes who need our help. We want to make sure we fulfill our commitment obligation to them."

O'Rourke also said he will be running for a spot on the U.S. Senate against Ted Cruz in 2018.

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3.6 - Pantagraph: Veterans Corner 7/10/17 (10 July, 834k online visitors/mo; Bloomington, IL)

Q: I am a friend of a veteran who has serious mental health issues. His limited insurance coverage for such issues is inadequate and he periodically ends up in the emergency room for threatening suicide. He was discharged from military duty with a general discharge under other

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than honorable conditions. I have known him since before he entered military service and I believe that a lot of his mental health issues are related to what he experienced in the service of his country. Does the VA offer any mental health assistance for this type of veteran?

A: Discharges that are other than honorable, including a “general” discharge, are known as “bad paper” and can prevent veterans from receiving federal benefits, such as health care, disability payments, education and housing assistance. In some cases, these veterans were unjustly discharged from the military because of mental health issues. An estimated 22,000 veterans with mental illnesses have received other-than-honorable discharges since 2009. VA Secretary Dr. David Shulkin recently announced that the VA would begin offering VA mental health care services to veterans with less-than-honorable discharges who urgently need it. Such veterans should contact their closest VA clinic or medical center for more information on how to access the mental health emergency services. This change in mental health care is just one of the ways that the VA is responding to the suicide crisis in the military and among veterans.

Q: I am enrolled in VA Health Care and periodically see my VA doctor for a few health issues. I have a 40 percent service-connected disability rating. I currently have applied for a VA guaranteed loan. A part of the application process requires a copy of my most recent disability award letter. I receive an award letter each December from the VA with a statement as to what my monthly compensation will be for the next 12 months. The guarantee loan program is run by the VA; why do I have to get the darn award letter? If I have to get the letter, how do I get a copy?

A: The VA is broken down into many sub-agencies that administer the individual VA programs. For security purposes and to guarantee that the VA loan guarantee administrator is actually dealing with the veteran who is applying for the program, most VA agencies do not share information between agencies. You can call the VA at 800-827-1000 to request a copy of your most recent award letter. Alternatively, if you are enrolled in Myhealthevet, you can go to the myhealthevet.gov website and print a copy.

Did you know?

The state of Illinois provides benefits to veterans that are separate from federal VA benefits. They include tax exemption/reduction for disabled veterans, veterans' preference in hiring for state jobs reporting to the governor, the Illinois Veterans Grant for college tuition and fees waiver and admission to the Illinois VA veterans' homes in Manteno, Quincy, LaSalle and Anna.

Illinois also provides for the exemption of camping and admission fees for certain disabled persons and former prisoners of war who are Illinois residents and who wish to camp in parks under the control of the Illinois Department of Natural Resources. Documentation of disability status is required.

Illinois does not require fishing and/or hunting licenses for disabled veterans with disability ratings from the VA of 10 percent or greater. Contact your local Illinois Department of Veterans Affairs (IDVA) at the Armory on South Main Street in Bloomington to apply for the disabled veteran fishing and hunting licenses.

The Illinois State Fair offers free admission on “Veterans' Sunday” at the state fair to all honorably discharged veterans and their family.

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Cartage fees: When the federal government has furnished a headstone or marker, the Illinois Department of Veterans' Affairs shall pay up to the allowable reimbursement amount for the setting of such marker within Illinois. Currently, the maximum amount is $100 payable upon approval of the application.

Indigent veterans: Each county with a Veterans Assistance Commission (53 of Illinois' 102 counties have VAC offices) shall provide burial for any honorably discharged indigent veteran, or their mothers, fathers, spouse or surviving spouse, or minor children, without sufficient means to defray the funeral expenses. The expense of such burial shall not exceed the sum of $900. Emergency food and transportation may also be provided in certain cases at the VAC offices. Contact your local commission for more information.

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3.7 - WFED (AM-1500, Tom Temin Commentary): VA's new list: Playboy without the centerfold (10 July, Tom Temin, 831k online visitors/mo; Washington, DC)

The first time my mother felt I was old enough to drop off at the barbershop while she went to the grocery store, I naturally picked up one of the Playboy magazines off the table. Alas — this was a small town and a dry one — I was disappointed to discover the good stuff in the middle had been removed. Rats.

That's a little how I felt looking at the Veterans Affairs Department's compilation of adverse employee actions since Jan. 20.

Secretary David Shulkin, a physician, has thrown himself into the management reform effort at VA. I think he relishes it. The latest gambit is posting to VA's website a list of adverse employee actions, to be updated weekly. The initial list has 26 pages each with 29 demotions, suspensions of more than 14 days, and removals. I guess "removal" means firing. That's 749 — the last page is a little short. VA wants to show it's tough on accountability and soft on transparency.

Like the redacted Playboy, the list tantalizes, but doesn't reveal much.

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But some. It lists neither names nor, disappointingly, descriptions of what the people did. The list does give the person's title, VA agency and region, but not specific locations. And it lists the action taken against them.

We learn that violators of some work conditions run the ranks from housekeeping aids (suspension greater than 14 days), to physicians (removed), to police officer, to police chief (both removed). We see disciplinary action against people in all functions of the agency — nurses and nursing assistants, purchasing agents and logistics technicians, program support specialists and secretaries, and senior leaders.

At least one chief of surgery was excised from Region 15.

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I didn't make a scatter diagram, but the list seemed weighted towards the lower-level employees — lots of clerks, health aides, laundry workers, laborers, motor vehicle operators and food service workers. I found a mason, a plumber and a carpenter.

Plenty of mid-level people also got kicked. Many nurses and specialists in medical administration, human resources, inventory management and pharmacy. A general attorney.

You'll find a few in the higher ranks: supervisory biomedical engineer, several physicians, several listed as "senior leader."

Know what to do with your Thrift Savings Plan the next time the stock market crashes? Senior Correspondent Mike Causey tells you how to avoid buying high and selling low.

Looking at the list another way, VA separated or otherwise punished people who interact with or touch patients, money, materials and facilities.

VA employees, knowing the agency and region in which they work, can check the date of the action and probably figure out who it was and what they did. But perhaps VA leadership felt listing the specific indiscretions would come too close to privacy violation.

In not quite seven months, 749 people, or about 107 people per month, have been disciplined in one of the three ways mentioned. Out of an employee population of, let's say 325,000, that comes to 0.23 percent.

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3.8 - WKRG (CBS-5): New Mobile V.A. Clinic On Track (10 July, Bill Riales, 272k online visitors/mo; Mobile, AL)

Veterans say after decades of talks, it's about time. Land and permits have been acquired and the new Mobile Veterans Outpatient Clinic is on target to be completed by November 2018.

That's the word from the company that is building the new facility, U.S. Federal Properties of Kansas City, Mo.

Rick Baier who is with the company, says there have been no changes with the project. The new clinic will be about 65 thousand square feet, or about twice as big as the current outpatient location, at the University of South Alabama Hospital building on Springhill Avenue.

Baier says the location is on a tract of land at Rangeline and Halls Mill Roads. Right now there is just trees and scrub brush on the land. He hopes the land can start to be cleared for the project by the end of July.

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3.9 - Johnson City Press: Congressman Roe's response to July 3 protest (10 July, Brandon Paykamian, 196k online visitors/mo; Johnson City, TN)

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U.S. Rep. Phil Roe issued a response Monday to last week's protest at the Veterans Affairs Medical Center, Mountain Home, when a disabled veteran complained about the congressman's support for changes in VA drug administration policy.

During a July 3 ceremony honoring Mountain Home's historic buildings, Robert Rose turned his wheelchair to face away from the Republican 1st Congressional District representative to express his opposition to the "Opioid Safety Initiative," which Rose claims restricts access to pain medications for patients and veterans suffering from chronic pain.

On Monday, Roe, R sent an email to the Johnson City Press saying Rose's criticisms and protests were unwarranted, though he acknowledged the concerns of veterans like Rose in regard to their medications being taken away and tapered.

"While I support the goals of this initiative and applaud the VA for taking steps to curb dependence on opioids, I also have been made aware of many concerns from veterans like Mr. Rose that necessary pain management may have been reduced or eliminated too quickly and will conduct oversight through my position as chairman of the House Committee on Veterans' Affairs as to whether the policy needs to be modified," Roe wrote.

Roe believes the issue is more complicated than what Rose claimed. Roe said the new guidelines for restricting the opioid overuse is a measure that has been implemented to combat the national opioid epidemic.

"The Veterans Health Administration has a long history with opioids that began in the 1990s when, along with the American Pain Society and other pain advocates, they declared pain as the '5th vital sign,' which resulted in widespread opioid use — and ultimately a high rate of addiction — to include among the veterans population," Roe said in his email to the Press.

The congressman complained in his email that he was not afforded the opportunity to respond to Rose's criticisms. Roe was not available immediately following Rose's comments to the Press, and the Press' efforts to reach Roe and his staff on July 3 were unsuccessful.

The Press again contacted Roe's office on Monday to request an interview. Lani Short, his press secretary, said the congressman would be unavailable because Roe's schedule was "especially full." Short said "everything he would say is found in the letter below," referring to Roe's email.

Rose said he has suffered because of the guidelines, which were first officially implemented in 2012 after multiple Senate hearings in which experts in pain treatments, such as practitioner Dr. Alex DeLuca, compared measures similar to the initiative to a "death sentence."

Roe said he was disheartened to see veterans like Rose suffer but maintained the guidelines that restrict patients' access to opioids are positive measures, despite the opposition of many veterans like Rose and other doctors who have warned of the dangers of forced tapering of pain medications for people suffering from chronic pain and the disabilities that come with it.

"Our country is in the midst of an opioid epidemic, and East Tennessee is among one of the regions hardest hit by opioid misuse and addiction. There's no question some of VHA's own practices — such as an initial refusal to work with state prescribing databases — have exacerbated this serious problem," Roe said in the email. "No one wants to see a veteran suffer,

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especially not when their pain could be connected to their service to their country, but veterans with chronic pain deserve the opportunity to live normal lives and to have their pain managed in a responsible way.

"That's why VHA and the Department of Defense partnered to issue new guidelines, known as the 'Opioid Safety Initiative,' for the prescribing of opioids as a tool to help providers ensure they are providing veterans and service members with the best care possible."

Roe said he was open to dialogue about the initiative that veterans like Rose have been campaigning against, although Rose said he was not allowed to speak to the congressman last week.

Roe said he is doing everything he can to help the region's veterans.

"Congress is working with the medical community, including providers at VHA, to curb the long-term prescribing of opioids to manage pain within the veteran and general population. In fact, the Comprehensive Addiction and Recovery Act, which I voted for and was signed into law by former President Obama, included a number of provisions to ensure veterans have access to quality care, including pain management programs," Roe said. "CARA also included grant funding to allow the VA Secretary and the Department of Justice to expand veterans treatment courts and provide additional resources for veterans' rehabilitation and substance use treatment programs.

"My priority is — and will always be — ensuring veterans have access to the care and services they have earned. I believe we can work together to combat the opioid epidemic, and that we can do so in a way that minimizes disruptions in patient care, but it's going to require a careful and honest look at where we are and the challenges that lie ahead. I encourage any veteran in the First District to contact any of my offices if they believe I can be of assistance to them or their family. My door is always open," Roe said in his email to the Press.

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3.10 - Circa (Video): Veterans want pot and more accountability as the VA battles the opioid epidemic (10 July, Allison Maass, 22k online visitors/mo; Arlington, VA)

Veteran and Missouri man Joshua Lee has learned the hard way how dangerous opioids can be.

Lee was deployed to Afghanistan in 2009, and today suffers from PTSD, fibromyalgia and arthritis. For the pain, he was prescribed opioids by his physicians through the Department of Veterans Affairs (VA).

But things quickly spun out of control. By August of last year, Lee said he was taking 27 pills a day.

"I didn't think the stuff I was on was going to screw me up that badly until I made a mistake of rescheduling when they were supposed to be mailed to me, and I wound up experiencing withdrawals for the first time in my life. And I realized I'm an addict. I would have done anything to get those pills," Lee said.

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In the U.S. millions of people are addicted to opioids, and the veterans' community is no stranger to the epidemic. A recent report found the guidelines the VA had recommended to manage addiction risks when prescribing opioids had not always been followed, and though progress has been made since, some veterans think there is still a long way to go.

The Office of Special Counsel released a report earlier this month that found in 2014, less than 55 percent of VA patients prescribed long-term opioids were receiving regular urine drug tests (UDT), despite VA guidelines.

UDTs are an essential tool in managing addiction risks, according to Dr. William Becker, assistant professor at General Internal Medicine at Yale School of Medicine.

"I wouldn't want to be prescribing opioids without use of that tool," Becker said.

But the lack of testing came at a time when more veterans were becoming addicted to the pain killer. The number of veterans with opioid-use disorders rose by 55 percent between 2010 and 2015, totaling 68,000 veterans, or 13 percent of the total number of veterans prescribed opioids, according to PBS Frontline.

OSC ordered an investigation into the drug tests after a whistleblower reported patients were improperly prescribed narcotics at the community-based outpatient clinic in Dover, Delaware, part of the Wilmington VA Medical Center. As part of the claims, the whistleblower alleged that a veteran who was a patient at the clinic was prescribed opioids, but was not receiving the regular UDTs recommended by the VA guidelines, and had even gone years without a UDT.

The opioid crisis goes beyond just the veteran community. According to the Center for Disease Control, one in four people prescribed opioids long term will struggle with addiction.

And when it comes to to the number deaths due to drug overdoses related to opioids in the U.S., that number also quadrupled from 1999 to 2015, with 91 Americans dying every day due to opioid overdoses, the CDC said.

But veterans are twice as likely to die from an accidental overdose, according to the National Insitute of Health.

"To the fact that opioids are prescribed more frequently in veteran populations and so because of increased rates of exposure, there's a higher risk for developing opioid use disorder," Becker said.

But the VA has been trying to fight the epidemic for years. In 2010, the VA and the Department of Defense (DOD) had created a set of guidelines to help with the management of opioid therapy, then recommending long-term, opioid-treated patients receive UDTs before being prescribed, and have routine testing after that. An updated set of guidelines was also released in February, still including the recommendation of regular UDTs as part of addiction risk management.

The VA has shown improvement since then. The agency reduced the number of veterans on long-term opioid treatment by over 187,000 from 2012 to 2016, according to the VA, and has even improved on giving UDTs. In 2017, the number of long-term, opioid treated patients receiving a drug test within one year has jumped to 87 percent.

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Veterans prescribed opioids receiving UDTs
U.S. Department of Veterans Affairs

Chart from Veterans Affairs displaying the percentage of veterans on long-term opiod therapy who had received urine drug tests in the last year.

In a statement a VA spokesperson told Circa, "Through education and outreach efforts, VA clinicians have a better understanding of the value UDT can have in certain patients for whom they provide care and they have begun to rely on these tests to a greater degree than they have in the past."

But despite the improvements, some veterans think there is still a long way to go. In fiscal year 2016, there were 66,000 veterans still being treated for addiction to opioids.

Dan Caldwell is the policy director for Concerned Veterans for America and is a veteran himself, serving in the Marine Corps for four years, and in 2009 was deployed to Iraq. He acknowledged that the VA has made some progress, but said they have a long way to go.

"I think the biggest is accountability. When you don't follow the guidelines, you're terminated or your disciplined. They have guidelines in place they put in really starting a couple years ago, but if there's no teeth behind them, then nobody is going to follow them. And that's with everything within the VA," Caldwell said.

And a major step towards improving accountability in the VA, according to Caldwell, was taken on June 23 when President Donald Trump signed a bill making it easier to fire VA employees.

Caldwell also said turning toward privatization of veterans healthcare would also be a big improvement for the VA.

And Lee is also working towards change in the VA system, and in April, he started to take action. He posted a photo on his Facebook page of him holding a clear,plastic bag, filled with over 9,800 smarties, one piece of candy for every pill he has to take in one year, to raise awareness of just how many pills veterans can be prescribed.

Veteran Joshua Lee holding a bag of smarties to represent the number of pills he is prescribed by the VA every year.
Joshua Lee

Veteran Joshua Lee holding a bag of smarties to represent the number of pills he is prescribed by the VA every year.

And after a trip to Colorado for his 15th anniversary with his wife, he said he tried recreational cannabis and it changed his life forever.

"It works so much better than any medication, and it's the only reason I'm not a zombie today. You wouldn't recognize me on my pills, believe me," Lee said.

Lee is now advocating for medical cannabis to be an option for veterans, and is doing so through helping to start the organization Veterans Alliance for Compassionate Access, working with experts and politicians and organizing events.

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"I'm not advocating medical cannabis as a cure all that's going to magically fix someone of their opioid addiction. It takes a combination of actual work on the person's behalf. There is no magic cure. But by combining medical cannabis with actual therapy, it is incredibly more efficient to get people off these addictive drugs and get there lives back in order, and get control of their own lives again," Lee said.

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3.11 - WGCU (NPR-90.1, Audio): VA Expands Emergency Mental Health Care To Vets With OTH Discharges (10 July, Stephanie Colombini, 1.4k online visitors/day; Fort Myers, FL)

This week the Department of Veterans Affairs expanded emergency mental health care to vets with other-than-honorable discharges. It's part of an effort to curb the recent increase in veteran suicide.

According to the VA, the rate of suicide among veterans who don't use VA care is increasing at a much higher rate than for those who do.

Dr. Glenn Catalano with the James A. Haley Veterans Hospital in Tampa says that's why it's critical the agency is now offering emergency mental health care to the over 500,000 vets with OTH discharges -- a group that's not normally eligible for VA benefits.

"Veteran safety is Job One…by expanding the umbrella of care that we can to our veterans, we want to make sure that they're safe and that we can help them get through their transition to the point where they are back to being self-sufficient and taking care of themselves," Catalano said.

Vets with OTH discharges who have a mental health emergency can visit their local VA or call the Veterans Crisis Line to get help. Under the initiative, they may receive care for up to 90 days, which can include inpatient, residential or outpatient care.

During that time, the VA medical center treating the service member and the Veterans Benefits Administration will work to determine if the mental health condition is related to military service, in which case the veteran would be eligible for ongoing coverage.

Vets may be treated using the VA's tentative eligibility authority, but they may receive a bill for the services if it's determined down the line that they are ineligible. But the VA says its providers are able to use a broad interpretation of "related to military service."

Veterans in distress can call the Veterans Crisis Line at 800-273-8255 or text 838255.

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5. Appeals Modernization

6. Strategic Partnerships

6.1 - Managed Healthcare Executive: ICER, VA join to work on drug value, price negotiations (11 July, Tracey Walker, 348k online visitors/mo; North Olmstead, OH)

The Institute for Clinical and Economic Review (ICER) will work with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) to facilitate their integration of ICER reports into VA's formulary management process of evaluating the comparative clinical effectiveness and value of drugs.

"This process evaluates the comparative clinical effectiveness and value of drugs. ICER will also work with VA staff to develop options for using 'value-based price benchmarks' suggested in ICER reports to support negotiations with pharmaceutical companies—with the goal of maintaining excellent access to important treatments while ensuring prudent use of VA resources," Ndidi Mojay, VA spokesperson, tells Managed Healthcare Executive. "As it has in the past, VA will continue to use ICER reports as part of its drug formulary management processes. VA's overarching goal is to incorporate as much high-quality information as possible, such as that found in ICER reports, into VA's drug review and decision-making processes."

ICER's drug assessment reports include a full analysis of each therapy's comparative clinical effectiveness, cost-effectiveness, and potential budget impact. Patient input is used to inform these analyses and to identify other potential benefits and broader contextual considerations that should be considered in judgments of overall value. ICER uses transparent methods to calculate for each new drug a value-based price benchmark anchored to the benefit the drug brings to patients. For its drug assessment reports, ICER works with the patient community and clinical experts, and invites a broader public engagement by convening public meetings at which independent committees debate the report findings with the input of all stakeholders.

VA uses drug reviews from a variety of sources, therefore using ICER reports in and of itself is not necessarily unique, according to Mojay. However, "from VA's perspective, what is unique about the collaboration arrangement is that VA and ICER staff can engage each other on issues of mutual interest," she says.

ICER itself will determine the products it will consider for review. VA reviews all new molecular entities and prioritizes those reviews based on the needs of the Veteran population.

Focus on value

The goal of the ICER-VA collaboration isn't focused on savings, according to Mojay. "Rather, it focused on assessing value of treatment options and ensuring drugs are used appropriately for patients," she says.

A unique element of this particular evaluation process is utilizing the effectiveness of drugs with a cross analysis of the long-term economics and costs, according to InteliSys Health CEO Tom Borzilleri.

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"In the past, effectiveness was typically assumed based on clinical studies but no comprehensive data has ever been gathered across a defined group of patients using actual treatment effectiveness results and the costs associated with the ingredients prescribed," Borzilleri says.

Managed care executives don't have either the funding or large populations of patients that can be enrolled in studies that are big enough to determine the comparative "value" of new drugs, according to Tom Sullivan, MD, chief strategic officer and chief privacy officer for DrFirst, a software solutions and services provider.

"Adding cost to the equation of outcomes—also known as value—can provide pharmacoeconomic answers that have been difficult to obtain in the past," Sullivan says. "Kaiser and a very few others have some studies that have been previously helpful but the VA has a longer history of attempts to get these answers through large trials. Within the VA, its single vendor, uniform EHR and its successor should also make this easier and less costly to collect and mine the relevant data."

If the studies are well designed and correctly implemented, the findings should lead both tax-supported plans and the private sector to better promote more cost-effective decisions regarding preferred treatments, according to Sullivan. "Further, those finding would lead to formulary policies with appropriate guidance and exceptions. Better adherence will follow if the proper education--and in some case incentives—takes the findings into consideration," he says.

Borzilleri believes that although savings would be difficult to predict, "one would expect that the proposed methodology should provide new insights that may produce actionable data, which will produce improved cost abatement," he says. "When addressing the drug costs across the general population, it's a known fact that affordability has a direct influence and impact on drug compliance, adherence and patient outcomes. Identifying more effective or the most effective treatments will always have a positive impression on patient outcomes. But when addressing a population of patients that receive a fully-paid benefit, where affordability is not part of the equation as is with patients within the VA system, adherence most likely will not be able to be quantified as accurately."

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6.2 - mHealth Intelligence: VA, Air Force Expand Tele-ICU Program for Patient Care, A tele-ICU collaboration between the VA and the Air Force aims to extend patient care for service members in critical condition. (10 July, 53k online visitors/mo; Danvers, MA)

A collaboration between the VA's Midwest Healthcare Network and the Air Force's Medical Operations Agency will open a tele-ICU program to Air Force servicemen at five military treatment centers across the country.

Through this new agreement, the Air Force now can access the VA's centralized tele-ICU capabilities in Minneapolis.

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"For VA, telehealth is revolutionizing the way we practice medicine," said VA Secretary Dr. David J. Shulkin, who also sees patients by telehealth. "Tele-ICU is more than just a way of providing remote care."

"We know it improves the quality of care, decreases costs by supporting evidence-based practices and it improves patient outcomes through decreased ventilator days, ventilator-associated pneumonias and reduced lengths of stay. We are pleased to partner with the Air Force in this effort."

The centralized tele-ICU center will provide specialty care to vulnerable patients at treatment centers in Las Vegas, NV, Hampton, VA, Biloxi, MS, Dayton, OH, and Anchorage, AK.

Through live audio and video feeds, patients can consult with tele-ICU specialists and critical care nurses, as well get updates on their condition status through telecommunication. Specialists can use tele-ICU technology as a way to consult with family members, prescribe medications, order tests, and make diagnoses.

Leaders at both the VA and the Department of Defense (DoD) believe the partnership is a significant step forward in healthcare delivery to veterans and servicemen.

"Collaborative partnerships, such as this agreement with VA, help us provide the best possible care to our service members, military family members and retirees who receive health care through the Department of Defense," said Dr. David Smith, Acting Assistant Secretary of Defense for Health Affairs.

Recently, the VA announced another investment in tele-ICU technology. A new program will connect Eastern Oklahoma VA Health Care System (EOVAHCS) and the Cincinnati VA Tele-ICU Monitoring Center to deliver quality intensive care for veterans who can't immediately reach an ICU specialist.

"We are very excited to partner with the Tele-ICU Monitoring Center at the Cincinnati VA Medical," said Mark Morgan, EOVAHCS Director. "Tele-ICU exemplifies how the VA is leveraging advanced technologies to provide the highest quality services to Veterans."

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7. Supply Chain Modernization

8. Other

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1. Top Stories

1.1 - The New York Times: **A Bipartisan Congress That Works? Veterans Committees Show How It's Done** (10 July, Nicholas Fandos, 30M online visitors/mo; New York, NY)
This is Congress? Something strange is happening in the staid hearing rooms of the House and Senate Veteran Affairs Committees here this summer, though few have taken notice. As the rest of Congress fights over the health care overhaul and looming budget deadlines, the committees responsible for writing legislation affecting veterans are quietly moving forward with an ambitious, long-sought and largely bipartisan agenda that has the potential to significantly reshape the way the nation cares for its 21 million veterans.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): **New Food Pantry at Salt Lake's VA Already Serving Dozens - A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people.** (10 July, 24M online visitors/mo; Washington, DC)
A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people a month. The Salt Lake City Tribune reports the food pantry that opened in March at the George E. Wahlen Department of Veterans Affairs Medical Center serves close to 100 veterans and their families every month.

Hyperlink to Above

1.3 - The Washington Times: **VA denies claims for Gulf War illness more often, study finds** (10 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)
Veterans claiming "Gulf War illness" are about three times less likely than other veterans to have their disability claims approved by the Department of Veterans Affairs, according to a new watchdog report Monday that recommended the agency beef up its response to the illness. The Government Accountability Office said the VA handled about 11,400 claims for Gulf War illness (GWI) in fiscal 2015, more than double the number of claims filed in 2010.

Hyperlink to Above

1.4 - Military.com: **Quick Action Needed From Congress on VA Choice Program** (10 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)
Congress is returning this week from the July 4 recess under deadlines for action on an array of budget issues, including authorizing funding for the Veterans Affairs Department's Choice program. Funding for Choice, which allows veterans flexibility in seeking private health care, will likely run out by Aug. 7 unless lawmakers act to provide a fix, according to VA Secretary Dr. David Shulkin.

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1.5 - The Salt Lake Tribune: **'A godsend': Salt Lake V.A.'s new food pantry is in high demand** (10 July, Luke Ramseth, 3.2M online visitors/mo; Salt Lake City, UT)
That's why the couple makes weekly trips to a new food pantry at the George E. Wahlen Department of Veterans Affairs Medical Center. Opened in March, the pantry already serves close to 100 veterans and their families per month, said Natalie Green, a VA health care administration trainee who started the program. Late last year, Green said, she realized the

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extent of the veteran hunger problem. Some 1.7 million veterans experience food insecurity annually.

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1.6 - Knoxville News Sentinel (USA Today Network – Tennessee): Veterans' health care data could lead to rapid medical breakthroughs (10 July, Brittany Crocker, 2.1M online visitors/mo; Knoxville, TN)
Scientists at Oak Ridge National Laboratory are developing a secure platform for researchers to access the healthcare data of 22.5 million military veterans, accelerating the timeline for medical research breakthroughs. Scientists from ORNL's Computational Sciences and Engineering Division started building the platform as part of the laboratory's involvement in a national partnership between the Department of Veterans Affairs and the Energy Department.

Hyperlink to Above

1.7 - The Tennessean (USA Today Network – Tennessee): Gulf War veterans face more, longer delays at VA, government report says (10 July, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)
Gulf War veterans often wait four times longer for care and their claims at the VA are three times more likely to be denied, according to a report released Monday by the Government Accountability Office. The GAO report is the most recent indication that the VA itself acknowledges some of its own shortcomings in training, knowledge of medical conditions and the inner workings for which veterans across the country continually blast the VA.

Hyperlink to Above

1.8 - Austin American-Statesman: VA releases list, but is mum on why employees were fired (10 July, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)
The Department of Veterans Affairs last week released its first public list of fired and disciplined employees, an initiative of its newly created Office of Accountability and Whistleblower Protection. The list, which includes job descriptions, but not names of disciplined employees, is meant to increase transparency and accountability at the VA, which came under intense criticism for failing to adequately discipline employees responsible for secretly manipulating wait times…

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1.9 - Stars and Stripes: Report: VA claims for Gulf War illness denied 80 percent of the time (10 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)
The Department of Veterans Affairs denies more than 80 percent of veterans' claims for benefits for Gulf War-associated illnesses -- an approval rating three times lower than all other types of claims, according to a Government Accountability Office report released Monday. From 2010 to 2015, the VA approved 17 percent of claims – or 18,000 of 102,000 -- for health care and disability compensation for veterans suffering from Gulf War Illness…

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2. Veteran and Employee Experience

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2.1 - Breitbart: VA Under Trump Admin Fires More Than 500 Employees, Suspends 200 for Misconduct (10 July, Katherine Rodriguez, 19.1M online visitors/mo; Los Angeles, CA)
The Department of Veterans Affairs fired more than 500 employees and suspended nearly 200 for misconduct since President Trump's inauguration in January, keeping true to campaign promises to clean up the agency. The VA's accountability report released Friday noted that the agency removed 526 employees, suspended 194 employees for more than two weeks, and demoted 27 employees.

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2.2 - The Hill: Week ahead: Defense spending, Trump nominees top agenda (10 July, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)
Congress returns from its July 4th recess on Monday and must tackle several fiscal 2018 defense bills and Pentagon nominations before the month-long August recess in three weeks. The Senate Veterans Affairs Committee, the House Rules Committee and the Senate Appropriations Committee will all move forward legislation, starting with a markup of the Senate VA bill Tuesday.

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2.3 - The Salt Lake Tribune: Tribune Editorial: Someone finally steps up to help hungry veterans (10 July, Editorial Board, 3.2M online visitors/mo; Salt Lake City, UT)
We have shamefully underfunded and understaffed our system of veterans' services. For example, in 2015 the wait times for Utah veterans seeking medical care were longer than the national average, and the national average was pretty poor. Granted, the Department of Veterans Affairs (VA) in Salt Lake City has made great improvements over the last year, detailed in a June op-ed by Shella Stovall, acting director of the VA Salt Lake City Health Care System.

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2.4 - Investor's Business Daily: Good News For Veterans: Trump Tells Hundreds Of VA Workers 'You're Fired!' (10 July, 3.2M online visitors/mo; Los Angeles, CA)
Accountability: For decades, political leaders have lamented the scandal-plagued Veterans Health Administration, and did little more than throw more money at the problem. The Trump administration is firing workers who aren't doing their jobs. According the Department of Veterans Affairs, 526 have been fired for misconduct since President Trump took office. Another 200 have been suspended and 33 demoted.

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2.5 - WXIA (NBC-11, Video): Man shot by police during bank standoff had issue with VA benefits (10 July, Phillip Kish, 1.5M online visitors/mo; Atlanta, GA)
The man shot dead by authorities after he claimed to have a bomb at a Marietta bank had visited the Atlanta Veteran Affairs office days before the incident. VA spokesperson James Hutton confirmed to NBC News that Brian Easley was at the Atlanta office on July 3 to discuss an issue with his BA benefits. After being informed of what he needed, Easley said that he'd return on Thursday with the paperwork to settle the matter.

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2.6 - WFED (AM-1500, Audio): VA's first 'accountability' posting shows hundreds fired since Trump inauguration (10 July, Terry Wing, 831k online visitors/mo; Washington, DC)
The Department of Veterans Affairs has posted its first list of employee removals, suspensions and demotions showing VA has fired 525 staffers since President Trump took office in January. The list, posted on Friday, includes doctors, nurses, housekeepers and even grave diggers. It does not include employee names, due to privacy reasons but does note the employee's position and VA region.

Hyperlink to Above

2.7 - WFED (AM-1500): What VA's now public adverse action reports don't say about employee accountability (10 July Nicole Ogrysko, 831k online visitors/mo; Washington, DC)
Some federal employee groups and experts are scratching heads over the Veterans Affairs Department's recent decision to publish a weekly list of all major disciplinary actions for its workers. VA is the first federal agency to publish such information, and it described the decision as a step toward improving accountability and transparency at a department which has long struggled to use governmentwide disciplinary procedures to tackle entrenched cultural challenges.

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2.8 - WSYX (ABC-6, Video): Veterans Administration mistakenly declares war veteran "dead" (11 July, Kurt Ludlow, 450k online visitors/mo; Columbus, OH)
A military veteran turned to Six On Your Side for help after getting the surprise of his life. He was surprised to find out he was "dead." At least as far as the government was concerned. "We are so sorry to learn of the death of Manis McKenzie, and extend to you our deepest sympathy," said Manis as he read from a letter to his wife from the Veterans Administration.

Hyperlink to Above

2.9 - KRGV (ABC-5, Video): Veterans Accountability Report Questioned (10 July, 277k online visitors/mo; Weslaco, TX)
The U.S. Department of Veterans Affairs is providing the removal, suspensions and demotions of employees as of July 3, 2017 in an online accountability report. The report shows 23 veterans health administrations across the country. According to the Veterans Health Administration, the Rio Grande Valley is under the Veterans Integrated Service Network (VISN 17). It's made up of seven different VA medical health care clinics in Texas. The VA accountability report shows several removals and suspensions and demotions.

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2.10 - Cape May County Herald: Veterans Affairs Pitches Vision; Crest Dune Project on Hold (10 July, Rachel Rogish, 191k online visitors/mo; Rio Grande, NJ)
Hinker concluded by requesting permission to set up a booth at upcoming concerts held in the borough. "I like to engage people," said Hinker, explaining the personal interaction she seeks to facilitate while presenting Veterans Affairs. "We want every vet to have a good experience."

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2.11 - WTOK (ABC-11, Video): Town hall addresses veterans' concerns (10 July, Jeffrey May, 66k online visitors/mo; Meridian, MS)

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Local veterans had the chance to have their questions about their health benefits answered. The associate director of the Sonny Montgomery VA Medical Center in Jackson stopped in Meridian Monday for a town hall meeting. He participated in a Q & A session with veterans and their families.

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2.12 - WAGM (FOX-8): Poliquin Introduces Bipartisan Legislation to Streamline VA Workforce Acquisition (10 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)
Subcommittee on Oversight and Investigations Chairman Jack Bergman (R-Mich.) and Ranking Member Annie Kuster (D-NH), along with Rep. Bruce Poliquin (R-Maine), introduced bipartisan legislation to streamline VA's processes for workforce acquisition. "I'm proud to join Rep. Poliquin and Ranking Member Kuster in supporting this legislation that takes critical steps to improve the methods by which the VA trains, recruits, and retains top professional talent in acquisition career fields," said Bergman.

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2.13 - Dayton Business Journal: VA cuts 70 positions across Ohio, as part of new accountability effort (10 July, 20k online visitors/mo; Dayton, OH)
The U.S. Department of Veterans Affairs has implemented a new accountability practice whereby poor-performing employees can be removed from their jobs. And since January, the VA has fired more than 500 people across its extensive footprint. That's the word from the VA's adverse actions report, which was released last week.

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2.14 - Corridor News: VA Apprenticeship Program To Train, Employ Veterans To Assist Other Veterans In Properly Filing For VA benefits (10 July, 17k online visitors/mo; San Marcos, TX)
Veterans service organizations (VSOs) play a major role as advocates for the Veteran community, and as partners with VA, to ensure this nation's Veterans receive the benefits they have earned. An important part of this partnership is to support VSOs as they train their advisors on the benefit process.

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3. Access to Healthcare

3.1 - The Huffington Post (Video): No Marine Left Behind... Except This One (10 July, Jon Hotchkiss, 22.9M online visitors/mo; New York, NY)
In 2012, he went to the VA… where it was determined that he had only about 70% mobility in his right shoulder and his constant chronic pain was verified. It was determined that he needed surgery on his shoulder. James was forced to wait 5 years for his operation. He was told he needed the surgery in 2012. In 2017 the VA finally arranged for him to get it.

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3.2 - The Hill: Humane Society pushes bills to connect wounded vets, service dogs (10 July, Sumner Park, 11.8M online visitors/mo; Washington, DC)

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The Humane Society of the United States is urging lawmakers to pass a package of bills to make it easier for veterans and service members to get therapy dogs. The bills have bipartisan support, but animal rights advocates are making a new push to get the legislation through Congress, with lawmakers nearing their August recess with an already busy docket.

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3.3 - WRC (NBC-4, Video): Washington DC VA Medical Center Operating Room Temporarily Shut Down (10 July, Scott MacFarlane, 4.8M online visitors/mo; Washington, DC)
Federal officials ordered an operating room at the Washington DC VA Medical Center shut down late last week after the latest in a series of maintenance issues that have plagued the facility in recent months. The temporary shutdown lasted approximately three hours, according to a U.S. Department of Veterans Affairs spokesman.

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3.4 - Hartford Courant (Video): Service Dogs Provide Lifeline For Disabled And Veterans (10 July, Matt Ormseth, 2.1M online visitors/mo; Hartford, CT)
Charles returned from a tour in Kuwait with PTSD and a brain injury suffered when he was thrown out of an armored truck — "invisible wounds," he called them. He had planned on getting a master's degree in social work at UConn and working at Veteran's Affairs, but he couldn't concentrate, couldn't rid himself of flashbacks from tours in the Middle East and Bosnia in the '90s. The nightmares were happening three to four times a week, he said.

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3.5 - KSAT (ABC-12): Rep. Beto O'Rouke lays out veteran, mental health plans at town hall, Congressman running for U.S. senate seat (10 July, Chris Shadrock, 1.1M online visitors/mo; San Antonio, TX)
U.S. Rep. Beto O'Rourke (D-16) announced on Monday his plans at a town hall meeting in Somerset for a piece of legislation dedicated to veterans and mental health. O'Rourke said an estimated 20 veterans die from suicide every day. He acknowledged there aren't enough mental health care providers and that it's difficult to get veterans to receive the care they need from the VA.

Hyperlink to Above

3.6 - Pantagraph: Veterans Corner 7/10/17 (10 July, 834k online visitors/mo; Bloomington, IL)
I am a friend of a veteran who has serious mental health issues. His limited insurance coverage for such issues is inadequate and he periodically ends up in the emergency room for threatening suicide. He was discharged from military duty with a general discharge under other than honorable conditions.

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3.7 - WFED (AM-1500, Tom Temin Commentary): VA's new list: Playboy without the centerfold (10 July, Tom Temin, 831k online visitors/mo; Washington, DC)
Secretary David Shulkin, a physician, has thrown himself into the management reform effort at VA. I think he relishes it. The latest gambit is posting to VA's website a list of adverse employee actions, to be updated weekly. The initial list has 26 pages each with 29 demotions, suspensions of more than 14 days, and removals. I guess "removal" means firing.

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3.8 - WKRG (CBS-5): New Mobile V.A. Clinic On Track (10 July, Bill Riales, 272k online visitors/mo; Mobile, AL)
Veterans say after decades of talks, it's about time. Land and permits have been acquired and the new Mobile Veterans Outpatient Clinic is on target to be completed by November 2018. That's the word from the company that is building the new facility, U.S. Federal Properties of Kansas City, Mo.

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3.9 - Johnson City Press: Congressman Roe's response to July 3 protest (10 July, Brandon Paykamian, 196k online visitors/mo; Johnson City, TN)
During a July 3 ceremony honoring Mountain Home's historic buildings, Robert Rose turned his wheelchair to face away from the Republican 1st Congressional District representative to express his opposition to the "Opioid Safety Initiative," which Rose claims restricts access to pain medications for patients and veterans suffering from chronic pain.

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3.10 - Circa (Video): Veterans want pot and more accountability as the VA battles the opioid epidemic (10 July, Allison Maass, 22k online visitors/mo; Arlington, VA)
In the U.S. millions of people are addicted to opioids, and the veterans' community is no stranger to the epidemic. A recent report found the guidelines the VA had recommended to manage addiction risks when prescribing opioids had not always been followed, and though progress has been made since, some veterans think there is still a long way to go.

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3.11 - WGCU (NPR-90.1, Audio): VA Expands Emergency Mental Health Care To Vets With OTH Discharges (10 July, Stephanie Colombini, 1.4k online visitors/day; Fort Myers, FL)
This week the Department of Veterans Affairs expanded emergency mental health care to vets with other-than-honorable discharges. It's part of an effort to curb the recent increase in veteran suicide. According to the VA, the rate of suicide among veterans who don't use VA care is increasing at a much higher rate than for those who do.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Managed Healthcare Executive: ICER, VA join to work on drug value, price negotiations (11 July, Tracey Walker, 348k online visitors/mo; North Olmstead, OH)

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The Institute for Clinical and Economic Review (ICER) will work with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) to facilitate their integration of ICER reports into VA's formulary management process of evaluating the comparative clinical effectiveness and value of drugs.

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6.2 - mHealth Intelligence: VA, Air Force Expand Tele-ICU Program for Patient Care, A tele-ICU collaboration between the VA and the Air Force aims to extend patient care for service members in critical condition. (10 July, 53k online visitors/mo; Danvers, MA)
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7. Supply Chain Modernization – No Coverage

8. Other – No Coverage

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1. Top Stories

1.1 - The New York Times: A Bipartisan Congress That Works? Veterans Committees Show How It's Done (10 July, Nicholas Fandos, 30M online visitors/mo; New York, NY)

WASHINGTON — Magnanimous hearings. Bipartisan votes. Substantial legislation on its way to becoming law.

This is Congress? Something strange is happening in the staid hearing rooms of the House and Senate Veteran Affairs Committees here this summer, though few have taken notice.

As the rest of Congress fights over the health care overhaul and looming budget deadlines, the committees responsible for writing legislation affecting veterans are quietly moving forward with an ambitious, long-sought and largely bipartisan agenda that has the potential to significantly reshape the way the nation cares for its 21 million veterans. It could also provide President Trump with a set of policy victories he badly wants.

"It's a case study in Washington working as designed," said Phillip Carter, who studies veterans issues at the Center for a New American Security and advises Democrats. "And it's shocking because we so rarely see it these days."

The tally thus far is impressive, if not exactly the stuff of headline news: The secretary of Veterans Affairs was confirmed unanimously, the only cabinet secretary with that level of congressional approval. Congress quickly passed a temporary funding extension for the Veterans Choice Program, which pays for private-sector health care for veterans facing long wait times at government facilities. Then it passed a new law that makes it easier for the department to hire and fire. The next bit of legislation on the brink of becoming law expedites disability benefits appeals.

This is happening as Congress finds itself stalled by a growing list of priorities that lawmakers had hoped to send to Mr. Trump before the August recess. In the case of the health care overhaul, the Senate leadership has even decided to sidestep the committee process that typically sets the pace of legislation moving through the Capitol.

Lawmakers with coveted spots on the veterans committees are quick to acknowledge that caring for those who served the country in uniform has long been largely a bipartisan pursuit. But ideological differences do exist between the parties on how to care for veterans' health needs, particularly when it comes to the Choice program, which was hastily written after a 2014 scandal over the manipulation of patient wait times and has proved to be a flawed, if popular, fix.

Whether the latest bout of amity can persist will largely depend on whether lawmakers are able to agree on a way to permanently fix the program, and streamline a half dozen others that send veterans out for private care, before it loses its authorization in January.

But as lawmakers talk about how they will do it, it almost sounds like an idealized version of how Washington works.

"We don't want to have a fight for fights' sake. We want to find solutions," said Johnny Isakson, the courtly Republican chairman of the Senate Committee on Veterans' Affairs. "So when we

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have opposition to an issue from a member, we try to bring them into the fold and sometimes maybe address the concern they have."

Mr. Isakson, 72, a former real estate executive, is among an increasingly rare breed of deal makers in the upper chamber. Those watching the 15-person committee say he has gone a long way to set the tone for its work. He has found a willing partner in Jon Tester of Montana, the committee's top Democrat, who along with being a political moderate is up for re-election next year in a rural state that voted overwhelmingly for Mr. Trump.

"With Johnny at the helm, we've been able to get a lot of stuff done," Mr. Tester said. "Do Johnny and I agree on everything? No, we don't, but we believe we can communicate and move forward."

The 24-member House committee, which is more ideologically diverse, has its own incentives to compromise. Representative Phil Roe of Tennessee, its chairman, was by most accounts chastened by harsh blowback to a draft bill floated in April that would have made service members pay to be eligible for G.I. Bill benefits. The committee's top-ranking Democrat, Tim Walz of Minnesota, represents a right-leaning rural district and is in the early stages of running for governor. The two men have been working side by side on the committee for nearly a decade.

That both sides remain cautiously confident in the Department of Veterans Affairs secretary, David Shulkin, who also served in the Obama administration, has helped as well.

Mr. Tester and Mr. Walz have shown that they are willing to maneuver their caucuses toward compromise if the Republican position is within range. To pass the accountability legislation, a long-held priority for both parties that had the support of influential veterans' groups, the Democrats had to overcome initial opposition to weakening the protections afforded to department employees accused of wrongdoing. The changes were opposed by the largest federal workers' union. The final legislation, which Mr. Trump signed into law late last month, makes it easier for the department to fire problematic employees, incentivizes whistle-blowing and gives the secretary greater hiring authorities to fill vacant medical center director jobs.

Legislation that overhauls the department's appeals procedure was an easier lift. About half a million veterans have pending claims contesting a Veterans Benefits Administration decision. The process, as currently configured, can take years to sort out. The legislation tries to significantly expedite that process by creating distinct queues for veterans based on the evidence they wish to submit with their claims.

The department had championed a similar proposal during the Obama administration, and it won support from the veterans groups. But then lawmakers ran out of time to move it through Congress. The legislation won quick passage in the House this term and, with Congress returning from recess, is expected to win passage in the upper chamber as well. Lawmakers hope it will become law before the August recess.

The good feeling may soon be put to the test, however. "What they are getting done now is low-hanging fruit," said Paul Rieckhoff, the chief executive of the Iraq and Afghanistan Veterans of America. "You could argue it is a great political strategy: Get points on the board, get wins. But I don't think that's going to last."

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Mr. Rieckhoff was referring to negotiations, which are expected to intensify this fall, over a reimagining of the multibillion-dollar Choice program and a half dozen other programs that allow veterans to seek health care in their communities at government expense. In the aftermath of the 2014 scandal, lawmakers created a program that gave veterans facing long wait times and travel distances the option of going to private doctors. But lawmakers from both parties agree that its unnecessarily cumbersome scheduling and payment process, among other problems, needs fixing.

Exactly how to do so is where the fights might occur. Democrats support community care in theory, but they are fearful that Republicans in the majority and the White House could try to use a significant expansion of the program to force further privatization of the department's services. Republicans largely deny that that is their agenda. Mr. Shulkin plans to present lawmakers with the department's own plan, which could either heighten animosities or dampen them.

"If they simply reauthorize Choice resources at the current level, that achieves bipartisan consensus easily," Mr. Carter said. "If they revamp Choice to make it more aggressive, the fiscal implications of that will make many Republicans balk and the privatization implications will make Democrats balk."

The committees remain in the early stages of negotiations. For now, though, Democratic and Republican leaders alike are content to take stock of a rare moment of agreement.

"I think it's been probably the most productive time of any committee I've ever been on," Mr. Walz said. "It's a unique time."

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1.2 - U.S. News & World Report (AP): New Food Pantry at Salt Lake's VA Already Serving Dozens - A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people. (10 July, 24M online visitors/mo; Washington, DC)

SALT LAKE CITY (AP) — A food pantry that recently opened to help veterans in Salt Lake City is already serving dozens of people a month.

The Salt Lake City Tribune (http://bit.ly/2tA6Wdk) reports the food pantry that opened in March at the George E. Wahlen Department of Veterans Affairs Medical Center serves close to 100 veterans and their families every month.

Natalie Green is the Veterans Health Administration trainee who started the program. She says veterans return with an immense need for support.

The newspaper reports some 1.7 million veterans experience food insecurity every year.

Green says VA funds can only be used for medical services, not for a food pantry. So, she set up a separate account that accepts donations.

Air Force veteran Rebecca Clark says the food pantry "was a godsend."

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1.3 - The Washington Times: **VA denies claims for Gulf War illness more often, study finds** (10 July, Dave Boyer, 10.8M online visitors/mo; Washington, DC)

Veterans claiming "Gulf War illness" are about three times less likely than other veterans to have their disability claims approved by the Department of Veterans Affairs, according to a new watchdog report Monday that recommended the agency beef up its response to the illness.

The Government Accountability Office said the VA handled about 11,400 claims for Gulf War illness (GWI) in fiscal 2015, more than double the number of claims filed in 2010. But approval rates for GWI were about three times lower than all other veterans' claimed disabilities, GAO said.

Among the possible reasons for the lower approval rate are that GWI claims "are not always well understood by VA staff, and veterans sometimes file for benefits without medical records to adequately support their claim," the report said.

The GAO said the department's ability to accurately process GWI claims "is hampered by inadequate training, and its decision letters for denied claims do not communicate key information to veterans" about why a claim was rejected.

Veterans who served in the Gulf War, which often included exposure to a toxic environment from oil fires and chemical weapons, have been at increased risk for several illnesses including joint pain, gastrointestinal problems, fatigue and neurological disorders.

Since 1994, the VA has automatically presumed a connection between those illnesses and Gulf War service, a move that should enable veterans to receive a disability rating and benefits more quickly. Late last year, the government extended the deadline for veterans to apply for GWI benefits through the end of 2021.

GA said the VA's claims staffers often rely on the agency's medical examiners to assess a veteran's disability before a decision is made on a claim. But VA medical examiners told investigators that "conducting Gulf War general medical exams is challenging because of the range of symptoms that could qualify as GWI."

VA has developed elective GWI training for its medical examiners, but only 10 percent of examiners had taken the training as of February, GAO said.

The VA said all its pension and compensation examiners will complete a mandatory 90-minute course on GWI by November, and it will make necessary changes in the notification process by August.

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1.4 - Military.com: **Quick Action Needed From Congress on VA Choice Program** (10 July, Richard Sisk, 9M online visitors/mo; San Francisco, CA)

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Congress is returning this week from the July 4 recess under deadlines for action on an array of budget issues, including authorizing funding for the Veterans Affairs Department's Choice program.

Funding for Choice, which allows veterans flexibility in seeking private health care, will likely run out by Aug. 7 unless lawmakers act to provide a fix, according to VA Secretary Dr. David Shulkin.

The department initially proposed paying for Choice with cuts to the Individual Unemployability program, a lifeline to more than 225,000 elderly and disabled vets, but backed off the plan after an uproar from vets and veterans service organizations.

Currently, the Choice program allows veterans to use private care if they can't get an appointment with the VA within 30 days or they live more than 40 miles from the nearest VA facility. Shulkin has pledged to expand the program and lift some of the restrictions under a revamped Choice program expected to be unveiled later this week.

The new plan would be included in the VA's budget for fiscal 2018, which begins Oct. 1. In his proposed budget, President Donald Trump called for $2.9 billion in new funding for Choice in fiscal 2018 and $3.5 billion in fiscal 2019.

Meanwhile, the VA is faced with funding Choice past Aug. 7, which will leave Congress with only three weeks to act before the traditional August recess.

Shulkin has urged Congress to pass emergency stopgap funding for the Choice program or give him the authority to transfer funds out of other VA accounts. Currently, he cannot transfer funds.

At a Senate Veterans Affairs Committee hearing last month, Shulkin made clear that he will no longer be looking at cuts to the Individual Unemployability program to pay for Choice.

Shulkin said that cuts to IU had been one of several options that the VA had considered to keep funds flowing to Choice and expand the program, but "as I began to listen to veterans and their concerns, it became clear that this would be hurting some veterans."

He said the IU cuts would amount to "a take away from veterans who can't afford to have those benefits taken away. I'm really concerned about that," Shulkin said. "This is part of a process. We have to be looking at ways to do things better, but I am not going to support policies that hurt veterans."

Veterans currently eligible for the IU benefit have a 60 to 100 percent disability rating through the VA and are unable to secure a job because of their disability. IU allows them to receive the highest compensation rate.

The budget proposal would have removed veterans from the IU program when they reached the minimum age for Social Security. About 225,000 veterans aged 60 or older could have been affected by the cut -- about 7,000 of them over the age of 80.

"It shouldn't have been proposed to begin with," Veterans of Foreign Wars National Commander Brian Duffy said of the initial plan to cut IU. "Balancing budgets on the backs of veterans is something the VFW will never tolerate."

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1.5 - The Salt Lake Tribune: 'A godsend': Salt Lake V.A.'s new food pantry is in high demand (10 July, Luke Ramseth, 3.2M online visitors/mo; Salt Lake City, UT)

Navy veteran Carl Callahan and his wife, Shannon, receive about $1,600 in Social Security benefits each month.

They use it to pay rent and utilities on their South Salt Lake apartment, which the Department of Veterans Affairs helped them find after a stint of homelessness two years ago. They use it to pay their cellphone bills and buy gas for the car. Sometimes they use it to pay medical bills for Shannon, who takes frequent trips to the hospital for her asthma.

By the time the bills are paid, Callahan said, about $100 is leftover for groceries — "if we're lucky."

That's why the couple makes weekly trips to a new food pantry at the George E. Wahlen Department of Veterans Affairs Medical Center. Opened in March, the pantry already serves close to 100 veterans and their families per month, said Natalie Green, a VA health care administration trainee who started the program.

Late last year, Green said, she realized the extent of the veteran hunger problem. Some 1.7 million veterans experience food insecurity annually. And for younger veterans who served in Afghanistan and Iraq, the food insecurity rate is about 27 percent — nearly double that of the general U.S. population, according to a University of Minnesota study.

Green said she was surprised to find only four other VA hospitals nationwide with a food pantry, and those operated only a day or two each month.

"We have veterans coming back with an immense need for support," she said. "We know food and nutrition directly affects health outcomes, yet [access to food] was something that was kind of missing from the whole health picture."

Part of the problem, Green quickly learned, was that VA funds couldn't be allocated for a food pantry. They must be used for traditional medical services. So she had to get creative.

So Green set up an external account that could accept donations for the pantry. She secured a vacant room, lined up a partnership with the Utah Food Bank, and procured canned food donations from the VA staff. She documented her policies and procedures so other VA hospitals could follow a similar path.

"She cut through the bureaucratic red tape," VA Salt Lake City spokeswoman Jill Atwood said.

On a recent Thursday, two veterans were sitting in the hallway outside the pantry at 2:30 p.m., waiting for Green to unlock the door. The pantry stocks the usual assortment of canned food. And depending on donations, Green also tries to stock nutritional items such as milk, eggs, meat, fruits and veggies — items Callahan and others say often are impossible to find at other food banks in the area.

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"This was a godsend, really," said Rebecca Clark, an Air Force veteran who served in the Gulf War.

Her husband, Jesse, also served in the Air Force and had a $90,000 job in aircraft maintenance until he got hurt about five years ago, Clark said. "Everything started going downhill fast after that," she said.

The couple recently came to the VA in search of housing assistance — they now live in a hotel — and were told about the food pantry.

"It helps a lot because with all the other food banks, with the amount of disability we're getting, they're like, 'Oh, you make more than $200 too much, so you can't come here.' " Clark said. "And the church is like 'Well, you're not a member, so you can't come here.'

"We would stretch out one meal a day until we got here," she added. "Now, we can buy meats, and this gives you everything else."

Callahan, 62, was an electronics technician aboard the USS Constellation in the late 1970s. He visits the VA often for help with his memory loss, depression and post-traumatic stress disorder, he said. Now he also comes for the food pantry.

"It's just been tough financially, trying to keep up with everything," Callahan said.

"Places like this really help out."

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1.6 - Knoxville News Sentinel (USA Today Network – Tennessee): Veterans' health care data could lead to rapid medical breakthroughs (10 July, Brittany Crocker, 2.1M online visitors/mo; Knoxville, TN)

Scientists at Oak Ridge National Laboratory are developing a secure platform for researchers to access the healthcare data of 22.5 million military veterans, accelerating the timeline for medical research breakthroughs.

Scientists from ORNL's Computational Sciences and Engineering Division started building the platform as part of the laboratory's involvement in a national partnership between the Department of Veterans Affairs and the Energy Department.

The partnership aims to address complex health issues that disproportionately affect veterans more than other communities, like prostate cancer, cardiovascular conditions and suicide prevention.

"We are creating architecture to allow for rapid advancements in medical research," said Edmon Begoli, the principal investigator for the project and the division's chief architect.

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"Typically these can take five, 10 or even 15 years, but given the gold mine of data that we have, it will enable scientists to move much faster and to see the benefits much sooner than they currently can."

Largest in the world

The VA's healthcare data set is the largest and most comprehensive in the world, and it's still expanding. In 2011, the VA launched the Million Veterans Program to consolidate service members' genetic information with their health records and information on their lifestyles and exposures during their military service.

To participate, current and former service members donate blood for genome sequencing and fill out surveys on their lifestyles and military service history.

Energy Secretary Rick Perry, an Air Force veteran, donated blood to have his own genome sequenced into the database when he announced the Energy Department's involvement in May.

"We're bringing together the VA's unparalleled and vast database of healthcare and genomic data with DOE's world class super computing and data analysis," Perry said in a video announcing the project.

Unlikely pair

At first glance, the Energy Department and the VA might seem like unlikely partners. But, with records on more than 22.5 million current and former service members, the VA literally has more data than they know what to do with.

That's where DOE comes in. The Energy Department is the nation's steward for high-performance computing. Oak Ridge National Laboratory's Titan supercomputer is the fastest in the country.

"Nowhere will you find this large of a population with this much comprehensive healthcare data," said Shaun Gleason, ORNL's Computational Sciences and Engineering Division director. "This is a tremendous gold mine for doing discovery on, but you need the high-performance compute power to mine the data and analyze it. We're trying to enable these medical discoveries by building this platform to start with and making it available to the researches the VA wants to have access to it."

Begoli said teams of DOE and VA researchers are already active and ORNL expects to be able to start mining the data set in the fall.

"Hundreds of papers are being planned," he said. "There will be major discoveries and I say this with confidence because some of these abstracts are already hinting at some correlations that have been discovered. We expect rapid breakthroughs in medical research."

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1.7 - The Tennessean (USA Today Network – Tennessee): Gulf War veterans face more, longer delays at VA, government report says (10 July, Jake Lowary, 2.1M online visitors/mo; Nashville, TN)

Gulf War veterans often wait four times longer for care and their claims at the VA are three times more likely to be denied, according to a report released Monday by the Government Accountability Office.

The GAO report is the most recent indication that the VA itself acknowledges some of its own shortcomings in training, knowledge of medical conditions and the inner workings for which veterans across the country continually blast the VA.

The VA processed some 11,400 claims in 2015 — more than double than 2010 — from Gulf War veterans reporting conditions from Gulf War Illness (GWI), a collection of symptoms and conditions that many veterans from the wars in the early 1990s are suffering.

"VA's ability to accurately process GWI claims is hampered by inadequate training, and its decision letters for denied claims do not communicate key information to veterans," the report reads. "VA medical examiners told GAO that conducting Gulf War general medical exams is challenging because of the range of symptoms that could qualify as GWI."

Symptoms that have been related to GWI include joint pain, gastrointestinal problems, fatigue, and neurological problems, according to GAO, which could include an array of actual diagnoses.

Part of the problem, the GAO report says, is that the VA has training for its examiners, but that training is elective. Just 10 percent of those eligible for the training have taken part, according to the report.

"Federal internal control standards call for adequate training for staff so they can correctly carry out an agency's procedures," the report said.

Claims processors reported depending on examiners to approve or deny claims. The GAO also found that denial letters often lacked explanations of why the claims were denied.

As a result of the findings in the report, the VA said it would make the 90-minute training for examiners mandatory and would work with a focus group to more clearly define GWI.

In its response, the VA pointed to a $2-million 2014 study that tried to develop a single definition for GWI, but the committee appointed came up with two definitions.

The claims filed by veterans for GWI conditions were approved just 17 percent of the time between 2010 and 2015, the same time period the number of claims spiked.

"This approval rate was consistently lower than that of the non-Gulf War Illness medical issues in each year we reviewed, which officials attributed, in part, to the complexity of processing Gulf War Illness-related medical issues," the report reads.

Many of those veterans had other claims that were approved and resulted in some disability compensation, the report found, but potentially not what they may have been entitled to.

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In some areas of the country, the approval rate was less than 9 percent. More than 2,000 undiagnosed illness claims in Muskogee, Okla., for example, were denied in 2015. In Nashville, the denial-to-approval ration was 1,095-194, or nearly 13 percent.

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1.8 - Austin American-Statesman: VA releases list, but is mum on why employees were fired (10 July, Jeremy Schwartz, 2.1M online visitors/mo; Austin, TX)

The Department of Veterans Affairs last week released its first public list of fired and disciplined employees, an initiative of its newly created Office of Accountability and Whistleblower Protection.

The list, which includes job descriptions, but not names of disciplined employees, is meant to increase transparency and accountability at the VA, which came under intense criticism for failing to adequately discipline employees responsible for secretly manipulating wait times to make it appear that vets were getting into medical clinics faster than they actually were.

But so far at least, the department isn't being very transparent about its latest transparency initiative.

In response to questions from the Statesman, the VA is refusing to reveal the reasons behind any of the firings, suspensions and demotions it handed out in the first half of 2017. Nor will the VA reveal the location of fired employees, beyond the VISN, the VA's nomenclature for its 21 sprawling regional networks in the U.S. The region that includes Central Texas stretches from Amarillo to El Paso.

For Texas readers, that means we don't know if any of the personnel actions are connected to a damning Inspector General report released last year that found systematic data manipulation by scheduling clerks to "zero out" wait times in Central Texas, in many cases on orders of higher-ups. And Austin veterans can't know if any of the firings occurred at the outpatient clinic here or any of the other medical facilities surrounding the Texas capital.

We do know that the list includes 23 medical employees in the VA region that covers Central Texas, and that a "senior leader" was fired in June. When we asked the VA for the reason behind the senior leader's firing, or whether any of the discipline was related to the scheduling manipulation, we were pointed back to the VA's press release. The communique states only that the VA will not release the names of the fired individuals, an entirely defensible position, but says nothing about withholding the reason for the discipline.

Without that information, the list does little to illuminate the specific problems at the VA that officials are aiming to clean up through these personnel actions. The public has been given little context to understand the significance of the firings except the sheer volume of disciplined employees.

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1.9 - Stars and Stripes: Report: VA claims for Gulf War illness denied 80 percent of the time (10 July, Nikki Wentling, 1.4M online visitors/mo; Washington, DC)

The Department of Veterans Affairs denies more than 80 percent of veterans' claims for benefits for Gulf War-associated illnesses -- an approval rating three times lower than all other types of claims, according to a Government Accountability Office report released Monday.

From 2010 to 2015, the VA approved 17 percent of claims – or 18,000 of 102,000 -- for health care and disability compensation for veterans suffering from Gulf War Illness, which is an umbrella term for certain medical conditions common in some of the 1 million servicemembers who deployed to Southwest Asia in the past 27 years. Besides claims getting denied more often, veterans seeking benefits for Gulf War illness are having to wait four months longer on average to hear back from the VA, the GAO found.

There's confusion among VA staff about how to handle the claims, the report states. The Government Accountability Office also found VA medical examiners, who are key in providing information for veterans' claims, lacked training on Gulf War illness. As of February, 90 percent of medical examiners had not been trained on how to conduct exams for Gulf War illness. The VA made the training optional.

However, the VA attributes the low approval ratings to the complexity of Gulf War illness, thought to be caused by toxic exposure. There's not a single definition for Gulf War illness, which includes a cluster of different conditions, as well as nine infectious diseases.

"There's a whole range of illnesses that are covered under this umbrella term of Gulf War Illness, and it's difficult to know the causes of those conditions," said the report's author, Melissa Emrey-Arras. "Part of that is because many of the people who served were exposed to things like pesticides, smoke from oil well fires and even depleted uranium. It's difficult to piece together."

VA Deputy Chief of Staff Gina Farrisee responded to the report in a letter, promising medical examiners would be required to go through training on Gulf War illness by November. The training is a 90-minute online course.

"We strongly believe people at VA need full training on this before doing medical exams," Emrey-Arras said.

In 1994, Congress passed legislation allowing Gulf War veterans with undiagnosed illnesses a "presumption," meaning they don't have to prove to the VA their illnesses were caused by military service.

An amalgam of medically unexplained chronic illnesses found among Gulf War veterans, including fibromyalgia, fatigue and gastrointestinal disorders, was added to that presumption in 2001. Nine infectious diseases were added in 2010. To secure benefits, veterans had to have served on active duty in Southwest Asia any time after Aug. 2, 1990, and have an illness that falls into one of those categories.

Even with the law, approvals are low compared to other types of claims. While 17 percent of claims of Gulf War illness were approved from 2010 to 2015, VA staff approved 57 percent of veterans' claims for all other medical issues during the same time.

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Ron Brown, president of the National Gulf War Resource Center, has been helping Gulf War veterans with their denied claims for the past three years. He communicates between veterans and VA leadership, and is often successful at getting a veteran's denial reversed.

Brown had a direct line of communication with former VA Secretary Bob McDonald and he has advocated for better training for VA staff. He has also criticized the VA for being too vague in denial letters to veterans, contending more specific information about why a claim was denied would help veterans know their next step.

The Government Accountability Office discovered the same problem. Emrey-Arras described the denial letters as technical, legalistic and "difficult to understand."

"I'm extremely disappointed," Brown said. "These are the same issues the National Gulf War Resource Center has been trying to bring to the VA's attention for three years now. I'm left scratching my head on what we've accomplished. We've had 26 years to get this right, and we're not even close. These vets are struggling."

article continues below

Brown served in Operation Desert Storm in 1990-91 and it took 13 years to gain approval for his own claim of Gulf War illness. He now lives in Roanoke, Va. According to a breakdown in the report of approvals and denials of Gulf War illness claims by city, Roanoke had one of the lower approval ratings in 2015.

That year, the Roanoke office denied 544 claims and approved 47 from veterans who said they were suffering from medically unexplained chronic illnesses. The office also denied 1,482 claims from veterans who sought benefits for undiagnosed illnesses related to their Gulf War service and approved 51.

Besides requiring more training for medical examiners, Farrisee wrote the VA would be more specific in its letters of denial to veterans and gather a group of experts to come up with a clear plan for researching Gulf War illnesses.

The VA has spent more than $160 million from 1994 through 2015 on research related to Gulf War illnesses and was given another $12.3 million for the research in 2016. Yet, the VA has not added any conditions since 2010 to ones already associated with Gulf War service. It tried and failed last year to create a fast-track to compensation for Gulf War veterans with brain cancer.

"There's not a clear, single definition of what Gulf War Illness is at this point," Emrey-Arras said. "The VA has had a goal of having a single definition, and yet they don't have it. They have no strategic plan of getting there, no steps laid out to make that so."

VA officials will have more opportunity to respond Thursday, when the report will be the subject of a congressional hearing. Two subcommittees of the House Committee on Veterans' Affairs – one that deals with VA oversight and the other focused on disability assistance – will hold the hearing at 10 a.m.

Brown isn't confident the report and another hearing will produce change. He provided testimony last March about the VA's low approvals for Gulf War claims and will again submit written testimony with similar information.

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"This isn't the first time they've had reports from the GAO, and what's changed?" Brown said. "We keep regurgitating the same stuff over and over again. It's just like anything else, nothing ever gets resolved fast at the VA."

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2. Veteran and Employee Experience

2.1 - Breitbart: VA Under Trump Admin Fires More Than 500 Employees, Suspends 200 for Misconduct (10 July, Katherine Rodriguez, 19.1M online visitors/mo; Los Angeles, CA)

The Department of Veterans Affairs fired more than 500 employees and suspended nearly 200 for misconduct since President Trump's inauguration in January, keeping true to campaign promises to clean up the agency.

The VA's accountability report released Friday noted that the agency removed 526 employees, suspended 194 employees for more than two weeks, and demoted 27 employees.

Among those disciplined by the agency include 70 nurses, 25 physicians, 14 police officers, a public affairs specialist, a program analyst with the Government Accountability Office, and 22 senior officials.

The agency also fired convicted felons and sex offenders who worked as housekeeping aides and food service workers.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," VA Secretary David Shulkin said in a statement. "Posting this information online for all to see, and updating it weekly, will do just that."

Many veterans have died waiting for care, and VA officials have allegedly reported false data on wait times to receive cash bonuses.

However, changes to improve the agency have been slow-going because the union that represents VA employees, the American Federation of Government Employees, has convinced Democrats to provide greater job protections for government employees.

Secretary Shulkin, who was appointed as undersecretary to the VA under the Obama administration, grew frustrated with efforts by the government employees' union and other groups defending sub-par employees' rights to stay on the government payroll when these same employees neglected to care for veterans.

"Just last week we were forced to take back an employee after they were convicted no more than three times for DWI and had served a 60-day jail sentence … Our accountability processes are clearly broken," Shulkin said at the White House.

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2.2 - The Hill: Week ahead: Defense spending, Trump nominees top agenda (10 July, Ellen Mitchell, 11.8M online visitors/mo; Washington, DC)

Congress returns from its July 4th recess on Monday and must tackle several fiscal 2018 defense bills and Pentagon nominations before the month-long August recess in three weeks.

The Senate Veterans Affairs Committee, the House Rules Committee and the Senate Appropriations Committee will all move forward legislation, starting with a markup of the Senate VA bill Tuesday.

The House Rules Committee the same day will consider the House Armed Services Committee's annual defense policy bill, the National Defense Authorization Act, then consider amendments for the legislation on Wednesday.

Once the process is completed, the bill could move to the floor for a full House vote as early as this week.

The Senate Appropriations Committee, meanwhile is hoping to make headway on its military construction and veterans affairs spending bill, set to be marked up on Thursday.

Lawmakers are scrambling to complete and vote on the bills prior to the start of the new 2018 fiscal year, beginning Oct. 1.

At issue is the final topline for the Pentagon in fiscal 2018. The House Armed Services Committee passed a $696.5 billion defense policy bill, divided into $621.5 billion in the base budget and $75 billion in war funding known as the Overseas Contingency Operations account.

The Senate, however, passed a version which would authorize a total of $700 billion, split into $640 billion base defense funding and $60 billion for the war fund.

Both are above the $603 billion base defense budget President Trump proposed.

Lawmakers also must work to fill in gaps in the Pentagon's personnel ranks.

The Senate Armed Services Committee on Tuesday will hold a hearing for Navy Secretary nominee Richard V. Spencer.

The hearing - originally set for June 22 but postponed as Senate Republicans held talks on their ObamaCare repeal-and-replace bill – will now be held at 9:30 a.m., at the Dirksen Senate Office Building, room G-50.

Spencer is Trump's second choice for Navy secretary. The president's first pick, investor Philip Bilden, pulled out from consideration in February after he was unable to untangle and divest his business holdings to meet ethics rules.

Air Force Secretary Heather Wilson is so far the only service secretary to make it through the nomination process. The White House has yet to name someone for Army secretary after two previous picks withdrew from consideration. Tennessee state Sen. Mark Green (R) withdrew his name from consideration in May, and nominee Vincent Viola dropped out in February.

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On Wednesday, the Senate Armed Services Committee will also hold a nomination hearing for four Defense Department positions: Army undersecretary, principal deputy undersecretary for policy, general council for the Department of the Navy and assistant secretary for special operations and low-intensity conflict.

The nominees, Ryan McCarthy, David Trachtenberg, Charles Stimson and Owen West, respectively, are all expected to easily make it through the hearing with little controversy over their nominations.
House and Senate committees this week will also hold hearings on a wide range of other issues.

The Senate Veterans Affairs Committee will mark up legislation at 2:30 p.m. Tuesday at the Russell Senate Office Building, room 418. http://bit.ly/2tQC7S3

The House Rules Committee will consider the National Defense Authorization Act at 5 p.m. Tuesday at The Capitol, House room 313. http://bit.ly/2u0quZQ

The Senate Armed Services Committee will hold a confirmation hearing for the nominees to be principal deputy under secretary of Defense for policy, assistant secretary of Defense for special operations and low-intensity conflict, under secretary of the Army and general counsel of the Department of the Navy at 9:30 a.m. Wednesday at Dirksen G-50. http://bit.ly/2tQrHlU

The Senate Foreign Relations Committee will hold a hearing on the Taylor Force Act, which would stop U.S. economic aid to the Palestinian Authority, at 10 a.m. Wednesday at Dirksen 419. http://bit.ly/2uyVVHq

The House Foreign Affairs Committee will hold a hearing on empowering women in the developing world with testimony from outside experts at 10 a.m. Wednesday at the Rayburn House Office Building, room 2172. http://bit.ly/2u0enM5

The House Veterans Affairs Committee will hold a hearing on the VA's capital assets, including Secretary David Shulkin's plans to close excess facilities, at 10 a.m. Wednesday at the Cannon House Office Building, room 334. http://bit.ly/2tyFcnF

A House Foreign Affairs subcommittee will hold a hearing on the administration's fiscal 2018 budget request for the Western Hemisphere at 2 p.m. Wednesday at Rayburn 2172. http://bit.ly/2tUQ29Q

Another House Foreign Affairs subcommittee will have a hearing on terrorism in Southeast Asia at 2:30 p.m. Wednesday at Rayburn 2200. http://bit.ly/2uz32Qo

The Senate Appropriations subcommittee on military construction and veterans affairs will mark up its fiscal 2018 appropriations bill at 2:30 p.m. Wednesday at Dirksen 124. http://bit.ly/2tpISJV

The House Rules Committee will consider amendments for the National Defense Authorization Act at 3 p.m. Wednesday at House 313. http://bit.ly/2sP66L0

The Senate Armed Services Committee will hold a hearing on the coup attempt in Montenegro with testimony from the country's ambassador to the U.S. at 9:30 a.m. Thursday at Dirksen G-50. http://bit.ly/2tUV721

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The full Senate Appropriations Committee will mark up the fiscal 2018 military construction and veterans affairs appropriations bill at 10:30 a.m. Thursday at Dirksen 106. http://bit.ly/2uziiga

A House Foreign Affairs subpanel will hold a hearing on the administration's fiscal 2018 budget request for the Middle East and North Africa at 1 p.m. Thursday at Rayburn 2172.

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2.3 - The Salt Lake Tribune: Tribune Editorial: Someone finally steps up to help hungry veterans (10 July, Editorial Board, 3.2M online visitors/mo; Salt Lake City, UT)

Few would argue against the following assertions:

• Members of the armed forces are invaluable to our nation's safety and morale.

• We should care for our veterans.

• Our care, in many circumstances, has failed miserably.

We have shamefully underfunded and understaffed our system of veterans' services. For example, in 2015 the wait times for Utah veterans seeking medical care were longer than the national average, and the national average was pretty poor.

Granted, the Department of Veterans Affairs (VA) in Salt Lake City has made great improvements over the last year, detailed in a June op-ed by Shella Stovall, acting director of the VA Salt Lake City Health Care System.

But our veterans are still suffering, some from the most basic needs. Like food.

Luckily, there are people able to fix a problem once identified, and that is exactly what Natalie Green, a SLC VA health care administration trainee, has done. Green noticed that some of the veterans receiving medical services at the George E. Wahlen Department of Veterans Affairs Medical Center were desperately hungry. So she started a food pantry.

Twenty-seven percent of younger veterans who served in Iraq and Afghanistan suffer food insecurity. Yet VA funds cannot be allocated for food assistance. Services offered by the Utah Department of Veterans and Military Affairs include education, employment, health care, burial assistance and loan programs, but not food assistance. Green set up a separate account for private donations, asked for donations of canned goods from employees and other veterans and partnered with the Utah Food Bank to help fill the shelves. The pantry has been open since March and is already serving almost 100 veterans and their families a month.

Not only has Green gone above and beyond to organize the food pantry, she has also documented her efforts to help other VA hospitals across the country do the same thing. Green essentially "cut through the bureaucratic red tape" and hopefully started a national movement. The United States Department of Veterans Affairs has taken note.

The pantry is open every Thursday from 2:30 to 4:00 p.m. Donations can be made online by donating to the General Purpose fund and including in the comments section that donations

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should be directed to the Food Pantry GPF # 1063. Or donors can deliver in-kind donations to the SLC VA, Building 4, Room 1C25.

No, it's not Thanksgiving or Christmas, but people still need to eat. At the very least, we can all help ensure that our veterans don't go hungry.

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2.4 - Investor's Business Daily: Good News For Veterans: Trump Tells Hundreds Of VA Workers 'You're Fired!' (10 July, 3.2M online visitors/mo; Los Angeles, CA)

Accountability: For decades, political leaders have lamented the scandal-plagued Veterans Health Administration, and did little more than throw more money at the problem. The Trump administration is firing workers who aren't doing their jobs.

According the Department of Veterans Affairs, 526 have been fired for misconduct since President Trump took office. Another 200 have been suspended and 33 demoted.

Most of them worked at the VHA and included physicians, nurses, pharmacy technicians, food service workers, medical technicians, office workers, even some police officers.

VA Secretary David Shulkin said this was part of a broader effort to reform the culture at the VA.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," he continued. "Posting this information online for all to see, and updating it weekly, will do just that."

Expect more terminations now that Trump has signed the VA Accountability and Whistleblower Protection Act, which strengthens Shulkin's ability to get rid of bad employees, including senior executives.

Contrast this with the Obama administration, which ceaselessly talked about accountability while providing little of it.

In the wake of the 2014 widespread scandal at the VHA, where veterans died during endless waits for treatment and officials tried to cover it up, only nine employees (out of 57 targeted for disciplinary actions) were let go, three of whom were senior officials.

And then, in June 2016, the Obama administration announced that it was abandoning the 2014 law's streamlined firing process altogether after deciding it was unconstitutional.

Shulkin is also imposing a requirement that any monetary settlement with an employee over $5,000 has to be approved by a senior official.

As the Daily Caller reports, in the past the VA "repeatedly made five- and six-figure payments to bad employees to get them to quit" rather than deal with a lengthy appeals process.

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In the two and half years that Bob McDonald was running the VA under Obama, the agency paid out more than $5 million in such payments. The message to VA employees was clear: If you're threatened with being fired, hold out for a settlement.

Every government agency has the same problem as the VA — it's difficult to impossible to fire workers for misconduct, thanks to the heavy union presence and the Merit Systems Protection Board.

The result is that managers not only avoid firing workers, they won't even give employees bad reviews out of fear of triggering lengthy and costly appeals. As a result, 99.5% of federal workers get a "fully successful" rating or above, according to an audit by the Government Accountability Office. More than a third got an "outstanding" rating.

Government workers already make more money and get far more generous benefits than those in the private sector who pay their salaries. The fact that so many federal workers get what amounts to a guaranteed job for life is adding insult to injury.

What's needed is a wholesale revamp of the rules and regulations covering government employees so that agency heads can actually create cultures of accountability, instead of just talking about it.

But the need is more urgent at the VHA, where the failure of government employees can cost lives. Shulkin, to his credit, has taken the first step to remedying that.

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2.5 - WXIA (NBC-11, Video): Man shot by police during bank standoff had issue with VA benefits (10 July, Phillip Kish, 1.5M online visitors/mo; Atlanta, GA)

The man shot dead by authorities after he claimed to have a bomb at a Marietta bank had visited the Atlanta Veteran Affairs office days before the incident.

VA spokesperson James Hutton confirmed to NBC News that Brian Easley was at the Atlanta office on July 3 to discuss an issue with his BA benefits. After being informed of what he needed, Easley said that he'd return on Thursday with the paperwork to settle the matter.

Easley didn't return as planned, Hutton said.

On Friday, police said Easley walked into a Wells Fargo bank and said he had a bomb in his backpack. He made several demands that referenced the miltary and his status as a veteran, authorities said.

Early in the standoff, he released some customers and employees. Police said he held two women hostage until after noon.

After several hours of negotiations, authorities entered the bank and said that Easley was dead. They've declined to release details into how he died, but have classified the incident as an "officer-involved shooting."

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"I don't think that suspect had an idea what was going on or about to occur," Cobb County Police Sgt. Dana Pierce said on Friday.

Authorities later confirmed that the backpack did not contain a bomb.

The Georgia Bureau of Investigation has taken over the investigation, as they do most officer-involved shootings.

"VA is deeply saddened by the news in Cobb County," Hutton said. " VA worked closely with law enforcement to try to resolve the situation peacefully, but unfortunately it ended in tragedy. Our sincere condolences go out to everyone affected."

The VA reminds veterans that the Veterans Crisis Line is available 24 hours a day at 1-800-273-8255.

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2.6 - WFED (AM-1500, Audio): VA's first 'accountability' posting shows hundreds fired since Trump inauguration (10 July, Terry Wing, 831k online visitors/mo; Washington, DC)

The Department of Veterans Affairs has posted its first list of employee removals, suspensions and demotions showing VA has fired 525 staffers since President Trump took office in January. The list, posted on Friday, includes doctors, nurses, housekeepers and even grave diggers. It does not include employee names, due to privacy reasons but does note the employee's position and VA region. In announcing the new effort at transparency last week, VA Secretary David Shulkin said veterans and taxpayers have a right to know what VA is doing to hold its 345,000 employees accountable. The so-called "accountability actions" will be posted on a weekly basis. (Veterans Affairs)

[...]

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2.7 - WFED (AM-1500): What VA's now public adverse action reports don't say about employee accountability (10 July Nicole Ogrysko, 831k online visitors/mo; Washington, DC)

Some federal employee groups and experts are scratching heads over the Veterans Affairs Department's recent decision to publish a weekly list of all major disciplinary actions for its workers.

VA is the first federal agency to publish such information, and it described the decision as a step toward improving accountability and transparency at a department which has long struggled to use governmentwide disciplinary procedures to tackle entrenched cultural challenges.

"Together with the accountability bill the president signed into law recently, this additional step will continue to shine a light on the actions we're taking to reform the culture at VA," Secretary David Shulkin said in a July 7 statement. "Veterans and taxpayers have a right to know what

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we're doing to hold our employees accountable and make our personnel actions transparent. Posting this information online for all to see, and updating it weekly, will do just that."

But federal employee groups and employment attorneys say the department's new adverse action reports don't tell the full story about VA's efforts — or struggles — to improve accountability.

Sponsored Content: Questions about moving to the cloud? Chat with FDA Chief Information Officer Todd Simpson on July 25, at 1:30 p.m.

They don't, for example, explain why VA appears to be on track to fire fewer employees during the first year of the Trump administration than the previous fiscal year.

VA's July 3 report lists 525 removals during roughly the first six months of 2017. If the department removes employees at the same pace for the remaining six months, about 1,050 employees from VA will be fired by the end of 2017.

Yet according to Office of Personnel Management information on the agency's data archive FedScope, 2,575 employees at VA were removed for discipline or performance in fiscal 2016.

VA Removals for Discipline or Performance

Year	# of Removals
FY2011	2,094
FY2012	2,036
FY2013	2,264
FY2014	2,590
FY2015	2,363
FY2016	2,575

Though the recent VA data shows disciplinary actions for the six months of the calendar year and OPM's information tracks removals for the given fiscal year, the department appears on track to fire fewer employees in fiscal 2017 than it has in each of the past six years.

"They're firing at about half the rate they did last year," Richard Loeb, senior policy counsel for the American Federation of Government Employees, said. "I'm not really quite sure what all the claims of accountability are about. Obviously with the new law, they feel they'll be able to fire more easily and more quickly. This seems to be a notion of firing your way to excellence."

The most recent data from VA won't likely include many removals that the department performed under the new VA Accountability and Whistleblower Protection Act, which President Trump signed into law June 23.

Worried about the Trump administration's proposed cuts to federal retirement? Find out what these 100 members of Congress have to say about it.

Shulkin has said the new law will allow him to move disciplinary actions through the decision and appeals process more quickly than previous methods. It shortens the time employees have to respond to a disciplinary action, shortens the grievance process, expedites the appeals process at the Merit Systems Protection Board for rank-and-file employees and eliminates the MSPB as avenue for senior executives to appeal disciplinary actions.

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In addition, the majority of the adverse actions described in the first report are among lower-level employees at VA, including 94 housekeepers, 55 food service workers and 21 clerks.

Practically all of the 94 housekeepers that were removed or suspended during the first six months of the administration are likely veterans, because a provision in the U.S. Code requires VA hire only candidates with veterans preference to fill certain positions like custodians, guards, elevator operators or messengers.

One person on the July 3 report was listed as a "senior leader" within the Veterans Health Administration's Central Office, and 17 others are listed as senior leaders within VA medical facilities.

Few other VA employees on the most recent report carry higher-level ranks or senior titles.

One general attorney at VA's Office of General Counsel was fired in March, for example. A supervisory biomedical engineer and several physicians were also removed.

"The so-called VA scandals allegedly started when senior-level VA officials at the medical centers allegedly created secret waiting lists and the like," Loeb said. "I doubt that was done too often by housekeepers or laundry workers, but yet that's where the firing seems to be focused."

Debra D'Agostino, a federal employment attorney with the Federal Practice Group, said the majority of the employees in these lower-level positions don't have control over major decisions or policies that dictate how well VA is caring for and treating its veterans.

"This data doesn't show that there's any real change happening in VA," she said.

The adverse action reports don't list employee names due to privacy reasons, VA said. But the reports also lack details about the specific charges related to each disciplinary action.

D'Agostino called VA's decision to exclude this information "odd," but said she and other lawyers within her practice have often argued with federal agencies over these details when seeking information on other employees who have faced similar charges.

Federal circuit case law requires that agencies provide these lists so that employees and their attorneys can compare the charges and decisions with previous disciplinary actions from the department during the appeals process.

"I'm not aware of any private sector employer that routinely fires people, as some do, that publishes a public list," Loeb said. "[You] might say they're not public employers either, but there's no requirement to publish these lists. These are facts, whether people are employed by agencies and how they left the agency, and as necessary, that type of information can be released for some background investigations or employment inquires or the like. But this doesn't seem to have any utility other than to tell people, 'Be afraid. Be very afraid.'"

VA's new public reports list the organization or Veterans Integrated Service Network (VISN) where the disciplinary action occurred, the position that the employee held, the action the department took and the date it was effective.

But they don't indicate when VA made an initial proposal to remove, demote or suspend an employee for more than 14 days.

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"It's not clear [these] proposals [were] issued before Trump was inaugurated and then the decision was promptly made," D'Agostino said.

The department can often take six months to a year to decide what kind of disciplinary action to make, D'Agostino added. Though the report only lists actions taken after Inauguration Day, she suspects VA made proposals for some of those actions before the new administration began.

In addition to the new lists, Shulkin will also now require senior officials to approve any monetary settlements with an employee above $5,000. The undersecretary, assistant secretary of an "equivalent senior-level official within the organization" where the dispute occurred will need to sign off on the settlement.

D'Agostino said employee settlements often widely vary.

"$5,000 is a very low bar to require that level of review," she said. "That's going to have a tremendous impact on negotiations. Just the fact that it's been put out there is going to have a chilling effect on settlements."

Reaching a settlement is the goal, she said, because it acknowledges that the agency and the employee "agree to disagree" and move forward.

"There's going to be a lot more litigation that gets dragged on and on because of this," D'Agostino said. "This sends a chilling effect about bringing something like an [equal employment opportunity] EEO claim forward."

Many federal employee groups said this decision sends the wrong message to the department's workforce and federal workers in general.

"While there is value in posting these kinds of lists in terms of accountability, the larger and more positive effect, we believe, is to restore public confidence in the federal government's ability to effectively manage its workforce," Bill Valdez, president of the Senior Executives Association, said. "There has been a myth floating around that civil servants, because they cannot be fired easily, are unaccountable. This myth, which lists like this prove to be dead wrong, needs to be stamped out because the overwhelming number of federal employees are focused on delivering superior products and services to the American taxpayer. Moreover, the vast majority of civil servants would agree that poor performers should be disciplined or removed from the civil service."

AFGE, which represents roughly 230,000 VA employees, said it wants to hear more about the department's plans to fill 49,000 vacancies and improve the quantity and quality of health care to veterans, Loeb said.

"This is not about accountability and it's not about transparency," he said. "It's about sending a message."

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2.8 - WSYX (ABC-6, Video): Veterans Administration mistakenly declares war veteran "dead" (11 July, Kurt Ludlow, 450k online visitors/mo; Columbus, OH)

A military veteran turned to Six On Your Side for help after getting the surprise of his life. He was surprised to find out he was "dead." At least as far as the government was concerned. "We are so sorry to learn of the death of Manis McKenzie, and extend to you our deepest sympathy," said Manis as he read from a letter to his wife from the Veterans Administration.

"And they said I had died March 30th and if I'd known that, I wouldn't have scheduled the knee surgery," he said as he laughed.

McKenzie had just returned home from knee surgery. He's got a great sense of humor, which he promptly used on his wife.

"I called my wife and I said, 'I thought you told me that the surgery went well.' She goes, 'well it did.' And I said, 'well I don't think it went so well. I got a letter stating that I died,'" he said.

Manis joined the Marines when he was 17, and at 18 was in Vietnam. Later he joined the Navy Reserves where he served for 20 more years. He was eventually sent to Operation Desert Storm.

"And then in 2004, my son was in my unit and we both got called up together to go to Kuwait for several months for Iraqi Freedom," he said.

He survived all of it, only to be killed off by the V.A. in 2017.

"Got to talkin' to 'em and they started the process of bringin' me back to life," he joked.

The V.A. told him by phone that the only way to clear it up would be to go to Cleveland in person immediately. So, he got his son to drive him, swollen leg and all.

"And I walk in and they said, 'can we help you?' I said 'yes, I'm dead and I'd like to be brought back to life.' And the guy sort of looked at me strange and everybody else in the waiting area laughed," he said.

They'd made the three-hour drive only to be ushered out the door just minutes later.

"All they did was copy my I-D's, fill out a small form and I was on my way back home to Columbus and that's, something like that, why they couldn't do that locally, I don't have a clue," he said.
The whole thing was funny for awhile he said. Then the checks stopped.

"And now my V.A. check's gonna be stopping and then yesterday in the mail I got a letter stating that since I'm retired from the Navy Reserves that they're stopping that check now too since I died. And so it's just a big mess."

The V.A. told ABC 6/Fox 28 it was notified by a third party that Manis had died. Its statement said it "regrets the inconvenience." and has strengthened its verification process to reduce the likelihood of mistakes like this, which the agency says, don't happen very often.

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VA has found that these types of cases represent a very small number of beneficiaries in comparison to the millions of transactions completed each year. Additionally, VA has several matching programs that are designed to prevent overpayment and debts incurred by beneficiaries. One of these programs matches death record data from the Social Security Administration (SSA) with our database. When a match is made between SSA death records and VA records, the beneficiary is identified as possibly deceased, and a letter is sent to the beneficiary in order to confirm the match. During calendar year 2016, VA confirmed the accuracy of the automated SSA death match process, finding a 99.67 percent accuracy rate. During that period, the process automatically suspended VA benefit payments for 103,243 beneficiaries. Of those, 345 beneficiaries had their benefit awards reactivated due to erroneous suspensions, representing less than 0.4 percent of the year's SSA match caseload.

- Terrence Hayes, V.A. Spokesman

"Why in the world they aren't required to have a death certificate before they start killing somebody off? I don't have a clue," said McKenzie.

For now, Manis tries to laugh it all off. He's obviously thankful to be alive. But worried the mailman might bring some more bad news.

"So I'm just curious today when I get the mail, anybody else killed me off," he joked.
The V.A. said it restarted McKenzie's benefits within a few days of being notified he was alive.

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2.9 - KRGV (ABC-5, Video): Veterans Accountability Report Questioned (10 July, 277k online visitors/mo; Weslaco, TX)

The U.S. Department of Veterans Affairs is providing the removal, suspensions and demotions of employees as of July 3, 2017 in an online accountability report.

The report shows 23 veterans health administrations across the country. According to the Veterans Health Administration, the Rio Grande Valley is under the Veterans Integrated Service Network (VISN 17). It's made up of seven different VA medical health care clinics in Texas. The VA accountability report shows several removals and suspensions and demotions.

"They're seeing now that they are terminating all these people. They're saying you know what they got terminated, what makes us think that we're not going to get terminated. The need to open their eyes and we're probably start getting better service. But right now it's not good service," said Veteran Richard Pena.

Army Veteran and Americas Last Patrol Commander, Richard Pena is frustrated. He said an appointment letter he got from the VA came too late.

"Then I get the letter the same day my appointment is. I saw the date on there. The same date of my appointment how can they know I didn't show up for my appointment the same day," said Pena.

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Pena hopes Veterans Affairs new accountability tactic works soon before his next medical appointment comes too late.

Pena also questioned why specific facilities are not on the list. We reached out to the VA Texas Coastal Bend in Harlingen. They sent us this statement:

"The Department of Veterans Affairs (VA) is making public a list of adverse employee actions taken since Jan. 20 in order to continue to shine a light on the actions we're taking to reform the culture at VA."

"The news release further states that for privacy reasons, the adverse action list does not include employee names, but gives information on the position, VA region or administration and type of adverse or disciplinary action taken," said VA Texas Valley Coastal Bend Public Affairs Officer Reynaldo Leal.

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2.10 - Cape May County Herald: Veterans Affairs Pitches Vision; Crest Dune Project on Hold (10 July, Rachel Rogish, 191k online visitors/mo; Rio Grande, NJ)

WILDWOOD CREST — "Wildwood Crest is my home," said Jacqueline Hinker, outreach specialist for the U.S. Department of Veterans Affairs. She spoke during the Borough Commission meeting July 5. Raised on Lavender Road and a graduate of Wildwood High School, Class of '84, Hinker has returned to the county in her present capacity.

"I answer to the director," said Hinker, explaining her unique position as beneficial to veterans obtaining services.

With less "red tape," Hinker finds "kinks" in the process chain and resolves issues if a veteran is unable to receive services.

Doris Barnes, 96, of Cape May County recently received her hearing aids due to Hinker's investigation into her case. A veteran of World War II, Barnes can now hear.

Hinker presented a vision of increasing enrollment in veterans' healthcare countywide; she desires county veterans to have access to optimum care and services. However, without "numbers," (translated enrollment) Hinker said services would not be as available.

A 10,000-square-foot complex, newly built in Vineland, stands testament to growing veterans' enrollment in Cumberland County. Hinker wishes the same for Cape May County.

Hinker also attended the June 28 Wildwood City Commission meeting and presented her vision.

Though a long-term goal, finding a new facility for veteran care is on Hinker's agenda, eventually replacing present community-based outpatient clinic facility at the Coast Guard Training Center in Cape May.

"We need to care for each other," said Hinker, referring not only to veterans but also to their families, friends, and care providers. Hinker said many veterans are not enrolled because they

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"want to leave it (healthcare) for those who really need it." Hinker said although this spirit is admirable, not enrolling decreases the services made available in the county.

Hinker concluded by requesting permission to set up a booth at upcoming concerts held in the borough.

"I like to engage people," said Hinker, explaining the personal interaction she seeks to facilitate while presenting Veterans Affairs. "We want every vet to have a good experience."

Commissioner Joyce Gould offered assistance to Hinker's cause as did Mayor Carl Groon.

"I will coordinate with you," Borough Administrator Constance Mahon said. A Veterans Affairs meeting is planned July 15 from 2 to 4 p.m. at the Cape May County Police Academy, 171 Crest Haven Road, Court House.

Hinker said her position is personal: her father served during the Korean War and her husband in Operation Iraqi Freedom.

Dune Project Update

During Mahon's report, commissioners learned that the islandwide dune project remains in the design phase, according to the state Department of Environmental Protection, as cooperation continues with the Army Corps of Engineers.

Kayak Launch Site

A pre-application will be presented in Trenton by Mahon for the kayak launch at Sunset Lake. Mahon said the purpose is to "smooth out" any potential problems before the application process begins.

No New Beach Signs

New beach signs will not be installed on Crest beaches until upcoming winter months and spring of 2018. According to Mahon, the JIF (Atlantic County Joint Insurance Fund) has not yet written "uniform language" for the signs.

However, Mahon assured commissioners that the signs would include the borough's designation as a TripAdvisor Hot Spot and as one of the top 10 beaches in New Jersey.

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2.11 - WTOK (ABC-11, Video): Town hall addresses veterans' concerns (10 July, Jeffrey May, 66k online visitors/mo; Meridian, MS)

Local veterans had the chance to have their questions about their health benefits answered.

The associate director of the Sonny Montgomery VA Medical Center in Jackson stopped in Meridian Monday for a town hall meeting. He participated in a Q & A session with veterans and their families.

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The VA wanted to inform the vets about the changes to medical and claims benefits and discuss the Veterans Affairs Choice Program that congress is examining. Local community vendors showcased the services they provide.

"I hope that they see we are here to do the veterans in our community, to actually know that they can come to us and get them answers," said Jeff Sibley, veterans service officer. "And that they learn the new stuff coming out with the hospital."

Veterans may stop by the Lauderdale County Veterans Office at 1827 23rd Avenue.

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2.12 - WAGM (FOX-8): Poliquin Introduces Bipartisan Legislation to Streamline VA Workforce Acquisition (10 July, Taylor Lumpkin, 36k online visitors/mo; Presque Isle, ME)

Subcommittee on Oversight and Investigations Chairman Jack Bergman (R-Mich.) and Ranking Member Annie Kuster (D-NH), along with Rep. Bruce Poliquin (R-Maine), introduced bipartisan legislation to streamline VA's processes for workforce acquisition.

"I'm proud to join Rep. Poliquin and Ranking Member Kuster in supporting this legislation that takes critical steps to improve the methods by which the VA trains, recruits, and retains top professional talent in acquisition career fields," said Bergman. "Our men and women in the military have provided an invaluable service. More often than not, their commitment comes with great physical sacrifice and lasting effects requiring a lifetime of care. Our Veterans deserve a reliable and effective support structure from well trained and dedicated professionals."

"I'm pleased to introduce this important legislation with my Republican colleagues," said Kuster.

"VA has serious purchasing problems that delays healthcare services to our veterans and wastes billions of dollars of taxpayer funds. This bill would ensure that the Department of Veterans Affairs is able to hire and effectively train the employees it holds responsible for purchasing medical supplies and contracting construction projects. This bill would also enable the VA to reform its acquisitions bureaucracy and improve its overall government purchasing operation. I urge my colleagues in the House of Representatives to immediately pass this legislation so we can help improve the overall accountability, efficiency, and functioning of the VA."

"Unfortunately, far too often we have seen excessive waste and inefficiencies at the VA that have in some cases severely hurt services to our Veterans," said Poliquin.

"It is critical that the resources we put into the VA are used in the most efficient ways and to their maximum potential for our Veterans. To achieve this goal, we must ensure the workforce at the VA receives the training needed to cut down waste and improve efficiency, while also eliminating bureaucracy that harms the department's ability to ultimately carry out this mission. I'm enormously proud to push this legislation forward to increase efficiency, better our Veterans' services and make sure they receive the care and support they deserve."

Background:

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The VA Acquisition Workforce Improvement and Streamlining Act would require VA to create career certification programs for construction and logistics employees, which would be in line with similar programs at the Department of Defense. It would also extend VA's career certification for contracting officers to VA's logistics workers and construction managers as well. Furthermore, the bill would direct VA to expand its acquisition intern programs to bring new college graduates and recent veterans into VA to replace retiring employees. The bill pays for these workforce improvements by consolidating redundant acquisition bureaucracy.

The Subcommittee on Oversight and Investigations is expected to mark up this legislation on Wednesday.

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2.13 - Dayton Business Journal: VA cuts 70 positions across Ohio, as part of new accountability effort (10 July, 20k online visitors/mo; Dayton, OH)

The U.S. Department of Veterans Affairs has implemented a new accountability practice whereby poor-performing employees can be removed from their jobs.

And since January, the VA has fired more than 500 people across its extensive footprint. That's the word from the VA's adverse actions report, which was released last week.

The U.S. Department of Veterans Affairs has implemented a new accountability practice whereby poor-performing employees can be removed from their jobs.

The U.S. Department of Veterans Affairs has implemented a new accountability practice... more

It shows 71 people have either been fired or supended in the VA's Ohio district, which includes facilities in Dayton and Springfield.

"Veterans and taxpayers have a right to know what we're doing to hold our employees accountable and make our personnel actions transparent," said U.S. Secretary of Veterans Affairs David Shulkin in a release.

Secretary Shulkin pointed to the move as another step in long-sought transparency and accountability actions at VA, and noted that VA is the first federal agency to make such data public.

The report follows the VA Accountability and Whistleblower Protection Act signed by President Donald Trump less than two weeks ago.

For privacy reasons, the list does not include employee names, but gives information on the position, VA region or administration and type of adverse or disciplinary action taken.

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2.14 - Corridor News: **VA Apprenticeship Program To Train, Employ Veterans To Assist Other Veterans In Properly Filing For VA benefits** (10 July, 17k online visitors/mo; San Marcos, TX)

Veterans service organizations (VSOs) play a major role as advocates for the Veteran community, and as partners with VA, to ensure this nation's Veterans receive the benefits they have earned. An important part of this partnership is to support VSOs as they train their advisors on the benefit process.

VA's Vocational Rehabilitation and Employment (VR&E) program recently entered in to an agreement with Paralyzed Veterans of America to participate in an apprenticeship program to train Paralyzed Veterans' employees on how to assist Veterans to file for and obtain their benefits. A similar program is currently in effect with the Disabled American Veterans organization.

Paralyzed Veterans is an advocate for quality health care, spinal cord injury and disease research, VA benefits, and civil rights for Veterans and all people with disabilities. As a service oriented non-profit organization, Paralyzed Veterans employs national service officers to serve Veterans.

"The apprenticeship program with Paralyzed Veterans will put much needed resources into communities nationwide to work with our Veterans and assist them in applying for benefits," stated Tim Johnston, supervisor for rehabilitation services at VR&E. "This not only gives those accepted into the program a skill, but ensures that Veterans in communities, large and small, have access to trained professionals who can help them understand the process and apply for those benefits they have earned and deserve."

In a memorandum of understanding between the two organizations, Paralyzed Veterans will provide a 36-month on-the-job training program to qualified Veterans who are selected for the apprenticeship program.

Most of the apprenticeship is supervised work with some classroom and on-line learning. These are full-time national service officer positions.

Pay during the apprenticeship is supplemented by the VR&E program. For the first 12 months, those selected for the program are paid $2,890 per month by Paralyzed Veterans, and an additional $651 from VA as a training allowance.

In the remainder of the apprenticeship, Paralyzed Veterans pays $3,166.66, and VR&E pays $375 per month for training. The VR&E training allowance to the Veteran is tax-free. VA also pays for the training and necessary supplies.

Selection for the program generally comes from two sources. Paralyzed Veterans may notify VR&E that they have a candidate in mind, or a VA vocational rehabilitation counselor can recommend someone for the program.

The current memorandum of understanding will be in effect until May 2021.

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3. Access to Healthcare

3.1 - The Huffington Post (Video): No Marine Left Behind... Except This One (10 July, Jon Hotchkiss, 22.9M online visitors/mo; New York, NY)

On Friday, July 7th, 2017 Staff Sgt. James Hollon (USMC, Delta Company), his wife Angela and their 3-year old baby got in James' Red Ford truck and drove a few hours south from Portland to a friend's. For the next few nights, they'll sleep on their friend's couch.

Yes. It's summer. But no. They're not on vacation.

They're homeless.

Let me tell you a little about James. He's from a small Texas town. As a teenager, he had a motorcycle that he rode too fast.

He realized his life was going nowhere and that he need structure and discipline. He joined the marines at age 20 – the day was january 18th, 2000. Just a handful of months before terrrorists with box cutters flew planes into the twin towers.

He was trained. And deployed overseas. On his first mission, he assisted with the evacuation of the US embassy in Yemen after the USS Cole was attacked.

Then, he served 5 combat tours in Iraq and Afghanistan as an infantryman. He was a soldier higher ups relied on. There came a point where he was in charge of a squad and multiple millions in warfare weaponry.

While serving in combat, he got 14 concussions from being too close when IEDs exploded. They knocked him out. In some cases he was inside a vehicle. Other times, on foot. First, the blast wave in and of itself, is devastating. And that can give you a concussion.

PTSD / TBI: Then, the blast can throw you and you hit your head inside the vehicle, or just as likely, your head hits the ground if you were on foot. His official medical records say he got at least 14 concussions. But James thinks the # is actually closer to 20.

Today: we know that even just a few repeated concussions or traumatic brain injures – like those suffered by James Hollon — will result in diminished thinking capacity, diminished sensation like sight or balance, diminished language capacity, including communication, expression and understanding and diminished emotional capacity, including depression, anxiety, personality changes, aggression, inappropriate social behavior and suicide. 20 veterans a day kill themselves in the US.

Repeated concussions will also likely cause early onset epilepsy, parkinsons, and alzheimers.

After his combat duty, James was a drill instructor for the marines, training new recruits who would head to iraq and afghanistan.

3 year later, James became an ied specialist – teaching marines right before they shipped out to war the devestating effects these improvised bombs had, how these improvised explosive devices are made, how they are deployed, how to spot them, and how to dismantle them.

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James gave the marines 12 ½ years. While on duty as a drill instructor, he injured his shoulder. Now, as a marine, he was taught to suck it up. To not complain. To deal with the pain. Because that's what a marine does.

And that's what James did. And after giving the marine's 12 ½ years of service, James decided to move on…

VA BOTCHES SURGERY: In 2012, he went to the VA… where it was determined that he had only about 70% mobility in his right shoulder and his constant chronic pain was verified. It was determined that he needed surgery on his shoulder.

James was forced to wait 5 years for his operation. He was told he needed the surgery in 2012. In 2017 the VA finally arranged for him to get it.

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3.2 - The Hill: Humane Society pushes bills to connect wounded vets, service dogs (10 July, Sumner Park, 11.8M online visitors/mo; Washington, DC)

The Humane Society of the United States is urging lawmakers to pass a package of bills to make it easier for veterans and service members to get therapy dogs.

The bills have bipartisan support, but animal rights advocates are making a new push to get the legislation through Congress, with lawmakers nearing their August recess with an already busy docket.

"At a time in a country when we are so polarized, this is a set of issues that we can unite around," Wayne Pacelle, president and CEO of the Humane Society of the United States, told The Hill. "The American public will be pleased that the Congress is getting something done and is doing something done that is aligned with their values."

One of the bills, the Paws Act, would provide more service dogs to veterans with post-traumatic stress disorder (PTSD). Though veterans with physical disabilities already have access to service dogs, the bill would authorize the Veterans Administration to fund a five-year program to support organizations that provide companion animals to wounded veterans.
Re-introduced by Reps. Ron DeSantis (R-Fla.) and Earl Blumenauer (D-Ore.), the bill has 147 cosponsors.

The bill has been referred to the House Veterans Affairs Subcommittee on Health. There is a companion bill in the upper chamber from Sens. Deb Fischer (R-Neb.) and Cory Booker (D-N.J.) that has been referred to the Veterans Affairs Committee.

Another bill in the current Congress, the Veterans Dog Training Therapy Act, would establish a pilot program allowing veterans with post-traumatic stress disorder (PTSD) to take part in therapeutic dog training.

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The bill passed the House in the last Congress, and was reintroducted this year by Reps. Steve Stivers (R-Ohio) and Tim Walz (D-Minn.).

"Helping our veterans cope with Post Traumatic Stress Disorder is one of the most solemn responsibilities of our time," Walz told The Hill.

The bill calls for Veterans Administration facilities to connect veterans with local dog training organizations and to study the therapeutic value of those programs.

Walz said the program would help veterans rehabilitate by training therapy dogs, which would then go on to assist other disabled veterans.

"As more research continues to be conducted, I believe this 'veterans helping veterans' pilot program carries great promise of improving the quality of life for all veterans involved," Walz said.

Another bill, the Wounded Warrior Service Dog Act, from Reps. Jim McGovern (D-Mass.) and Walter Jones (R-N.C.), would allocate grants to nonprofits that train and provide service dogs to veterans with disabilities or PTSD. The bill is before a House Armed Services subcommittee.

Jones told The Hill he's seen a change in attitudes over the issue.

"Thanks to a lot of interests nationally was well within military, the whole attitude has changed that service men be given the opportunity to have a service dog after serving," he said.

Lawmakers, though, face a tough schedule ahead, leaving many to question when the bills will finally move. Congress must pass a spending bill, raise the debt ceiling, and tackle GOP priorities, including ObamaCare repeal and potentially tax reform.

Pacelle said the Humane Society is reaching out to lawmakers to push the legislation on veterans and animals along.

"We inform our constituents, lobby offices, write position papers, take advertising, rally millions of Americans, and do much more to advance our goals on Capitol Hill," he told The Hill.

"HSUS is all about getting the Congress to act on legislation to advance animal welfare."

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3.3 - WRC (NBC-4, Video): Washington DC VA Medical Center Operating Room Temporarily Shut Down (10 July, Scott MacFarlane, 4.8M online visitors/mo; Washington, DC)

Federal officials ordered an operating room at the Washington DC VA Medical Center shut down late last week after the latest in a series of maintenance issues that have plagued the facility in recent months.

The temporary shutdown lasted approximately three hours, according to a U.S. Department of Veterans Affairs spokesman.

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An air valve failed, the agency said, triggering a spike in temperature and humidity in the operating room, which is one of six inside the giant VA Medical Center on Irving Street in Washington, D.C.

The emergency shutdown required the postponement of surgeries and raised new questions about the operations of the major medical facility, which treats about 98,000 local military veterans a year. An agency spokesman said two eye surgeries were postponed because of the malfunction. Repairs have since been completed, the spokesman said.

The shutdown occurred weeks after a series of other maintenance and safety problems and a management shakeup at the medical center were revealed by a News4 I-Team investigation. Records obtained by the I-Team showed the agency hired a contractor to fix potentially unsafe floor cracks in the facility's surgery department in March. VA officials also ordered repairs of holes in the walls of the facility's "center core areas," completing the project in mid-February.

The facility suffered a cockroach infestation and a lack of sanitary conditions in its food service areas in 2015, according to federal records reviewed by the I-Team. An agency spokeswoman told the I-Team the problems have since been remedied.

In May, an I-Team investigation revealed the body of a patient went undiscovered for nearly two days in the parking lot outside the medical center. The cause of death has not been determined, according to federal officials who spoke with the I-Team. The agency acknowledged it will investigate the time lag between the death and discovery of the man.

The string of recent problems closely preceded a major management shakeup at the medical center. The agency's longtime DC VA Medical Center director Brian Hawkins was reassigned to a position at VA headquarters in April. Days after questions were raised by the I-Team in June about the reassignment, the agency announced it had ordered a disciplinary action against Hawkins but would not specify the type of disciplinary action.

The I-Team's reporting and a separate review by the U.S. Department of Veterans Affairs Office of Inspector General triggered a congressional investigation into the DC VA Medical Center.

The inspector general review, released in April, revealed broader safety and management problems at the DC VA Medical Center, including dirty sanitary storage areas, supply shortages and more than $150 million in unaccounted for equipment and supplies.

Eighteen of the medical center's 25 sterile storage areas were found to be dirty, according to the report by the VA Office of the Inspector General. In five storage areas, the clean equipment and supplies were mixed with the dirty. Seventeen areas lacked ways to monitor pressure, temperature and humidity.

The medical center lacked an effective inventory system, and $150 million in equipment and supplies were not inventoried in the past year. Meanwhile, the lease on a large warehouse of non-inventoried items expires at the end of the month with no plan to relocate the contents and staffing constraints could make it difficult to address the situation.

Also, no effective system was in place to ensure recalled supplies and equipment were not used on patients, according to the report.

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The unsanitary conditions and lack of attention to safety recalls placed patients at risk, as did a failure to ensure availability of supplies and equipment when needed, the report said. For example, a nurse reported a floor was out of tubes used to provide oxygen when a patient was in need. On a couple of occasions in March, the medical center ran out of bloodlines for treating dialysis patients.
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3.4 - Hartford Courant (Video): Service Dogs Provide Lifeline For Disabled And Veterans
(10 July, Matt Ormseth, 2.1M online visitors/mo; Hartford, CT)

Twenty-five years as an Army chaplain tested Tony Charles' faith. But today, he has an angel that never leaves his side.

Dozer, a 4-year-old golden retriever, is Charles' service dog. The two met in 2014, when Charles went to Educated Canines Assisting with Disabilities in Torrington to be paired with one of their dogs, which are trained to help people with physical and emotional disabilities. On his fifth night at the center, Charles suffered one of the nightmares that had plagued him since he retired from the military in 2012.

"He woke me up out of the nightmare and chest-thumped me with his head," Charles recalled. "I was disoriented as to where I was, and I said, 'I got to find the lights.' And when I said the word 'lights,' he went over and turned them on.

"I really believe he is an angel in disguise."

Dozer is one of more than 350 dogs ECAD has placed with veterans, children with autism and people with physical disabilities. ECAD's founders, Lu and Dale Picard, are now expanding their training center in Torrington, marking a new chapter in the center's 22-year history.

"He's helped me regain my sense of pride," Charles said about Dozer. "I'm a different person. I'm much easier to live with."

Match Made In Heaven

Charles returned from a tour in Kuwait with PTSD and a brain injury suffered when he was thrown out of an armored truck — "invisible wounds," he called them. He had planned on getting a master's degree in social work at UConn and working at Veteran's Affairs, but he couldn't concentrate, couldn't rid himself of flashbacks from tours in the Middle East and Bosnia in the '90s. The nightmares were happening three to four times a week, he said.

"I was lost as to what to do with my life," he said. "I had thought I was going to be a social worker ... thought I could spend the rest of my life helping families through the VA. But my doctor said I couldn't do it."

A psychologist suggested he apply for a service dog. Charles filed an application with ECAD, only to be told there was a two-year waiting list. He spent those two years raising money from

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the VA, the VFW and the American Legion to pull together the $25,000 needed to cover the cost of raising a service dog.

A family whose veteran son had taken his own life gave him $10,000. "They felt that if their son had gotten a service dog, that maybe he wouldn't have committed suicide," said Charles.

Finally, Charles met Dozer in 2014. "Without any coaxing he came and put his head between my knees," he recalled. "It was a match made in heaven."

The Picards have been raising service dogs since 1994, when Lu Picard's father suffered a stroke and she trained the family dog, Juliette, to tug him off the couch and pick up the things he dropped. At the time, the Picards were managing convenience stores.

"I said, 'Dale, this what I should do,'" Lu Picard recalled. "Running convenience stores is a job, but I needed something more. I needed something I could be passionate about."

The two started ECAD in 1995 out of a two-car garage in West Granby. They've since moved to a larger facility in Torrington, and last week the Picards broke ground on the new center. They've raised $700,000 for the project, about half its estimated cost.

The 9,000-square-foot building will include housing for clients like Charles, who go through a two-week training session with their dogs before taking them home.

"There's nothing worse than teaching 89 commands to a dog and giving him to someone who has no experience," said Dale Picard. "The dog will just drive you nuts."

Dogs That Open The Fridge

The Picards breed the dogs — all golden retrievers — on-site, and train them for a year before pairing them with clients. The dogs can open doors, fridges and washing machines for the physically disabled; they can press 911 panic buttons when their owners are hurt, and wake veterans like Charles from nightmares.

The dogs are remarkably attuned to their owners' body language.

"I didn't go to a mall for, like, seven years," Charles said. "But now, if I get panicked because too many people are coming towards me, [Dozer] will sense that and pull me away from the crowd or the noise."

The dogs are as indispensable to some clients "as much as their wheelchair is to them, or their cane," said Lu.

Charles credits Dozer with pulling him out of the aimlessness that followed his retirement. The dog has given him a routine — three walks a day, grooming once a day, a toothbrushing every night.

Service dogs can help counter the guilt that often accompanies a disability, Lu said. After the stroke, her father felt he was a burden on his family; there was no convincing him otherwise, not until they trained the dog and he felt he was responsible, again, for something's well-being.

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"Nobody wants to be a burden on anybody," she said, "and the dog needs you as much as you need them."

Dozer has helped Charles stave off the loneliness he sees engulf many veterans, loneliness that has driven some to suicide.

"They lose their social context and become more and more isolated," he said. "But it's very difficult to do that when you've got a service dog that needs to be walked three times a day, and when you need to be groomed and look at least as good as your dog does."

Charles still gets nightmares from time to time. But he has Dozer now; he can feel Dozer's warm mass at his hip, his angel watching over him as he drifts off to sleep.

"I don't know when, but sometime after I fall asleep he gets off the bed and goes to his bed in the corner," he said. "And if I have a nightmare or a night terror, he'll come right over to me and do his job."

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3.5 - KSAT (ABC-12): Rep. Beto O'Rouke lays out veteran, mental health plans at town hall, Congressman running for U.S. senate seat (10 July, Chris Shadrock, 1.1M online visitors/mo; San Antonio, TX)

U.S. Rep. Beto O'Rourke (D-16) announced on Monday his plans at a town hall meeting in Somerset for a piece of legislation dedicated to veterans and mental health.

O'Rourke said an estimated 20 veterans die from suicide every day.

He acknowledged there aren't enough mental health care providers and that it's difficult to get veterans to receive the care they need from the VA.

The El Paso congressman said he hopes to change that with a proposal introduced as the Honor Out Commitment Act of 2017.

"These are ideas that don't have any partisan aspect to them," O'Rourke said. "We just want to serve Americans, veterans, heroes who need our help. We want to make sure we fulfill our commitment obligation to them."

O'Rourke also said he will be running for a spot on the U.S. Senate against Ted Cruz in 2018.

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3.6 - Pantagraph: Veterans Corner 7/10/17 (10 July, 834k online visitors/mo; Bloomington, IL)

Q: I am a friend of a veteran who has serious mental health issues. His limited insurance coverage for such issues is inadequate and he periodically ends up in the emergency room for threatening suicide. He was discharged from military duty with a general discharge under other

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than honorable conditions. I have known him since before he entered military service and I believe that a lot of his mental health issues are related to what he experienced in the service of his country. Does the VA offer any mental health assistance for this type of veteran?

A: Discharges that are other than honorable, including a “general” discharge, are known as “bad paper” and can prevent veterans from receiving federal benefits, such as health care, disability payments, education and housing assistance. In some cases, these veterans were unjustly discharged from the military because of mental health issues. An estimated 22,000 veterans with mental illnesses have received other-than-honorable discharges since 2009. VA Secretary Dr. David Shulkin recently announced that the VA would begin offering VA mental health care services to veterans with less-than-honorable discharges who urgently need it. Such veterans should contact their closest VA clinic or medical center for more information on how to access the mental health emergency services. This change in mental health care is just one of the ways that the VA is responding to the suicide crisis in the military and among veterans.

Q: I am enrolled in VA Health Care and periodically see my VA doctor for a few health issues. I have a 40 percent service-connected disability rating. I currently have applied for a VA guaranteed loan. A part of the application process requires a copy of my most recent disability award letter. I receive an award letter each December from the VA with a statement as to what my monthly compensation will be for the next 12 months. The guarantee loan program is run by the VA; why do I have to get the darn award letter? If I have to get the letter, how do I get a copy?

A: The VA is broken down into many sub-agencies that administer the individual VA programs. For security purposes and to guarantee that the VA loan guarantee administrator is actually dealing with the veteran who is applying for the program, most VA agencies do not share information between agencies. You can call the VA at 800-827-1000 to request a copy of your most recent award letter. Alternatively, if you are enrolled in Myhealthevet, you can go to the myhealthevet.gov website and print a copy.

Did you know?

The state of Illinois provides benefits to veterans that are separate from federal VA benefits. They include tax exemption/reduction for disabled veterans, veterans' preference in hiring for state jobs reporting to the governor, the Illinois Veterans Grant for college tuition and fees waiver and admission to the Illinois VA veterans' homes in Manteno, Quincy, LaSalle and Anna.

Illinois also provides for the exemption of camping and admission fees for certain disabled persons and former prisoners of war who are Illinois residents and who wish to camp in parks under the control of the Illinois Department of Natural Resources. Documentation of disability status is required.

Illinois does not require fishing and/or hunting licenses for disabled veterans with disability ratings from the VA of 10 percent or greater. Contact your local Illinois Department of Veterans Affairs (IDVA) at the Armory on South Main Street in Bloomington to apply for the disabled veteran fishing and hunting licenses.

The Illinois State Fair offers free admission on “Veterans' Sunday” at the state fair to all honorably discharged veterans and their family.

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Cartage fees: When the federal government has furnished a headstone or marker, the Illinois Department of Veterans' Affairs shall pay up to the allowable reimbursement amount for the setting of such marker within Illinois. Currently, the maximum amount is $100 payable upon approval of the application.

Indigent veterans: Each county with a Veterans Assistance Commission (53 of Illinois' 102 counties have VAC offices) shall provide burial for any honorably discharged indigent veteran, or their mothers, fathers, spouse or surviving spouse, or minor children, without sufficient means to defray the funeral expenses. The expense of such burial shall not exceed the sum of $900. Emergency food and transportation may also be provided in certain cases at the VAC offices. Contact your local commission for more information.

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3.7 - WFED (AM-1500, Tom Temin Commentary): VA's new list: Playboy without the centerfold (10 July, Tom Temin, 831k online visitors/mo; Washington, DC)

The first time my mother felt I was old enough to drop off at the barbershop while she went to the grocery store, I naturally picked up one of the Playboy magazines off the table. Alas — this was a small town and a dry one — I was disappointed to discover the good stuff in the middle had been removed. Rats.

That's a little how I felt looking at the Veterans Affairs Department's compilation of adverse employee actions since Jan. 20.

Secretary David Shulkin, a physician, has thrown himself into the management reform effort at VA. I think he relishes it. The latest gambit is posting to VA's website a list of adverse employee actions, to be updated weekly. The initial list has 26 pages each with 29 demotions, suspensions of more than 14 days, and removals. I guess "removal" means firing. That's 749 — the last page is a little short. VA wants to show it's tough on accountability and soft on transparency.

Like the redacted Playboy, the list tantalizes, but doesn't reveal much.

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But some. It lists neither names nor, disappointingly, descriptions of what the people did. The list does give the person's title, VA agency and region, but not specific locations. And it lists the action taken against them.

We learn that violators of some work conditions run the ranks from housekeeping aids (suspension greater than 14 days), to physicians (removed), to police officer, to police chief (both removed). We see disciplinary action against people in all functions of the agency — nurses and nursing assistants, purchasing agents and logistics technicians, program support specialists and secretaries, and senior leaders.

At least one chief of surgery was excised from Region 15.

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VA-19-0799-G-000906

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I didn't make a scatter diagram, but the list seemed weighted towards the lower-level employees — lots of clerks, health aides, laundry workers, laborers, motor vehicle operators and food service workers. I found a mason, a plumber and a carpenter.

Plenty of mid-level people also got kicked. Many nurses and specialists in medical administration, human resources, inventory management and pharmacy. A general attorney.

You'll find a few in the higher ranks: supervisory biomedical engineer, several physicians, several listed as "senior leader."

Know what to do with your Thrift Savings Plan the next time the stock market crashes? Senior Correspondent Mike Causey tells you how to avoid buying high and selling low.

Looking at the list another way, VA separated or otherwise punished people who interact with or touch patients, money, materials and facilities.

VA employees, knowing the agency and region in which they work, can check the date of the action and probably figure out who it was and what they did. But perhaps VA leadership felt listing the specific indiscretions would come too close to privacy violation.

In not quite seven months, 749 people, or about 107 people per month, have been disciplined in one of the three ways mentioned. Out of an employee population of, let's say 325,000, that comes to 0.23 percent.

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3.8 - WKRG (CBS-5): New Mobile V.A. Clinic On Track (10 July, Bill Riales, 272k online visitors/mo; Mobile, AL)

Veterans say after decades of talks, it's about time. Land and permits have been acquired and the new Mobile Veterans Outpatient Clinic is on target to be completed by November 2018.

That's the word from the company that is building the new facility, U.S. Federal Properties of Kansas City, Mo.

Rick Baier who is with the company, says there have been no changes with the project. The new clinic will be about 65 thousand square feet, or about twice as big as the current outpatient location, at the University of South Alabama Hospital building on Springhill Avenue.

Baier says the location is on a tract of land at Rangeline and Halls Mill Roads. Right now there is just trees and scrub brush on the land. He hopes the land can start to be cleared for the project by the end of July.

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3.9 - Johnson City Press: Congressman Roe's response to July 3 protest (10 July, Brandon Paykamian, 196k online visitors/mo; Johnson City, TN)

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VA-19-0799-G-000907

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U.S. Rep. Phil Roe issued a response Monday to last week's protest at the Veterans Affairs Medical Center, Mountain Home, when a disabled veteran complained about the congressman's support for changes in VA drug administration policy.

During a July 3 ceremony honoring Mountain Home's historic buildings, Robert Rose turned his wheelchair to face away from the Republican 1st Congressional District representative to express his opposition to the "Opioid Safety Initiative," which Rose claims restricts access to pain medications for patients and veterans suffering from chronic pain.

On Monday, Roe, R sent an email to the Johnson City Press saying Rose's criticisms and protests were unwarranted, though he acknowledged the concerns of veterans like Rose in regard to their medications being taken away and tapered.

"While I support the goals of this initiative and applaud the VA for taking steps to curb dependence on opioids, I also have been made aware of many concerns from veterans like Mr. Rose that necessary pain management may have been reduced or eliminated too quickly and will conduct oversight through my position as chairman of the House Committee on Veterans' Affairs as to whether the policy needs to be modified," Roe wrote.

Roe believes the issue is more complicated than what Rose claimed. Roe said the new guidelines for restricting the opioid overuse is a measure that has been implemented to combat the national opioid epidemic.

"The Veterans Health Administration has a long history with opioids that began in the 1990s when, along with the American Pain Society and other pain advocates, they declared pain as the '5th vital sign,' which resulted in widespread opioid use — and ultimately a high rate of addiction — to include among the veterans population," Roe said in his email to the Press.

The congressman complained in his email that he was not afforded the opportunity to respond to Rose's criticisms. Roe was not available immediately following Rose's comments to the Press, and the Press' efforts to reach Roe and his staff on July 3 were unsuccessful.

The Press again contacted Roe's office on Monday to request an interview. Lani Short, his press secretary, said the congressman would be unavailable because Roe's schedule was "especially full." Short said "everything he would say is found in the letter below," referring to Roe's email.

Rose said he has suffered because of the guidelines, which were first officially implemented in 2012 after multiple Senate hearings in which experts in pain treatments, such as practitioner Dr. Alex DeLuca, compared measures similar to the initiative to a "death sentence."

Roe said he was disheartened to see veterans like Rose suffer but maintained the guidelines that restrict patients' access to opioids are positive measures, despite the opposition of many veterans like Rose and other doctors who have warned of the dangers of forced tapering of pain medications for people suffering from chronic pain and the disabilities that come with it.

"Our country is in the midst of an opioid epidemic, and East Tennessee is among one of the regions hardest hit by opioid misuse and addiction. There's no question some of VHA's own practices — such as an initial refusal to work with state prescribing databases — have exacerbated this serious problem," Roe said in the email. "No one wants to see a veteran suffer,

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especially not when their pain could be connected to their service to their country, but veterans with chronic pain deserve the opportunity to live normal lives and to have their pain managed in a responsible way.

"That's why VHA and the Department of Defense partnered to issue new guidelines, known as the 'Opioid Safety Initiative,' for the prescribing of opioids as a tool to help providers ensure they are providing veterans and service members with the best care possible."

Roe said he was open to dialogue about the initiative that veterans like Rose have been campaigning against, although Rose said he was not allowed to speak to the congressman last week.

Roe said he is doing everything he can to help the region's veterans.

"Congress is working with the medical community, including providers at VHA, to curb the long-term prescribing of opioids to manage pain within the veteran and general population. In fact, the Comprehensive Addiction and Recovery Act, which I voted for and was signed into law by former President Obama, included a number of provisions to ensure veterans have access to quality care, including pain management programs," Roe said. "CARA also included grant funding to allow the VA Secretary and the Department of Justice to expand veterans treatment courts and provide additional resources for veterans' rehabilitation and substance use treatment programs.

"My priority is — and will always be — ensuring veterans have access to the care and services they have earned. I believe we can work together to combat the opioid epidemic, and that we can do so in a way that minimizes disruptions in patient care, but it's going to require a careful and honest look at where we are and the challenges that lie ahead. I encourage any veteran in the First District to contact any of my offices if they believe I can be of assistance to them or their family. My door is always open," Roe said in his email to the Press.

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3.10 - Circa (Video): Veterans want pot and more accountability as the VA battles the opioid epidemic (10 July, Allison Maass, 22k online visitors/mo; Arlington, VA)

Veteran and Missouri man Joshua Lee has learned the hard way how dangerous opioids can be.

Lee was deployed to Afghanistan in 2009, and today suffers from PTSD, fibromyalgia and arthritis. For the pain, he was prescribed opioids by his physicians through the Department of Veterans Affairs (VA).

But things quickly spun out of control. By August of last year, Lee said he was taking 27 pills a day.

"I didn't think the stuff I was on was going to screw me up that badly until I made a mistake of rescheduling when they were supposed to be mailed to me, and I wound up experiencing withdrawals for the first time in my life. And I realized I'm an addict. I would have done anything to get those pills," Lee said.

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In the U.S. millions of people are addicted to opioids, and the veterans' community is no stranger to the epidemic. A recent report found the guidelines the VA had recommended to manage addiction risks when prescribing opioids had not always been followed, and though progress has been made since, some veterans think there is still a long way to go.

The Office of Special Counsel released a report earlier this month that found in 2014, less than 55 percent of VA patients prescribed long-term opioids were receiving regular urine drug tests (UDT), despite VA guidelines.

UDTs are an essential tool in managing addiction risks, according to Dr. William Becker, assistant professor at General Internal Medicine at Yale School of Medicine.

"I wouldn't want to be prescribing opioids without use of that tool," Becker said.

But the lack of testing came at a time when more veterans were becoming addicted to the pain killer. The number of veterans with opioid-use disorders rose by 55 percent between 2010 and 2015, totaling 68,000 veterans, or 13 percent of the total number of veterans prescribed opioids, according to PBS Frontline.

OSC ordered an investigation into the drug tests after a whistleblower reported patients were improperly prescribed narcotics at the community-based outpatient clinic in Dover, Delaware, part of the Wilmington VA Medical Center. As part of the claims, the whistleblower alleged that a veteran who was a patient at the clinic was prescribed opioids, but was not receiving the regular UDTs recommended by the VA guidelines, and had even gone years without a UDT.

The opioid crisis goes beyond just the veteran community. According to the Center for Disease Control, one in four people prescribed opioids long term will struggle with addiction.

And when it comes to to the number deaths due to drug overdoses related to opioids in the U.S., that number also quadrupled from 1999 to 2015, with 91 Americans dying every day due to opioid overdoses, the CDC said.

But veterans are twice as likely to die from an accidental overdose, according to the National Insitute of Health.

"To the fact that opioids are prescribed more frequently in veteran populations and so because of increased rates of exposure, there's a higher risk for developing opioid use disorder," Becker said.

But the VA has been trying to fight the epidemic for years. In 2010, the VA and the Department of Defense (DOD) had created a set of guidelines to help with the management of opioid therapy, then recommending long-term, opioid-treated patients receive UDTs before being prescribed, and have routine testing after that. An updated set of guidelines was also released in February, still including the recommendation of regular UDTs as part of addiction risk management.

The VA has shown improvement since then. The agency reduced the number of veterans on long-term opioid treatment by over 187,000 from 2012 to 2016, according to the VA, and has even improved on giving UDTs. In 2017, the number of long-term, opioid treated patients receiving a drug test within one year has jumped to 87 percent.

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Veterans prescribed opioids receiving UDTs
U.S. Department of Veterans Affairs

Chart from Veterans Affairs displaying the percentage of veterans on long-term opiod therapy who had received urine drug tests in the last year.

In a statement a VA spokesperson told Circa, "Through education and outreach efforts, VA clinicians have a better understanding of the value UDT can have in certain patients for whom they provide care and they have begun to rely on these tests to a greater degree than they have in the past."

But despite the improvements, some veterans think there is still a long way to go. In fiscal year 2016, there were 66,000 veterans still being treated for addiction to opioids.

Dan Caldwell is the policy director for Concerned Veterans for America and is a veteran himself, serving in the Marine Corps for four years, and in 2009 was deployed to Iraq. He acknowledged that the VA has made some progress, but said they have a long way to go.

"I think the biggest is accountability. When you don't follow the guidelines, you're terminated or your disciplined. They have guidelines in place they put in really starting a couple years ago, but if there's no teeth behind them, then nobody is going to follow them. And that's with everything within the VA," Caldwell said.

And a major step towards improving accountability in the VA, according to Caldwell, was taken on June 23 when President Donald Trump signed a bill making it easier to fire VA employees.

Caldwell also said turning toward privatization of veterans healthcare would also be a big improvement for the VA.

And Lee is also working towards change in the VA system, and in April, he started to take action. He posted a photo on his Facebook page of him holding a clear,plastic bag, filled with over 9,800 smarties, one piece of candy for every pill he has to take in one year, to raise awareness of just how many pills veterans can be prescribed.

Veteran Joshua Lee holding a bag of smarties to represent the number of pills he is prescribed by the VA every year.
Joshua Lee

Veteran Joshua Lee holding a bag of smarties to represent the number of pills he is prescribed by the VA every year.

And after a trip to Colorado for his 15th anniversary with his wife, he said he tried recreational cannabis and it changed his life forever.

"It works so much better than any medication, and it's the only reason I'm not a zombie today. You wouldn't recognize me on my pills, believe me," Lee said.

Lee is now advocating for medical cannabis to be an option for veterans, and is doing so through helping to start the organization Veterans Alliance for Compassionate Access, working with experts and politicians and organizing events.

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"I'm not advocating medical cannabis as a cure all that's going to magically fix someone of their opioid addiction. It takes a combination of actual work on the person's behalf. There is no magic cure. But by combining medical cannabis with actual therapy, it is incredibly more efficient to get people off these addictive drugs and get there lives back in order, and get control of their own lives again," Lee said.

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3.11 - WGCU (NPR-90.1, Audio): VA Expands Emergency Mental Health Care To Vets With OTH Discharges (10 July, Stephanie Colombini, 1.4k online visitors/day; Fort Myers, FL)

This week the Department of Veterans Affairs expanded emergency mental health care to vets with other-than-honorable discharges. It's part of an effort to curb the recent increase in veteran suicide.

According to the VA, the rate of suicide among veterans who don't use VA care is increasing at a much higher rate than for those who do.

Dr. Glenn Catalano with the James A. Haley Veterans Hospital in Tampa says that's why it's critical the agency is now offering emergency mental health care to the over 500,000 vets with OTH discharges -- a group that's not normally eligible for VA benefits.

"Veteran safety is Job One...by expanding the umbrella of care that we can to our veterans, we want to make sure that they're safe and that we can help them get through their transition to the point where they are back to being self-sufficient and taking care of themselves," Catalano said.

Vets with OTH discharges who have a mental health emergency can visit their local VA or call the Veterans Crisis Line to get help. Under the initiative, they may receive care for up to 90 days, which can include inpatient, residential or outpatient care.

During that time, the VA medical center treating the service member and the Veterans Benefits Administration will work to determine if the mental health condition is related to military service, in which case the veteran would be eligible for ongoing coverage.

Vets may be treated using the VA's tentative eligibility authority, but they may receive a bill for the services if it's determined down the line that they are ineligible. But the VA says its providers are able to use a broad interpretation of "related to military service."

Veterans in distress can call the Veterans Crisis Line at 800-273-8255 or text 838255.

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4. Women Veterans

AMERICAN OVERSIGHT

5. Appeals Modernization

6. Strategic Partnerships

6.1 - Managed Healthcare Executive: ICER, VA join to work on drug value, price negotiations (11 July, Tracey Walker, 348k online visitors/mo; North Olmstead, OH)

The Institute for Clinical and Economic Review (ICER) will work with the Department of Veterans Affairs (VA) Pharmacy Benefits Management Services office (PBM) to facilitate their integration of ICER reports into VA's formulary management process of evaluating the comparative clinical effectiveness and value of drugs.

"This process evaluates the comparative clinical effectiveness and value of drugs. ICER will also work with VA staff to develop options for using 'value-based price benchmarks' suggested in ICER reports to support negotiations with pharmaceutical companies—with the goal of maintaining excellent access to important treatments while ensuring prudent use of VA resources," Ndidi Mojay, VA spokesperson, tells Managed Healthcare Executive. "As it has in the past, VA will continue to use ICER reports as part of its drug formulary management processes. VA's overarching goal is to incorporate as much high-quality information as possible, such as that found in ICER reports, into VA's drug review and decision-making processes."

ICER's drug assessment reports include a full analysis of each therapy's comparative clinical effectiveness, cost-effectiveness, and potential budget impact. Patient input is used to inform these analyses and to identify other potential benefits and broader contextual considerations that should be considered in judgments of overall value. ICER uses transparent methods to calculate for each new drug a value-based price benchmark anchored to the benefit the drug brings to patients. For its drug assessment reports, ICER works with the patient community and clinical experts, and invites a broader public engagement by convening public meetings at which independent committees debate the report findings with the input of all stakeholders.

VA uses drug reviews from a variety of sources, therefore using ICER reports in and of itself is not necessarily unique, according to Mojay. However, "from VA's perspective, what is unique about the collaboration arrangement is that VA and ICER staff can engage each other on issues of mutual interest," she says.

ICER itself will determine the products it will consider for review. VA reviews all new molecular entities and prioritizes those reviews based on the needs of the Veteran population.

Focus on value

The goal of the ICER-VA collaboration isn't focused on savings, according to Mojay. "Rather, it focused on assessing value of treatment options and ensuring drugs are used appropriately for patients," she says.

A unique element of this particular evaluation process is utilizing the effectiveness of drugs with a cross analysis of the long-term economics and costs, according to InteliSys Health CEO Tom Borzilleri.

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"In the past, effectiveness was typically assumed based on clinical studies but no comprehensive data has ever been gathered across a defined group of patients using actual treatment effectiveness results and the costs associated with the ingredients prescribed," Borzilleri says.

Managed care executives don't have either the funding or large populations of patients that can be enrolled in studies that are big enough to determine the comparative "value" of new drugs, according to Tom Sullivan, MD, chief strategic officer and chief privacy officer for DrFirst, a software solutions and services provider.

"Adding cost to the equation of outcomes—also known as value—can provide pharmacoeconomic answers that have been difficult to obtain in the past," Sullivan says. "Kaiser and a very few others have some studies that have been previously helpful but the VA has a longer history of attempts to get these answers through large trials. Within the VA, its single vendor, uniform EHR and its successor should also make this easier and less costly to collect and mine the relevant data."

If the studies are well designed and correctly implemented, the findings should lead both tax-supported plans and the private sector to better promote more cost-effective decisions regarding preferred treatments, according to Sullivan. "Further, those finding would lead to formulary policies with appropriate guidance and exceptions. Better adherence will follow if the proper education--and in some case incentives—takes the findings into consideration," he says.

Borzilleri believes that although savings would be difficult to predict, "one would expect that the proposed methodology should provide new insights that may produce actionable data, which will produce improved cost abatement," he says. "When addressing the drug costs across the general population, it's a known fact that affordability has a direct influence and impact on drug compliance, adherence and patient outcomes. Identifying more effective or the most effective treatments will always have a positive impression on patient outcomes. But when addressing a population of patients that receive a fully-paid benefit, where affordability is not part of the equation as is with patients within the VA system, adherence most likely will not be able to be quantified as accurately."

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6.2 - mHealth Intelligence: VA, Air Force Expand Tele-ICU Program for Patient Care, A tele-ICU collaboration between the VA and the Air Force aims to extend patient care for service members in critical condition. (10 July, 53k online visitors/mo; Danvers, MA)

A collaboration between the VA's Midwest Healthcare Network and the Air Force's Medical Operations Agency will open a tele-ICU program to Air Force servicemen at five military treatment centers across the country.

Through this new agreement, the Air Force now can access the VA's centralized tele-ICU capabilities in Minneapolis.

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"For VA, telehealth is revolutionizing the way we practice medicine," said VA Secretary Dr. David J. Shulkin, who also sees patients by telehealth. "Tele-ICU is more than just a way of providing remote care."

"We know it improves the quality of care, decreases costs by supporting evidence-based practices and it improves patient outcomes through decreased ventilator days, ventilator-associated pneumonias and reduced lengths of stay. We are pleased to partner with the Air Force in this effort."

The centralized tele-ICU center will provide specialty care to vulnerable patients at treatment centers in Las Vegas, NV, Hampton, VA, Biloxi, MS, Dayton, OH, and Anchorage, AK.

Through live audio and video feeds, patients can consult with tele-ICU specialists and critical care nurses, as well get updates on their condition status through telecommunication. Specialists can use tele-ICU technology as a way to consult with family members, prescribe medications, order tests, and make diagnoses.

Leaders at both the VA and the Department of Defense (DoD) believe the partnership is a significant step forward in healthcare delivery to veterans and servicemen.

"Collaborative partnerships, such as this agreement with VA, help us provide the best possible care to our service members, military family members and retirees who receive health care through the Department of Defense," said Dr. David Smith, Acting Assistant Secretary of Defense for Health Affairs.

Recently, the VA announced another investment in tele-ICU technology. A new program will connect Eastern Oklahoma VA Health Care System (EOVAHCS) and the Cincinnati VA Tele-ICU Monitoring Center to deliver quality intensive care for veterans who can't immediately reach an ICU specialist.

"We are very excited to partner with the Tele-ICU Monitoring Center at the Cincinnati VA Medical," said Mark Morgan, EOVAHCS Director. "Tele-ICU exemplifies how the VA is leveraging advanced technologies to provide the highest quality services to Veterans."

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7. Supply Chain Modernization

8. Other

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Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 6/15/2017 9:50:26 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Making sure you had call in number for isaakson
Attachments: 20170615_175353.jpg

AMERICAN OVERSIGHT

(b) (6)

From:
Sent: (b) (6) (CLS-House)
To: Thursday, June 15, 2017 12:58 P
Cc: (b) (6) (b) (6)
Subject: O'Connor, Christopher; Ballenge
RE: [EXTERNAL] Phone call w/ Se

Jackie,

The call with Chairman Isakson is set for 5:30PM.
The Secretary is to call (b) (6)
The conference code is

(b) (6)

-----Original Message-----
From: (b) (6)
Sent: Thursday, June 15, 2017 12:01 PM
To: (b) (6) (CLS-House)
Subject: RE: [EXTERNAL] Phone call w/ Senator Isakson

OK. But he does have an interview at 7pm.

-----Original Message-----
From: (b) (6) (CLS-House)
Sent: Thursday, June 15, 2017 12:00 PM
To: (b) (6)
Subject: FW: [EXTERNAL] Phone call w/ Senator Isakson

The call happened

AMERICAN OVERSIGHT

DS_00021634

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/19/2017 10:50:35 AM
To: drshulkin@aol.com; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: VA Private Sector Employees Memo
Attachments: VA Private Sector Employees.docx; Untitled attachment 95663.htm

This is from the general counsel that Marc knows at American University. We have a call at noon with their team who are willing to donate their time to assist HR. Perhaps your new hire would like to be on the call. I assume Poonam is on the call

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** (b) (6) @gmail.com
> **Date:** June 18, 2017 at 4:02:01 PM EDT
> **To:** "brucem(b) (6) @mac.com" <brucem(b) (6) @mac.com>
> **Cc:** (b) (6) <(b) (6) @american.edu>
> **Subject: VA Private Sector Employees Memo**
>
> Dr. Moskowitz:
>
> Attached is a brief memo related to private sector employees working to assist the VA. I will send you an additional memo later this evening.
>
> I look forward to our conference call on Monday.
>
> Thank you,
> (b)
>
> Sent from Mail for Windows 10

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Privileged and Confidential
Attorney Client Work Product

TO: Dr. Bruce Moskowitz

From: (b) (6)
Vice President and General Counsel
American University

Date: June 18, 2017

Potential Approaches for Involving the Private Sector in Management of, and Actions Relating to, Personnel at the Department of Veterans Affairs (VA)

A. New Authority Under S. 1094 – The VA Accountability and Whistleblower Protection Act of 2017

- (b) (5)
-

B. The VA has several options for staffing the new Office:

(b) (5)

(b) (5)

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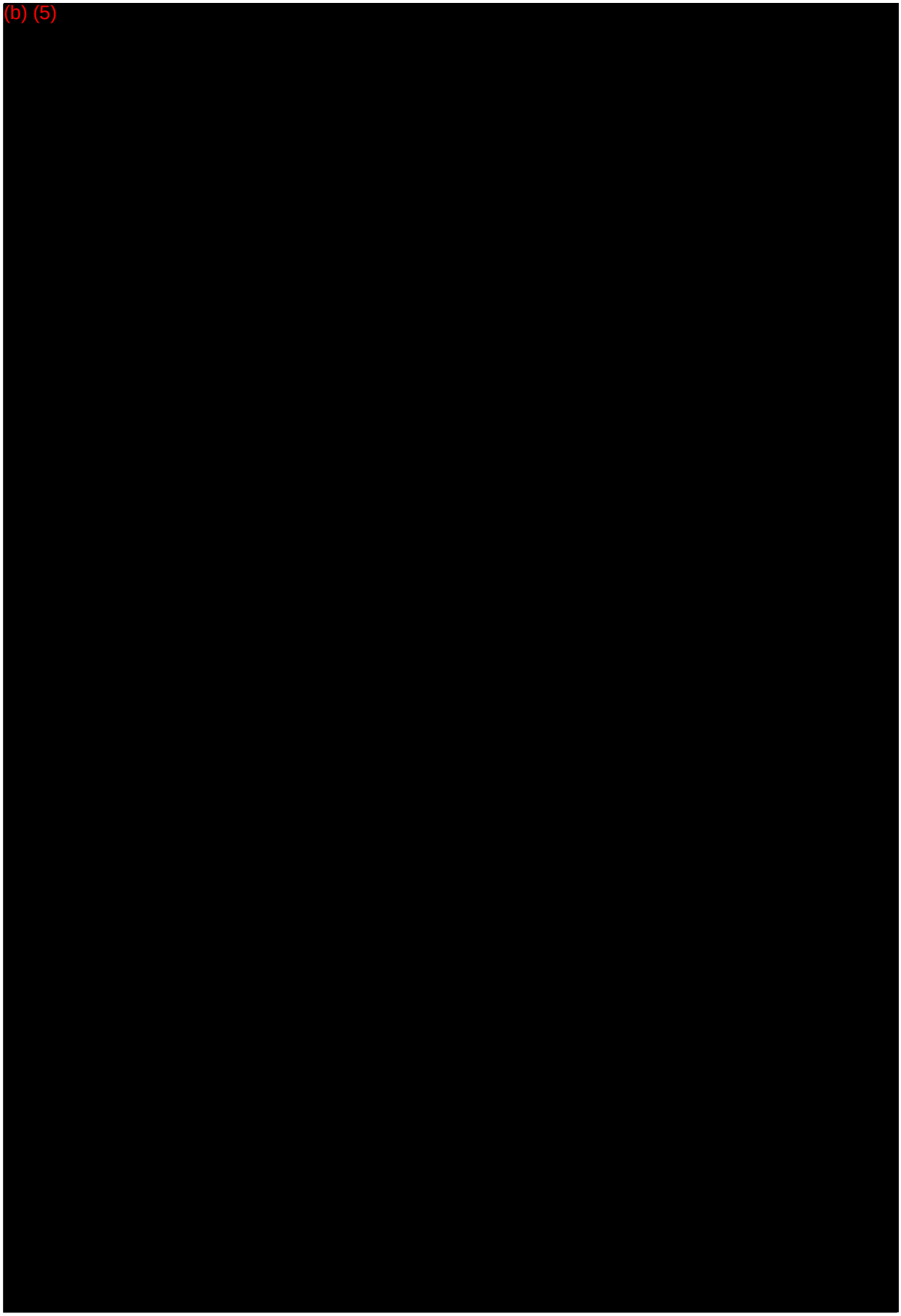
(b) (5)



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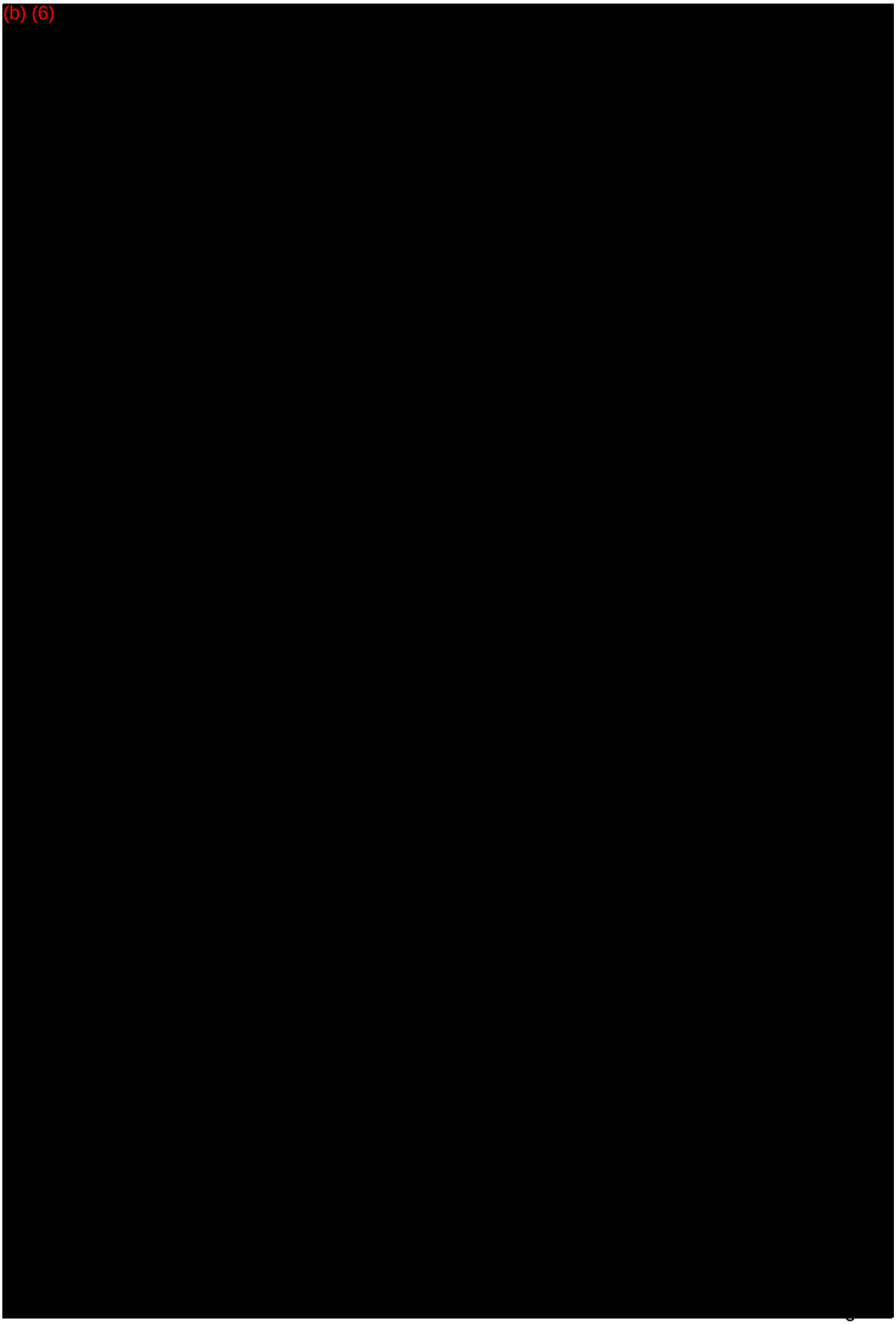

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/14/2017 1:01:01 AM
To: (b) (6) @aol.com
Subject: Re: Call with Apple

No- as PoonAm says- ill be multitasking

Sent from my iPhone

> On Jun 13, 2017, at 8:30 PM, (b) (6) @aol.com wrote:
>
> David- tomorrow is the call with CEO and is a 90 minute discussion. I was originally told that you would not be on the call but you are now on the list of people on the call (as is Poonam). Do you need any info in advance of the call to bring you up to speed? Let me know if I can help. Thanks.
(b)
>
> Sent from my iPhone

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Message

From: (b) (6) @aol.com (b) (6) @aol.com]
Sent: 6/14/2017 12:30:22 AM
To: DJS [drshulkin@aol.com]
CC: Poonam Alaigh MD,MSHCPM,FACP [(b) (6) @hotmail.com]
Subject: Call with Apple

David- tomorrow is the call with CEO and is a 90 minute discussion. I was originally told that you would not be on the call but you are now on the list of people on the call (as is Poonam). Do you need any info in advance of the call to bring you up to speed? Let me know if I can help. Thanks.
(b)

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/17/2017 12:47:43 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Fwd: RE:

May be good

Sent from my iPhone

Begin forwarded message:

> **From:** (b) (6) @gmail.com>
> **Date:** June 16, 2017 at 6:55:18 PM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: RE:**
>
> Secretary Shulkin....It's very nice to hear from you. I had lunch with David today and told him I would be happy to assist you in any way I can. I had no specific area or location in mind when we talked, but I would be willing to help out in any number of ways....from providing interim leadership assignments at hospitals to helping develop strategies and programs for the VA nationally. I served at 8 VA Medical Centers, beginning as a GS-9 trainee and ending in an SES position in Ann Arbor(including Acting Director there for almost a year) before I jumped to the University of Michigan in 1991.
>
> By the way, I'm a Disabled Vietnam vet so I have a soft spot in my heart for our veterans.
>
> I'll be in the DC area at the end of the month as my son-in-law is getting promoted to full colonel and is being transferred to Arlington, VA.
>
> One last thing, I'm glad the VA and the military are finally getting together on an EMR....it will be a significant step forward. Please let me know how I can help. I wish you the very best, (b)
>
> Sent from Mail for Windows 10
>
> ---
>
> **From:** David shulkin
> **Sent:** Friday, June 16, 2017 5:40 PM
> **To:** (b) (6) @gmail.com
> **Subject:**
>
> (b) (6) sent me your cv-
>
> What are you looking to do? Are you looking for specific locations?
>
> Thanjs
>
> David Shulkin
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/27/2017 4:46:19 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: CFO For VA

Id rather go with yours

Sent from my iPhone

> On Jun 27, 2017, at 12:39 PM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>
> I Have 3 that that years of experience at major medical centers, however if the Whitehouse has a list of approved CFO's then the only question is, if it is better to have someone who is already part of a major hospital system. Let me know.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 6/27/2017 4:39:48 PM
To: mbs(b) n@gmail.com; IP [@frenchangel59.com]; drshulkin@aol.com
Subject: CFO For VA

I Have 3 that that years of experience at major medical centers, however if the Whitehouse has a list of approved CFO's then the only question is, if it is better to have someone who is already part of a major hospital system. Let me know.

Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/30/2017 2:55:11 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Town Hall

Cant wait till he goes

Sent from my iPhone

> On Aug 29, 2017, at 10:24 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> We had one here and omg- Scott can really really talk- the Vets would ask one question and he always had to have a final word that lasted for 10-15min each time at a minimum. The guy simply loves to hear himself!!
>
> Sent from my iPhone

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Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/30/2017 2:24:29 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Town Hall

We had one here and omg- Scott can really really talk- the Vets would ask one question and he always had to have a final word that lasted for 10-15min each time at a minimum. The guy simply loves to hear himself!!

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/13/2017 4:03:54 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: Draft agenda for tomorrow

Ok

Sent from my iPhone

> On Jun 13, 2017, at 12:01 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> We will call you this afternoon- David, maybe after the VSO call if we finish early since we will be together?
>
> Sent from my iPhone
>
>> On Jun 13, 2017, at 8:47 AM, Bruce Moskowitz <brucem(b) (6) mac.com> wrote:
>>
>> I need to talk with you for 5 minutes about the Daren problem and call tomorrow. David you need to talk first not Daren he needs to be silent you need to give the path forward for portable EMR. Please review the agenda.
>>
>>
>>
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>> <confcallagenda.docx>

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/13/2017 4:01:44 PM
To: Bruce Moskowitz [brucem(b) (6)@mac.com]
CC: David shulkin [drshulkin@aol.com]
Subject: Re: Draft agenda for tomorrow

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Sent from my iPhone

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>
>
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> Sent from my iPad
> Bruce Moskowitz M.D.
> <confcallagenda.docx>

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/13/2017 2:16:48 PM
To: Darin Selnick [(b) (6)]@gmail.com]
Subject: Fwd: Draft agenda for tomorrow
Attachments: confcallagenda.docx; Untitled attachment 95780.htm

Sent from my iPhone

Begin forwarded message:

> **From:** Bruce Moskowitz <brucem(b) (6))@mac.com>
> **Date:** June 13, 2017 at 8:43:43 AM EDT
> **To:** David shulkin <drshulkin@aol.com>, Poonam Alaigh <(b) (6) @hotmail.com>
> **Subject: Draft agenda for tomorrow**

AMERICAN OVERSIGHT

Conference Call | VA, Apple & Medical/Digital Experts

Date: Wednesday | June 14, 2017

Time: 11 a.m. – 12:30 p.m. ET/10 – 11:30 a.m. CT/8 – 9:30 a.m. PT

Dial-in Information: *United States*: 1.866.244.(b)

International: 719.457.(b)

Passcode: (b) (6)

Commented [CWG1]: Exploring options for a more "moderated" type conference call capability.

Participants:

Bruce Moskowitz, M.D.
Marc Sherman
Ike Perlmutter

Apple:
(b) (6) – Apple, Chief Executive Officer
(b) (6) – Apple, Chief Operating Officer
(b) (6) – Apple, Director of Global Government
(b) (6) – Apple, Vice President for Public Policy and Government Affairs

Office of Veterans Affairs:
David Shulkin, M.D. – Secretary of Veterans Affairs
Poonam Alaigh, M.D. – Acting Under-Secretary for Health
Darin Selnick – Senior Advisor to the Secretary
Rob C. Thomas II – Acting Assistant Secretary & Chief Information Officer
Department of Veterans Affairs
(b) (6) – Senior Advisor, Acting Under-Secretary for Health, Department of Veterans Affairs, Veterans Health Administration

Medical Institutions:
Christopher Ross – Chief Information Officer, Mayo Clinic
(b) (6) M.D. – Associate Dean/Center for Connected Care, Mayo Clinic
(b) (6) – Interim Chief Information Officer, Cleveland Clinic
(b) (6) M.D. – Associate Chief Information Officer, Cleveland Clinic
Stephanie L. Reel – Senior Vice President and CIO, Johns Hopkins Health System, Johns Hopkins Medicine, Vice Provost and CIO, Johns Hopkins University
(b) (6) – Senior Vice President, Care Delivery Technology Services, Kaiser Permanente
(b) (6) – Cofounder, CEO - Responsive Health
(b) (6) M.D. – Co-founder, Responsive Health/ Mount Sinai Health System
(b) (6) – Payer Advisor, Responsive Health
(b) (6) – Development Head, Responsive Health
(b) (6) - SME for Public Sector, Responsive Health
Aaron Moskowitz – Biomedical Research & Education Foundation, Executive Director
(b) (6) M.D. – Vice President, Connected Health | Partners HealthCare
(b) (6) M.D. – Chief Information Officer and Vice President, Information Systems, Brigham Health

Moderator:
(b) (6) – Chair, Department of Public Affairs/Mayo Clinic

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Agenda:

1) Introductions – (b) (6), Moderator

2) Review/Discussion of Purpose of Call – All
   Draft Meeting Objectives:
   - Consensus/endorsement of goals
   - Define roadmap and next steps
   - Determine core working team moving forward/ARCIV

3) Project Objectives/Status | Veteran's Administration Perspective – David Shulkin, M.D.

4) Perspective of the Medical Experts – What Works/What Doesn't – Medical Experts
   - Status of portable medical record for the private sector
   - What will it take to get to "state of the art?"
     - Preventive health/early detection of disease
     - How does the medical record pick up that which may threaten health
   - What are medical centers working on that has been well received by patients?

5) Discussion of Digital/Veteran Platform Project Road Map – Stephanie Reel

Digital Veteran
Platform Experience.(

The attachment that reflects shared perspective of medical providers/Apple team.

6) Review/Discussion of Potential Project Requirements – All
   - Clinical needs re: obtaining information from the patient's EMR
     - Quick reference screen
       - Patient problem list
       - Medications
       - Allergies
       - Laboratory results
       - Diagnostic tests by specialty
       - Clinical notes by specialty
   - Dynamic vs. static EMR
   - Early disease detection
   - Chart medication adherence
   - Laboratory results depicted by in graph form to permit lifestyle modification conversations
   - Alerts for follow-up appointments/tests
   - Integration of clinical notes, lab and diagnostic text into integrated platform

7) Next steps Discussion:
   - Defining the core working team – ARCIV
   - Timeline

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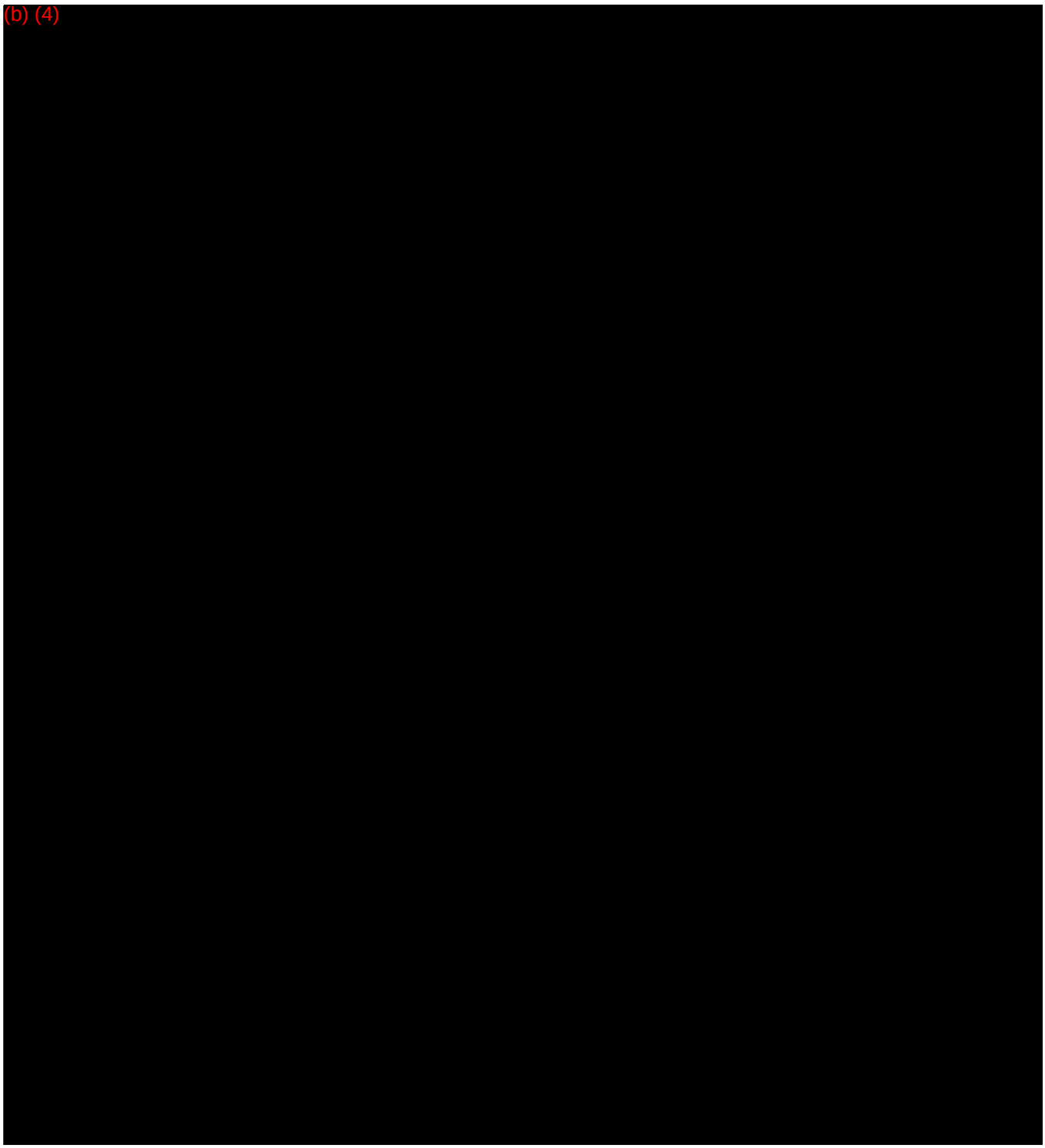
Digital Veteran Platform:
Veteran-Mediated Data Exchange

Background

(b) (4)



Confidential - Internal Only

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(b) (4)

[redacted]

Proposal

(b) (4)

[redacted]

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(b) (4)

[redacted]

Guiding Principles

(b) (4)

[redacted]

Next Steps

(b) (4)

[redacted]

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(b) (4)

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Sent from my iPad
Bruce Moskowitz M.D.

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Message

From: Bruce Moskowitz [brucemc(b) (6) @mac.com]
Sent: 6/13/2017 12:43:43 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Draft agenda for tomorrow
Attachments: confcallagenda.docx; Untitled attachment 95786.txt

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(b) (6) - SME for Public Sector, Responsive Health
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AMERICAN OVERSIGHT

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The attachment that reflects shared perspective of medical providers/Apple team.

6) Review/Discussion of Potential Project Requirements – All
   - Clinical needs re: obtaining information from the patient's EMR
     - Quick reference screen
       - Patient problem list
       - Medications
       - Allergies
       - Laboratory results
       - Diagnostic tests by specialty
       - Clinical notes by specialty
   - Dynamic vs. static EMR
   - Early disease detection
   - Chart medication adherence
   - Laboratory results depicted by in graph form to permit lifestyle modification conversations
   - Alerts for follow-up appointments/tests
   - Integration of clinical notes, lab and diagnostic text into integrated platform

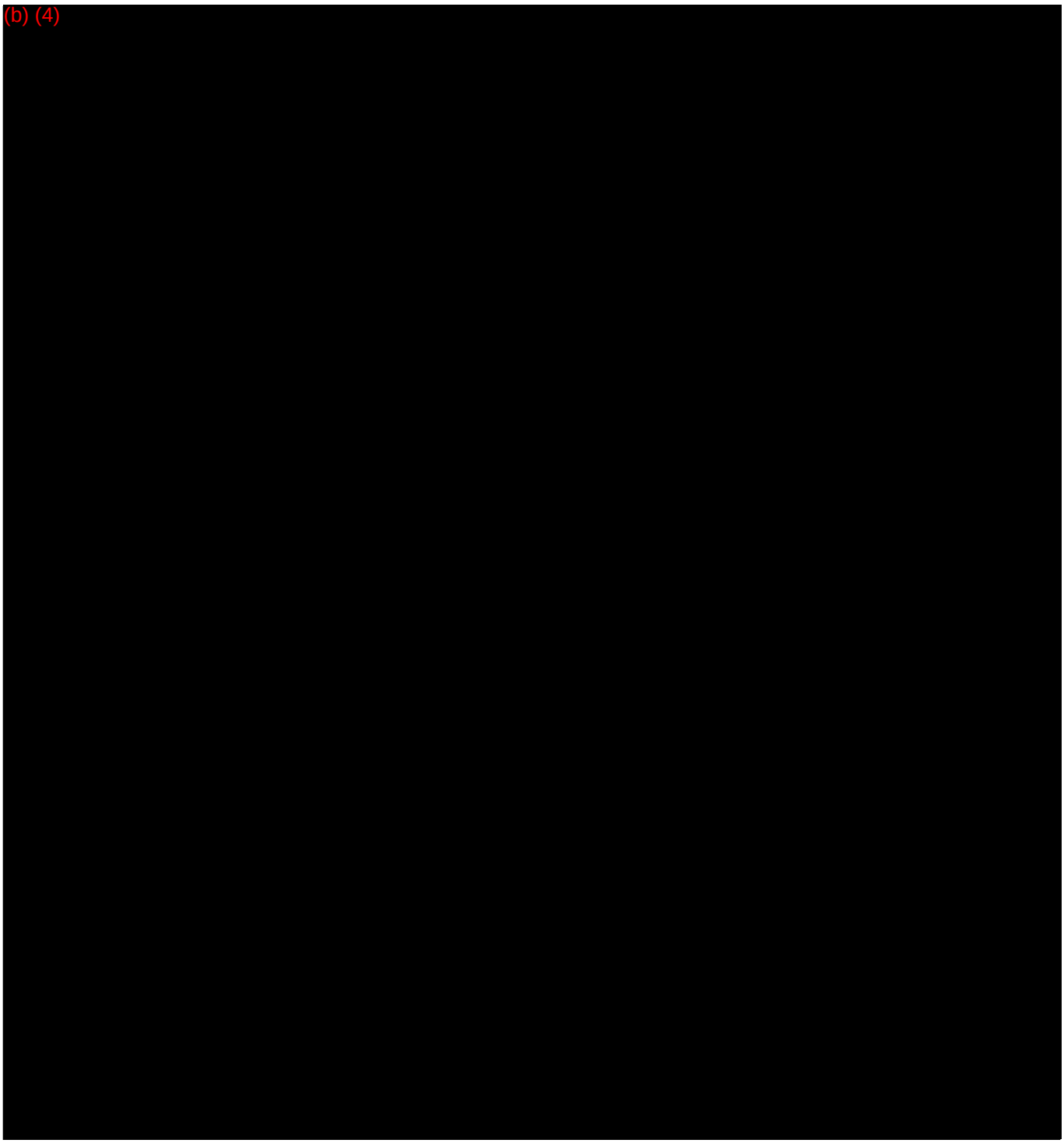
7) Next steps Discussion:
   - Defining the core working team – ARCIV
   - Timeline

AMERICAN OVERSIGHT

Digital Veteran Platform:
Veteran-Mediated Data Exchange

Background

(b) (4)



AMERICAN OVERSIGHT

(b) (4)

[redacted]

Proposal

(b) (4)

[redacted]

AMERICAN OVERSIGHT

(b) (4)

[redacted]

Guiding Principles

(b) (4)

[redacted]

Next Steps

(b) (4)

[redacted]

AMERICAN OVERSIGHT

(b) (4)

AMERICAN OVERSIGHT

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/5/2017 6:22:44 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Pic
Attachments: IMG_2475.JPG.jpeg; ATT00001.txt

You look so chummy with Jen- lol

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6)@gmail.com]
Sent: 6/19/2017 11:52:03 AM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6)@gmail.com]; Poonam Alaigh [(b) (6)@hotmail.com]
Subject: Re: Phil Roe

Let me know and I will get a committee together. They will do it for free however if there was the ability to receive a percentage of actual savings as a consulting group that would be best to get a commitment of time and longevity to the process. Let me know and I will proceed.

Sent from my iPad
Bruce Moskowitz M.D.

> On Jun 19, 2017, at 7:43 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> This is clearly a priority for us
>
> I prefer not to go through congress for this- as it gets politicized and is always twisted- i thibk we should do this directly with the amcs
>
> Sent from my iPhone
>
>> On Jun 19, 2017, at 5:57 AM, Bruce Moskowitz <brucem(b) (6)@gmail.com> wrote:
>>
>> In view of his remarks on the budget, it seems beneficial to tap the 5 academic centers to put together a group that studies how to reduce costs. I am aware that each of our partners has an active group that continually monitors cost savings in health care delivery.
>>
>> Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, warned against wasteful spending and said the VA budget needs a "hard look." Throwing money at a problem rarely makes it go away and, when it does, the solution is often temporary," Roe said. "It is time for the VA to take a hard look at how resources are allocated and make some tough calls about how to best serve our veterans and their families in a budget environment that is not infinite."
>>
>> Sent from my iPad
>> Bruce Moskowitz M.D.
>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/19/2017 11:43:51 AM
To: Bruce Moskowitz [brucemo(b) (6) @gmail.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mb(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Phil Roe

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I prefer not to go through congress for this- as it gets politicized and is always twisted- i thibk we should do this directly with the amcs

Sent from my iPhone

> On Jun 19, 2017, at 5:57 AM, Bruce Moskowitz <brucem(b) (6) @gmail.com> wrote:
>
> In view of his remarks on the budget, it seems beneficial to tap the 5 academic centers to put together a group that studies how to reduce costs. I am aware that each of our partners has an active group that continually monitors cost savings in health care delivery.
>
> Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, warned against wasteful spending and said the VA budget needs a "hard look." Throwing money at a problem rarely makes it go away and, when it does, the solution is often temporary," Roe said. "It is time for the VA to take a hard look at how resources are allocated and make some tough calls about how to best serve our veterans and their families in a budget environment that is not infinite."
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6)@gmail.com]
Sent: 6/19/2017 10:57:41 AM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)@hotmail.com]
CC: mbs(b) (6)@gmail.com; IP [@frenchangel59.com]
Subject: Phil Roe

In view of his remarks on the budget, it seems beneficial to tap the 5 academic centers to put together a group that studies how to reduce costs. I am aware that each of our partners has an active group that continually monitors cost savings in health care delivery.

Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, warned against wasteful spending and said the VA budget needs a "hard look." Throwing money at a problem rarely makes it go away and, when it does, the solution is often temporary," Roe said. "It is time for the VA to take a hard look at how resources are allocated and make some tough calls about how to best serve our veterans and their families in a budget environment that is not infinite."

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/23/2017 12:21:20 AM
To: Drshulkin@aol.com
Subject: Don't understand

The (b) (6) gig and everything he and his team is getting involved with- but you deal with it, I have my work cut out for me

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/15/2017 12:44:37 AM
To: Bruce Moskowitz [brucem(b) (6)@mac.com]
CC: drshulkin@aol.com
Subject: Re: Ike

Yes, agree- thanks

Sent from my iPad

> On Jun 14, 2017, at 12:14 PM, Bruce Moskowitz <brucem(b) (6)mac.com> wrote:
>
> Ike and I agree on the governing body we need Apple and the 5 CEO's. I know from who has been active from the academic centers who will put their heart and soul into the actual work product
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @me.com]
Sent: 6/30/2017 10:12:48 AM
To: (b) (6) @yahoo.com; Byrne Family [(b) (6) @verizon.net]
Subject: Virtual Introduction

Tom meet Jim meet Tom.

Tom Bowman is nominee to be Dr. Shulkin's Deputy at the VA. Jim is nominee to be the General Counsel for the VA. His session with the subcommittee is apparently scheduled for July 19.

I thought it might be good for you two terrific individuals to be introduced to each other at this stage.

Tom (b) (6)
Jim (b) (6)

I look forward to time with each of you in the future.

Thank you.

(b) (6)

[redacted]

O. (b) (6) | **M.** (b) (6) | **F.** (b) (6)
www.(b) (6) leadership.com

Chair, Vistage CEO Board NYC Metro (CEO peer advisory board)
President: The Point Group Network (private CEO coach network)
Member: Business Executives for National Security
Former Host: Master Class (CEO interview with student Q&A series at Pace University)
Former Board Member: Harvard Community Partners (pro bono alumni service for not for profit leaders in CT)
Random House Author:
what made jack welch JACK WELCH,
How Ordinary People Become Extraordinary Leaders
(Random House 2007)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/29/2017 1:13:48 AM
To: Ike Perlmutter [[redacted]@frenchangel59.com]

This is interesting to read about the guy in the white house personnel office

http://www.politico.com/story/2017/06/28/tillerson-blows-up-at-white-house-aide-240075

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/26/2017 10:54:11 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Today

Ok

Sent from my iPhone

> On Jun 26, 2017, at 5:39 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Are we still on for dinner today- is so, can we meet st Rasoi Indian restaurant -1810 K- I can also meet as early as 6pm if it works for you
>
>
> Monday's are long days starting at 3am for me and want to see if we can just meet right after work so that I can call it a night soon- let's also have our folks drive us - we have business to conduct so should be fine
>
>
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/26/2017 9:39:50 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Today

Are we still on for dinner today- is so, can we meet st Rasoi Indian restaurant -1810 K- I can also meet as early as 6pm if it works for you

Monday's are long days starting at 3am for me and want to see if we can just meet right after work so that I can call it a night soon- let's also have our folks drive us - we have business to conduct so should be fine

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/26/2017 2:53:32 AM
To: Bruce Moskowitz [brucemc(b) (6) @mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @gmail.com]
Subject: Re: Areas for five med centers

Ok will do

Sent from my iPhone

On Aug 23, 2017, at 11:46 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> Quite appropriate. I think it would be best if you directly asked the CEO's to be involved and get their direct input on the specifics.
>
> Sent from my iPad
> Bruce Moskowitz M.D.
>
> On Aug 23, 2017, at 10:42 AM, David Shulkin <secshulkin@gmail.com> wrote:
>
> > Ike- here are the proposed areas for the five centers
> >
> > **Subject: Areas for five med centers**
> >
> > 1. Procurement/logistics
> >
> > 2. Human Resources
> >
> > 3. Finance
> >
> > 4. IT
> >
> > 5. Public Relations
> >
> > 6. Cost Utilization choice
> >
> > 7. Construction/Facility management
> >
> > 8. Academic Relationships and GME
> >
> > 9. Research Portfolio
> >
> > 10. Quality in Choice Network
> >
> > 11. Cost Savings

AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/23/2017 3:46:53 PM
To: David Shulkin [secshulkin@gmail.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Poonam Alaigh [(b) (6) @gmail.com]
Subject: Re: Areas for five med centers

Quite appropriate. I think it would be best if you directly asked the CEO's to be involved and get their direct input on the specifics.

Sent from my iPad
Bruce Moskowitz M.D.

On Aug 23, 2017, at 10:42 AM, David Shulkin <secshulkin@gmail.com> wrote:

Ike- here are the proposed areas for the five centers

Subject: Areas for five med centers

1. Procurement/logistics
2. Human Resources
3. Finance
4. IT
5. Public Relations
6. Cost Utilization choice
7. Construction/Facility management
8. Academic Relationships and GME
9. Research Portfolio
10. Quality in Choice Network
11. Cost Savings

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/23/2017 2:42:57 PM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
CC: Marc Sherman [mbs(b) (6)@gmail.com]; Bruce Moskowitz [brucemo(b) (6)@mac.com]; Poonam Alaigh [(b) (6)@gmail.com]
Subject: Fwd: Areas for five med centers

Ike- here are the proposed areas for the five centers

Subject: Areas for five med centers

1. Procurement/logistics

2. Human Resources

3. Finance

4. IT

5. Public Relations

6. Cost Utilization choice

7. Construction/Facility management

8. Academic Relationships and GME

9. Research Portfolio

10. Quality in Choice Network

11. Cost Savings

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/21/2017 11:58:36 PM
To: David Shulkin [secshulkin@gmail.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: Areas for five med centers

Well done I would add quality of care review for both VA and Choice.
Second I would use the academic centers to determine cost savings and income strategies
Third I would recommend the VA work with the 5 centers to determine which research projects merit funding.

Sent from my iPhone

On Aug 21, 2017, at 7:32 PM, David Shulkin <secshulkin@gmail.com> wrote:

> Bruce- this is what my initial list looks like but you may have other ideas or suggestions
>
> David
>
> **Subject: Areas for five med centers**
>
> 1. Procurement/logistics
> 2. Human Resources
> 3. Finance
> 4. IT
> 5. Public Relations
> 6. Cost Utilization choice
> 7. Construction/Facility management
> 8. Academic Relationships and GME
> 9. Research - Genomics
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/21/2017 11:32:11 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Ike Perlmutter [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Fwd: Areas for five med centers

Bruce- this is what my initial list looks like but you may have other ideas or suggestions

David

Subject: Areas for five med centers

1. Procurement/logistics

2. Human Resources

3. Finance

4. IT

5. Public Relations

6. Cost Utilization choice

7. Construction/Facility management

8. Academic Relationships and GME

9. Research - Genomics

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: [redacted] [redacted]@gmail.com]
Sent: 8/14/2017 9:31:51 PM
To: David Shulkin [drshulkin@aol.com]
Subject: MT, Reno, NY

Sunday, Dinner with Tester and staff. Will invite medical center and visn director

Monday, Two events with Senator in addition to medical center tour etc.

Tuesday, Reno VAMC

Wed, American Legion

Thursday, in DC

Friday, leave DC around 1 to get to reception and dinner in Hamptons at 630

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 6/17/2017 8:43:53 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Dinner june 27 - 7 pm

As long as helping #2 is chocolate.

Marc Sherman
(b) (6)

On Jun 17, 2017 2:44 PM, "David shulkin" <Drshulkin@aol.com> wrote:
If they get two responses youll need to eat twice as much

Sent from my iPhone

On Jun 17, 2017, at 2:43 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> I will do it when i get home. It sounds like there
> Is a problem with their system if they didn't get multiple responses as that is the address i sent my original RSVP to.
>
> Marc Sherman
> (b) (6)
>
> On Jun 17, 2017 2:28 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> For the dinner on the 27 th for some reason the embassy has not heard from you - it may just be an error but just in case for security purposes would you be able to confirm your attendance- would you please confirm your rsvp at :
>
> events@egyptembassy.net
>
> Thanks
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: thomas bowman [(b) (6) @yahoo.com]
Sent: 6/17/2017 7:35:31 PM
To: Drshulkin@aol.com; David Shulkin [drshulkin@aol.com]
Subject: Re: Dinner june 27 - 7 pm

Will do.....is this single to me or does it also include a guest with me.....

Sent from Yahoo Mail on Android

On Sat, Jun 17, 2017 at 2:28 PM, David shulkin
<Drshulkin@aol.com> wrote:

> For the dinner on the 27 th for some reason the embassy has not heard from you - it may just be an error but just in case for security purposes would you be able to confirm your attendance- would you please confirm your rsvp at :
>
> events@egyptembassy.net
>
> Thanks
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/17/2017 6:44:27 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: Dinner june 27 - 7 pm

If they get two responses youll need to eat twice as much

Sent from my iPhone

On Jun 17, 2017, at 2:43 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> I will do it when i get home. It sounds like there
> Is a problem with their system if they didn't get multiple responses as that is the address i sent my original RSVP to.
>
> Marc Sherman
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>
> On Jun 17, 2017 2:28 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> For the dinner on the 27 th for some reason the embassy has not heard from you - it may just be an error but just in case for security purposes would you be able to confirm your attendance- would you please confirm your rsvp at :
>
> events@egyptembassy.net
>
> Thanks
>
> David
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 6/17/2017 6:43:04 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: Dinner june 27 - 7 pm

I will do it when i get home. It sounds like there
Is a problem with their system if they didn't get multiple responses as that is the address i sent my original RSVP to.

Marc Sherman
(b) (6)

On Jun 17, 2017 2:28 PM, "David shulkin" <Drshulkin@aol.com> wrote:
For the dinner on the 27 th for some reason the embassy has not heard from you - it may just be an error but just in case for security purposes would you be able to confirm your attendance- would you please confirm your rsvp at :

events@egyptembassy.net

Thanks

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 7/29/2017 10:10:51 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: My back pain is now news

I can deal with the feisty, fiery David that more than occasionally irritates, annoys and frustrates me, but not this David in so much pain

Sent from my iPad

On Jul 29, 2017, at 5:03 PM, David shulkin <Drshulkin@aol.com> wrote:

> Ok thanks
>
> Sent from my iPhone
>
> On Jul 29, 2017, at 5:35 PM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:
>
> > Everything you do makes news- forgot to tell you but when we were in the flight yesterday to NO, you must of stood up in the isle and there were a number of whispers behind where I was sitting where folks were saying" that is David Shulkin etc etc". We need you to be better asap- hard to see you in so much pain - keep me posted with daily updates
> >
> > Sent from my iPhone
> >
> > On Jul 29, 2017, at 3:53 PM, David Shulkin <drshulkin@aol.com> wrote:
> >
> > > http://www.nola.com/national_politics/2017/07/veterans_shulkin_assures_trans.html
> > >
> > > Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/29/2017 8:53:19 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: My back pain is now news

http://www.nola.com/national_politics/2017/07/veterans_shulkin_assures_trans.html

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/6/2017 11:04:45 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Es Nash

Always has

By the way Lonnie wants to meet with me alone for the first part of the meeting but then i can bring in in for the rest if you want to meet him

I think he is here on a sales job for his new company so its just a courtesy visit

I suspect he wants to tell me privately that he wants to cone to va to help- but he is really more fluff than substsnce

Sent from my iPhone

> On Aug 6, 2017, at 2:08 PM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> She really looks anorexic
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/6/2017 6:08:37 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Es Nash

She really looks anorexic

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 6/13/2017 11:54:36 PM
To: Bruce Moskowitz [brucem(b) (6)@mac.com]
CC: David Shulkin [drshulkin@aol.com]
Subject: Re: APple

Thanks Bruce- really helpful

Sent from my iPad

> On Jun 13, 2017, at 5:54 PM, Bruce Moskowitz <brucem(b) (6)mac.com> wrote:
>
> Will leave you to devise welcome.
> We need to acknowledge the great progress the VA team and Apple have made in working on geotagging to the Veterans location where they may access care in the private sector in a timely basis. Second great progress has been made to develop a platform, so records from the Va are available to any health care worker in the private sector.
> Now we have to take it to the next level what Apple and our 5 academic partners excel in, a portable medical record that provides the community health care team information from the health care record that is pertinent to the care of the patient without the need to sift through multiple levels of information. We also need to be sure that health care in the private sector gets entered into a well integrated patient platform that can be accessed by the VA health care team.
> Finally we can not stop there, we have to go for a revolutionary health care record that promotes wellness and early detection of disease.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/23/2017 11:22:28 AM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Philly today?

No staying in dc

Sent from my iPhone

> On Jun 23, 2017, at 5:42 AM, Poonam Alaigh <palaigh@hotmail.com> wrote:
>
> Are you heading home today? I am in the 5pm train in case you are
>
> Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 6/23/2017 9:42:25 AM
To: Drshulkin@aol.com
Subject: Philly today?

Are you heading home today? I am in the 5pm train in case you are

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/13/2017 2:01:10 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Fwd: Analysis of comments

Sent from my iPhone

Begin forwarded message:

> **From:** David shulkin <Drshulkin@aol.com>
> **Date:** June 13, 2017 at 6:55:47 AM EDT
> **To:** (b) (6) <(b) (6) hotmail.com>, (b) (6) <(b) (6) @gmail.com>, (b) (6) @gmail.com
> **Subject: Analysis of comments**
>
> https://www.google.com/amp/s/amp.cnn.com/cnn/2017/06/12/politics/trump-cabinet-ranked/index.html
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2018 3:38:08 PM
To: (b) (6) [(b) (6) @nglbrg.com]
Subject: Re: Pricing

Got it- sorry

Sent from my iPhone

> On Feb 2, 2018, at 10:03 AM, David shulkin <Drshulkin@aol.com> wrote:
>
> Can you send us your number and we will call you at 1230 pm et?
>
> Sent from my iPhone
>
>> On Feb 2, 2018, at 9:22 AM, (b) (6) <(b) (6) g@nglbrg.com> wrote:
>>
>> Dear Dr. Shulkin:
>>
>> Thank you for reaching out to me. I can be available at 1230pm today.
>>
>> To facilitate the discussion, I am attaching a copy of my CV. Also a copy of the last piece I published on drug prices. For a variety of reasons, the Veterans Administration is well-positioned to play an important role in bringing down drug prices and reducing the shortages that exist for some older drugs. Your leadership on these issues can make an important difference and I am happy to be of assistance in any way that might be useful to you .
>>
>> You can reach me at(b) (6) .
>>
>> (b) (6)
>> (b) (6) g@nglbrg.com
>>
>> -----Original Message-----
>> From: David shulkin [mailto:Drshulkin@aol.com]
>> Sent: Friday, February 2, 2018 7:42 AM
>> To: (b) (6) <(b) (6) g@nglbrg.com>
>> Cc: Bruce Moskowitz <bruce(b) (5) mac.com>
>> Subject: Pricing
>>
>> Dr (b) (6) I was given your name by Dr Bruce Moskowitz. We are working on drug pricing and I wondered if We might have the opportunity to speak.
>>
>> I have time today at 1230 pm or at 2 pm or monday at 11 am. if better i have time either saturday or sunday.
>>
>> Please let me know.
>>
>> Thank you
>>
>> David Shulkin MD
>> Secretary, US Department of Veteran Affairs
>>
>> Sent from my iPhone
>> <3WaysTrump can Lower Drug Prices.pdf>
>> <ABEBIO.DOC>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @nglbrg.com]
Sent: 2/2/2018 3:22:10 PM
To: David shulkin [Drshulkin@aol.com]
CC: (b) (6) [(b) (6) va.gov]
Subject: RE: Pricing

(b) (6) office--call this one
(b) (6) mobile

(b) (6)
(b) (6) g@nglbrg.com

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Friday, February 2, 2018 10:03 AM
To: (b) (6) <(b) (6) @nglbrg.com>
Cc: (b) (6) (b) (6) @va.gov>
Subject: Re: Pricing

Can you send us your number and we will call you at 1230 pm et?

Sent from my iPhone

> On Feb 2, 2018, at 9:22 AM, (b) (6) <(b) (6) g@nglbrg.com> wrote:
>
> Dear Dr. Shulkin:
>
> Thank you for reaching out to me. I can be available at 1230pm today.
>
> To facilitate the discussion, I am attaching a copy of my CV. Also a copy of the last piece I published on drug prices. For a variety of reasons, the Veterans Administration is well-positioned to play an important role in bringing down drug prices and reducing the shortages that exist for some older drugs. Your leadership on these issues can make an important difference and I am happy to be of assistance in any way that might be useful to you .
>
> You can reach me at (b) (6).
>
> (b) (6)
> (b) (6) g@nglbrg.com
>
> -----Original Message-----
> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Friday, February 2, 2018 7:42 AM
> To: (b) (6) <(b) (6) g@nglbrg.com>
> Cc: Bruce Moskowitz <brucem(b) (5) mac.com>
> Subject: Pricing
>
> Dr (b) (6) I was given your name by Dr Bruce Moskowitz. We are working on drug pricing and I wondered if We might have the opportunity to speak.
>
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> Please let me know.
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> Thank you
>
> David Shulkin MD
> Secretary, US Department of Veteran Affairs
>
> Sent from my iPhone
> <3WaysTrump can Lower Drug Prices.pdf> <ABEBIO.DOC>

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2018 3:03:13 PM
To: (b) (6) [(b) (6) @nglbrg.com]
CC: (b) (6) [(b) (6) va.gov]
Subject: Re: Pricing

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Sent from my iPhone

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> You can reach me at (b) (6).
>
> (b) (6)
> (b) (6) g@nglbrg.com
>
> -----Original Message-----
> From: David shulkin [mailto:Drshulkin@aol.com]
> Sent: Friday, February 2, 2018 7:42 AM
> To: (b) (6) <(b) (6) g@nglbrg.com>
> Cc: Bruce Moskowitz <brucem(b) (5) mac.com>
> Subject: Pricing
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> Dr (b) (6) I was given your name by Dr Bruce Moskowitz. We are working on drug pricing and I wondered if We might have the opportunity to speak.
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> Secretary, US Department of Veteran Affairs
>
> Sent from my iPhone
> <3WaysTrump can Lower Drug Prices.pdf>
> <ABEBIO.DOC>

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@nglbrg.com]
Sent: 2/2/2018 2:22:25 PM
To: David shulkin [Drshulkin@aol.com]
CC: Bruce Moskowitz [brucem(b) (6)@mac.com]
Subject: RE: Pricing
Attachments: 3WaysTrump can Lower Drug Prices.pdf; ABEBIO.DOC

Dear Dr. Shulkin:

Thank you for reaching out to me. I can be available at 1230pm today.

To facilitate the discussion, I am attaching a copy of my CV. Also a copy of the last piece I published on drug prices. For a variety of reasons, the Veterans Administration is well-positioned to play an important role in bringing down drug prices and reducing the shortages that exist for some older drugs. Your leadership on these issues can make an important difference and I am happy to be of assistance in any way that might be useful to you .

You can reach me at (b) (6).

(b) (6)
(b) (6)g@nglbrg.com

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Friday, February 2, 2018 7:42 AM
To: (b) (6) <(b) (6)g@nglbrg.com>
Cc: Bruce Moskowitz <brucem(b) (5)mac.com>
Subject: Pricing

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I have time today at 1230 pm or at 2 pm or monday at 11 am. if better i have time either saturday or sunday.

Please let me know.

Thank you

David Shulkin MD
Secretary, US Department of Veteran Affairs

Sent from my iPhone

AMERICAN OVERSIGHT

http://healthaffairs.org/blog/2017/08/09/three-ways-president-donald-trump-can-make-good-on-his-promise-to-bring-down-drug-prices/

Three Ways President Trump Can Make Good On His Promise To Bring Down Drug Prices

Alfred Engelberg

August 9, 2017

A few months ago in Louisville, Kentucky, in one of his many attacks on drug prices, President Donald Trump stated: "The cost of medicine in this country is outrageous. Many times higher than in some countries in Europe and elsewhere. Why? Same pill, same manufacturer, identical, and it's many times higher in the United States. You know why? Campaign contributions, who knows. But somebody is getting very rich. We're going to bring it down. We're going to have a great competitive bidding process. Medicine prices will be coming way down, way, way, way down, and that's going to happen fast."

So far it has been all talk. The only evidence that the Trump administration intends to take any action with regard to prescription drugs is a leaked draft of an Executive Order

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that does not address the Louisville promise but does support a host of proposals promoted by the big pharma lobby that would increase pharmaceutical industry profits.

The public has a right to expect that Trump, as the self-proclaimed master of the "art of the deal," will use that business prowess and the federal government's leverage as the world's largest purchaser of prescription drugs to stop the pharmaceutical industry from "getting away with murder" on drug prices. Indeed, there are well known protections that any experienced purchaser such as Trump would demand from a supplier to assure a fair price and freedom from excessive price increases and price gouging. They include:

The Largest Customer Always Gets The Best Price

It is common practice in procurement contracts to give "favored nations" treatment to the biggest customer, which guarantees that customer the lowest price. Trump should propose legislation or regulations that require pharmaceutical companies to guarantee that they will not charge Medicare, Medicaid, or other federal health programs a net price (after all rebates) that is higher than the lowest net price at which the companies sell the same drug in Europe.

In a global economy, there is no legitimate reason for the price of a medicine to be higher in New York than it is in London or Berlin. US taxpayers spend more than $30 billion annually on biomedical research from which the pharmaceutical industry directly profits and have a strong equitable argument for best price protection in return for that investment. Given the extraordinarily high annual profits being reported by pharmaceutical manufacturers, there is no reason to believe that lowering US drug prices to European levels will reduce those profits to unreasonable levels.

Democrats support legislation to repeal the current law that prohibits the government from engaging in direct price negotiations with pharmaceutical manufacturers and also to permit the importation of lower-priced drugs from abroad. The obvious purpose of these proposals is to bring US drug prices down to the levels of the countries from which the drugs would be imported. Imposing favored nations treatment would achieve the same price reductions, while bypassing current concerns that imported drugs might be counterfeit or otherwise less safe than the drugs currently available for sale in the United States. Therefore, a proposal from the president to impose favored nations treatment for drug prices is likely to have strong support from Democrats.

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VA-19-0799-G-000985

DS_00021701

Limiting Excessive Price Increases On Monopoly Products

Annual price increases of 10 percent or more for brand-name drugs have become common, and many widely used drugs have more than doubled in price over the life of their monopolies. These increases are not driven by production costs since those costs rarely exceed 10 percent of a drug's selling price. Nor are higher prices producing greater investment in research. Rather, as the CEO of Regeneron Pharmaceuticals admitted, "We, as an industry, have used price hikes to cover up the gaps in innovation."

The ability to impose large annual price increases is a consequence of the extra monopolies that the government grants to pharmaceutical manufacturers that no other industry receives. These include the extension of the statutory term of a patent for up to five years and market exclusivities of six months to 12 years, which prevent the Food and Drug Administration from approving generic competition even if no patents exist. Congress granted these extra monopolies as an incentive to induce greater investment in research to find new medicines—not to fatten profits. Yet, one study concludes that the strongest predictor that a drug manufacturer will be introducing a new drug is the loss of market exclusivity on one of its existing drugs. In short, instead of producing more innovation, extra monopolies are incentivizing less. Why rush to invent a new drug when you can make more profit by raising the price of an old one?

There is no constitutional right to any monopoly other than the exclusive rights granted to inventors under the patent laws. Government procurement regulations for prescription drugs dispensed in federally funded health programs should limit annual drug price increases to the rate of inflation as measured by the Consumer Price Index absent evidence of an extraordinary spike in the actual cost of producing a drug. And those who violate the prohibition on excessive price increases should forfeit the patent extensions and nonpatent exclusivities for a drug that enable those price increases.

Limit Business With Price Gougers

Recently, prices have increased sharply for some old drugs even though they no longer enjoy any patent or exclusivity rights. These excessive price increases occur when there is either a shortage in the supply of a product or a small number of suppliers. In the real world, it is customary to avoid patronizing a business known for engaging in unethical behavior. When a hurricane is approaching, we may feel compelled to buy supplies from the nearest hardware store even though that store has raised its prices to

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VA-19-0799-G-000986

DS_00021702

take advantage of panic buying. But when the hurricane has passed, our resentment causes us to shop elsewhere. Likewise, the government should limit its business dealings with unethical drug manufacturers.

Trump should propose regulations or legislation that would severely limit the ability of a drug maker that engages in excessive price increases for an old drug to sell other drugs to the government. Such companies should be designated as nonpreferred suppliers from which a drug will not be purchased for use in federal health programs if the same drug is available from another source at a comparable price. Mylan, for example, sells hundreds of generic drugs to the government and to drug stores that fill Medicaid and Medicare prescriptions that are available from many other suppliers at competitive prices. Would Mylan have overcharged the government for EpiPens if doing so would have endangered its ability to do business on most of the other products it sells?

President Trump's failure to make good on his promise to repeal Obamacare and replace it with something more affordable has heightened the need for him to make good on his promise to lower drug costs. The path to lower prices is clear and the failure of the president to lead us down that path would be inexcusable.

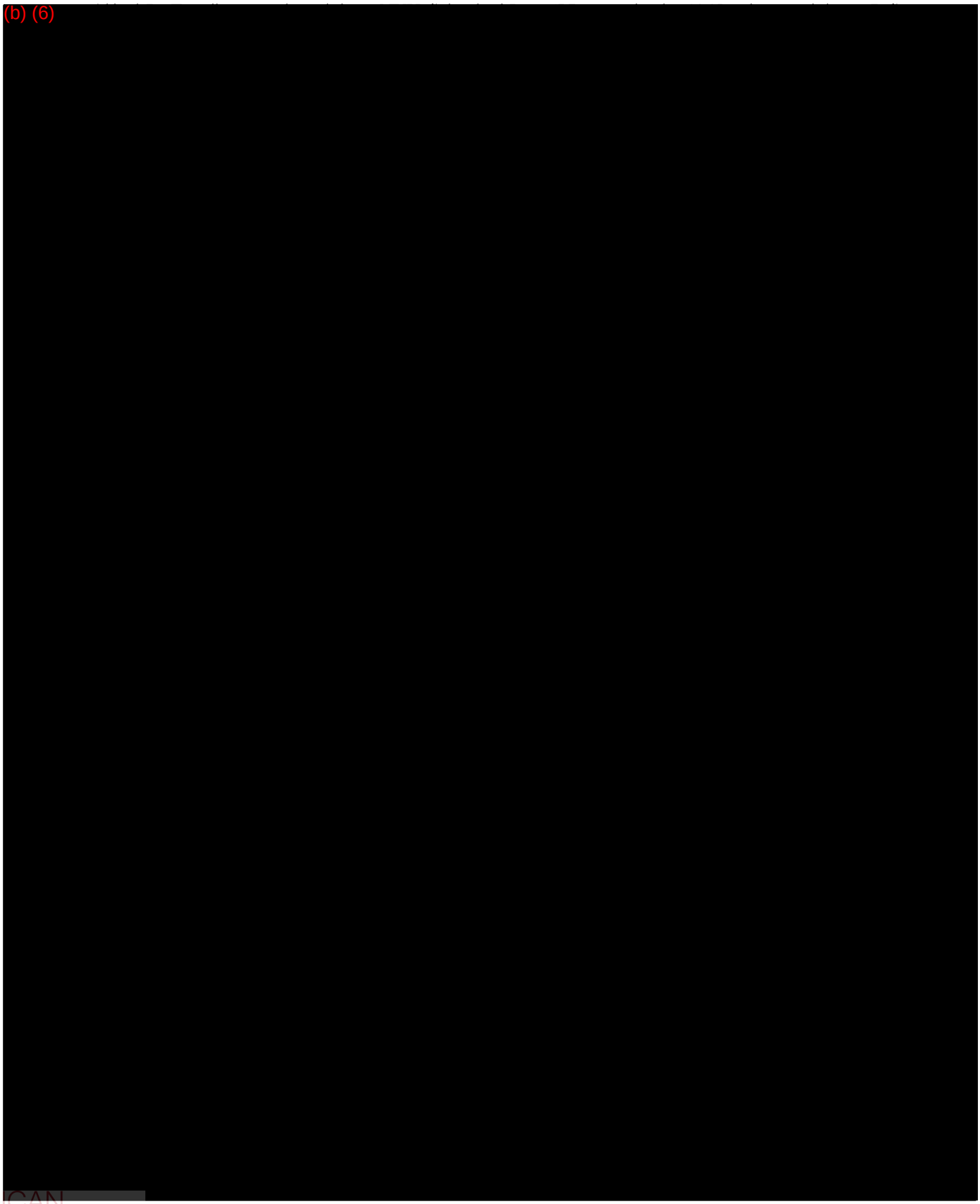
AMERICAN OVERSIGHT

VA-19-0799-G-000987

DS_00021703

(b) (6)
(b) (6)
(b) (6)
(b) (6) @nglbrg.com

(b) (6)



AMERICAN OVERSIGHT

(b) (6)

[redacted]

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/2/2018 12:41:30 PM
To: (b) (6) @nglbrg.com
CC: Bruce Moskowitz [brucem(b) (5) mac.com]
Subject: Pricing

Dr (b) (6) I was given your name by Dr Bruce Moskowitz. We are working on drug pricing and I wondered if We might have the opportunity to speak.

I have time today at 1230 pm or at 2 pm or monday at 11 am. if better i have time either saturday or sunday.

Please let me know.

Thank you

David Shulkin MD
Secretary, US Department of Veteran Affairs

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/15/2017 10:18:29 PM
To: David Shulkin [drshulkin@aol.com]
Subject: South Korea

I really want to go there if possible- as the first woman Under Secretary (even though acting) this is a perfect topic and opportunity - just don't want it to affect optics if I get nominated- if I don't, shouldn't be a concern

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/28/2017 2:24:58 AM
To: Ike Perlmutter [(b) (6)@frenchangel59.com]
CC: Laurie Perlmutter [(b) (6)@gmail.com]

Interesting from Newt Gingrich

http://www.foxnews.com/opinion/2017/06/27/trumps-breakthrough-for-veterans.html?utm_source=Gingrich+Productions+List&utm_campaign=183dfb4ca8-trumpva_2017_06_27&utm_medium=email&utm_term=0_bd29bdc370-183dfb4ca8-51242337

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/16/2017 11:10:20 AM
To: Jared Kushner [(b)(b) (6)]
Subject: Re: (No Subject)

(b) (5)

Sent from my iPhone

On Jun 16, 2017, at 6:33 AM, Jared Kushner <(b) (b) (6) > wrote:

I spoke with him yesterday – we should have a(b) (5)

From: David shulkin <Drshulkin@aol.com>
Date: Thursday, June 15, 2017 at 7:31 AM
To: Jared Kushner <(b) (b) (6)
Cc: '(b) (6) EOP/WHO (b) (6) (b) (6) @who.eop.gov>
Subject: Fwd: (No Subject)

Dont know if you saw (b) (5)

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: Jared Kushner [(b)(b) (6)
Sent: 6/16/2017 10:33:40 AM
To: David shulkin [Drshulkin@aol.com]
CC: (b) (6) EOP/WHO (b) (6) (b) (6) @who.eop.gov]; (b) (6) @who.eop.gov; (b) (6) EOP/WHO (b) (6) @who.eop.gov]
Subject: Re: (No Subject)

I spoke with him yesterday – we should have a (b) (5)

From: David shulkin <Drshulkin@aol.com>
Date: Thursday, June 15, 2017 at 7:31 AM
To: Jared Kushner (b) (6) (b) (6)
Cc: "(b) (6) EOP/WHO (b) (6) (b) (6) @who.eop.gov>
Subject: Fwd: (No Subject)

Dont know if you saw (b) (5)

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/15/2017 11:31:44 AM
To: Jared Kushner (b) (6)
CC: (b) (6) EOP/WHO (b) (6) (b) (6) @who.eop.gov]
Subject: Fwd: (No Subject)

Dont know if you saw (b) (5)

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/31/2017 11:06:17 AM
To: Darin Selnick (b) (6) @gmail.com]
Subject: Re: New PVA Article

Good idea

Sent from my iPhone

On Jul 30, 2017, at 9:46 PM, Darin Selnick (b) (6) @gmail.com> wrote:

> I just sent it to John, Jake and Brooks. We can also bring it up at Morning Report.
>
> Darin
>
> On Sun, Jul 30, 2017 at 6:39 PM, David Shulkin <drshulkin@aol.com> wrote:
> Darin- I agree pretty amazing that he has come so far- much credit to you
>
> Lets make sure our team sees this
>
> -----Original Message-----
> From: Darin Selnick (b) (6) @gmail.com>
> To: David shulkin <Drshulkin@aol.com>
> Sent: Sun, Jul 30, 2017 9:31 pm
> Subject: New PVA Article
>
> I just received this from Sherman, it is very good and supportive. You may want to borrow his term customization.
>
> http://www.pvablog.com/foundational-investment-in-va-choice-care-challenges-claims-of-imminent-privatization/
>
> Darin

AMERICAN OVERSIGHT

Message

From: Darin Selnick [(b) (6)@gmail.com]
Sent: 7/31/2017 1:46:38 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: New PVA Article

I just sent it to John, Jake and Brooks. We can also bring it up at Morning Report.

Darin

On Sun, Jul 30, 2017 at 6:39 PM, David Shulkin <drshulkin@aol.com> wrote:

Darin- I agree pretty amazing that he has come so far- much credit to you

Lets make sure our team sees this

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From: Darin Selnick (b) (6)@gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Jul 30, 2017 9:31 pm
Subject: New PVA Article

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http://www.pvablog.com/foundational-investment-in-va-choice-care-challenges-claims-of-imminent-privatization/

Darin

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/31/2017 1:40:22 AM
To: (b) (6) [redacted]@va.gov
Subject: Fwd: New PVA Article

please print this link

-----Original Message-----
From: Darin Selnick (b) (6) [redacted]@gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Jul 30, 2017 9:31 pm
Subject: New PVA Article

I just received this from Sherman, it is very good and supportive. You may want to borrow his term customization.

http://www.pvablog.com/foundational-investment-in-va-choice-care-challenges-claims-of-imminent-privatization/

Darin

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 7/31/2017 1:39:48 AM
To: (b) (6) [redacted]@gmail.com
Subject: Re: New PVA Article

Darin- I agree pretty amazing that he has come so far- much credit to you

Lets make sure our team sees this

-----Original Message-----
From: Darin Selnick (b) (6) [redacted]@gmail.com>
To: David shulkin <Drshulkin@aol.com>
Sent: Sun, Jul 30, 2017 9:31 pm
Subject: New PVA Article

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Darin

AMERICAN OVERSIGHT

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From: Darin Selnick(b) (6) @gmail.com]
Sent: 7/31/2017 1:31:33 AM
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http://www.pvablog.com/foundational-investment-in-va-choice-care-challenges-claims-of-imminent-privatization/

Darin

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 8/18/2017 6:01:52 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Ahhhh. :-/ :-/ :-/

On Aug 18, 2017 2:01 PM, "David shulkin" <Drshulkin@aol.com> wrote:

> Well now that youve given me these ideas.....
>
> Sent from my iPhone
>
> On Aug 18, 2017, at 1:41 PM, (b) (6) <(b) (6)@gmail.com> wrote:
>
> > I'm glad you're not like this
> > http://www.politico.com/story/2017/08/18/todd-rokita-boss-aides-staff-instructions-241709

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/18/2017 6:00:47 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Well now that youve given me these ideas.....

Sent from my iPhone

On Aug 18, 2017, at 1:41 PM, (b) (6) <(b) (6) @gmail.com> wrote:

> I'm glad you're not like this
> http://www.politico.com/story/2017/08/18/todd-rokita-boss-aides-staff-instructions-241709

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6) @gmail.com]
Sent: 8/18/2017 5:41:56 PM
To: David Shulkin [drshulkin@aol.com]

I'm glad you're not like this
http://www.politico.com/story/2017/08/18/todd-rokita-boss-aides-staff-instructions-241709

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/22/2017 12:33:14 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: June 30

Ike- just learned last night that unfortunately Ivanka can no longer make the trip to NY on june 30th due to a conflict

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/30/2017 9:30:08 PM
To: (b) (6) [(b) (6) @ccf.org]
Subject: VA

(b) just listened to the politico podcast of you- very well done and I appreciate the supportive words

I do think were making progress- but its tough work with so many middle managers committed to the status quo

Happy July 4th

David

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/11/2017 12:22:02 AM
To: L Perl [(b) (6) @gmail.com]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]; IP [@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: V.A. Plans to Fire Its D.C. Medical Director — Again - The New York Times

This is the guy we almost had as deputy
at VA if it wasnt for Ike!

http://www.cnn.com/2017/08/10/politics/kfile-sam-clovis-on-the-radio/index.html

This was a top story on cnn today- we
Didnt need this

Sent from my iPhone

On Aug 9, 2017, at 9:47 PM, L Perl <(b) (6) @gmail.com> wrote:

> Wow! Excellent---- just simply terrific....Best....L
>
> On Wed, Aug 9, 2017 at 3:13 PM, Bruce Moskowitz <brucemo(b) (6) @mac.com> wrote:
> Excellent quote, David you said it so anyone can understand the importance of the new law.
> https://www.nytimes.com/2017/08/09/us/politics/veterans-affairs-brian-hawkins.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=second-column-region®ion=top-news&WT.nav=top-news
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 8/10/2017 1:47:20 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: David Shulkin [secshulkin@gmail.com]; IP [(@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: V.A. Plans to Fire Its D.C. Medical Director — Again - The New York Times

Wow! Excellent---- just simply terrific....Best....L

On Wed, Aug 9, 2017 at 3:13 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

Excellent quote, David you said it so anyone can understand the importance of the new law.
https://www.nytimes.com/2017/08/09/us/politics/veterans-affairs-brian-hawkins.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=second-column-region®ion=top-news&WT.nav=top-news

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/9/2017 10:21:42 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: V.A. Plans to Fire Its D.C. Medical Director — Again - The New York Times

Thanks Bruce

Its never easy in DC

Sent from my iPhone

> On Aug 9, 2017, at 3:13 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
>
> Excellent quote, David you said it so anyone can understand the importance of the new law.
> https://www.nytimes.com/2017/08/09/us/politics/veterans-affairs-brian-hawkins.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=second-column-region®ion=top-news&WT.nav=top-news
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/9/2017 7:13:59 PM
To: David Shulkin [secshulkin@gmail.com]
CC: IP [@frenchangel59.com]; mbs(b) (6) @gmail.com; L Perl [(b) (6) @gmail.com]
Subject: V.A. Plans to Fire Its D.C. Medical Director — Again - The New York Times

Excellent quote, David you said it so anyone can understand the importance of the new law.
https://www.nytimes.com/2017/08/09/us/politics/veterans-affairs-brian-hawkins.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=second-column-region®ion=top-news&WT.nav=top-news

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/22/2017 6:23:24 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: Intellectual Property

You should

Sent from my iPhone

On Aug 22, 2017, at 10:27 AM, Poonam Alaigh <(b) (6) @hotmail.com> wrote:

> Terry Fadem is on board - do you want you let Ike et al know on our gmail group
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
> **Date:** August 22, 2017 at 10:14:12 AM PDT
> **To:** 'Poonam Alaigh' <(b) (6) @hotmail.com>
> **Subject: FW: Intellectual Property**
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** (b) (6)
> **Sent:** Tuesday, August 22, 2017 10:42 AM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Cc:** Lynch, Thomas (VHA)
> **Subject:** Intellectual Property
>
> Dear Dr. Alaigh,
>
> Given our past conversations about the handling of Intellectual Property, I wanted to share with you that I learned from Dr. Ramoni late Friday afternoon that the Office of Research and Development has achieved a contract with Terry Fadem to work with VA on these issues. Rachel had only heard about this a few minutes before she told me. I've shared this with (b) (6) who, up until now, was our top expert on I.P. and she was already aware. (b) (6) will be briefing VA's new General Counsel on this later this afternoon. She also sent along the following link describing Mr. Fadem:
> https://mackinstitute.wharton.upenn.edu/wp-content/uploads/2015/06/Fadem-Terry_Bio1.pdf

AMERICAN OVERSIGHT

While I've gone back and forth about this issue, I've come to the conclusion that this is exactly what we need to do- and I'm glad to report it's being done. But I wanted to be sure you knew too!

(b) (6)

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/22/2017 5:27:07 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Fwd: Intellectual Property

Terry Fadem is on board - do you want you let Ike et al know on our gmail group

Sent from my iPhone

Begin forwarded message:

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: August 22, 2017 at 10:14:12 AM PDT
To: 'Poonam Alaigh' <(b) (6) @hotmail.com>
Subject: FW: Intellectual Property

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While I've gone back and forth about this issue, I've come to the conclusion that this is exactly what we need to do- and I'm glad to report it's being done. But I wanted to be sure you knew too!

AMERICAN OVERSIGHT

(b) (6)

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/10/2017 7:59:52 PM
To: Jennifer Lee [(b) (6) @gmail.com]
Subject: Re: Draft article

For a peer review journal- other than federal practitioner we will need data and a focus on policy- the policy being practicing across state lines to meet health shortage needs- We will need data on health shortage areas and wait times.

Sent from my iPhone

On Sep 10, 2017, at 2:00 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

> Hi Dr. Shulkin,
> How is Camp David? :)
>
> Thanks for your feedback on this. I was hoping we could target a peer-reviewed journal and would be glad to work on the next draft to get it up to par. What do you think it needs?
> on the telehealth side, should we look at reimbursement and licensing trends?... on the genomic side, we could talk about genetic cohorts (like NIH PMI- which is moving slowly) and then compare/contrast? looking fwd to your thoughts.
> Thanks,
> Jennifer
>
> On Thu, Sep 7, 2017 at 10:20 PM, David Shulkin <drshulkin@aol.com> wrote:
> I always start with the audience or the target publication. This one is a challenge. Its not a peer review piece. Its not a good candidate for a Sounding Board or a Commentary in a scientific journal as we would need to make it less about VA and more generic in the trends in healthcare citing VA as just an example. Its not a lay press editorial. That leaves a journal that has an audience interested in VA issues- like Federal Practitioner. If you are okay in this publication, and it is peer reviewed, I think this is a good piece. If you were hoping for something more, then we have some work to do on it. I do like the broad nature of the digital transformation of VA.
>
> Let me know your preferred path and then I can dig in more
>
> -----Original Message-----
> From: Jennifer Lee <(b) (6) @gmail.com>
> To: David shulkin <drshulkin@aol.com>
> Sent: Thu, Sep 7, 2017 5:48 pm
> Subject: Draft article
>
> Hi Dr. Shulkin,
> As promised, I've been working on a journal article/commentary for us on telehealth...but as I was writing it I thought it might be more interesting to make it a little broader and include some other areas of innovation we aim to lead in, like genomics and precision medicine?
> Attached is a *very* rough draft. Thought I would share it with you early to get your feedback on the overall theme and direction.
> I'd be happy to narrow it back down to telehealth if you like. We have plenty of material to work with either way.
> Thanks for your feedback!
> Jen

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 9/10/2017 6:00:20 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: Draft article

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Thanks,
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Thanks for your feedback!
Jen

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 9/8/2017 2:20:05 AM
To: (b) (6) @gmail.com
Subject: Re: Draft article

I always start with the audience or the target publication. This one is a challenge. Its not a peer review piece. Its not a good candidate for a Sounding Board or a Commentary in a scientific journal as we would need to make it less about VA and more generic in the trends in healthcare citing VA as just an example. Its not a lay press editorial. That leaves a journal that has an audience interested in VA issues- like Federal Practitioner. If you are okay in this publication, and it is peer reviewed, I think this is a good piece. If you were hoping for something more, then we have some work to do on it. I do like the broad nature of the digital transformation of VA.

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Sent: Thu, Sep 7, 2017 5:48 pm
Subject: Draft article

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Thanks for your feedback!
Jen

AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 9/7/2017 9:59:20 PM
To: Jennifer Lee [(b) (6) @gmail.com]
BCC: David Shulkin [drshulkin@aol.com]
Subject: Re: Draft article

Ok ill look at it

Sent from my iPhone

On Sep 7, 2017, at 5:48 PM, Jennifer Lee <(b) (6) @gmail.com> wrote:

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> Thanks for your feedback!
> Jen
>
> <Digital health draft article.docx>

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Message

From: Jennifer Lee [(b) (6) @gmail.com]
Sent: 9/7/2017 9:48:28 PM
To: David shulkin [drshulkin@aol.com]
Subject: Draft article
Attachments: Digital health draft article.docx; Untitled attachment 96299.htm

Hi Dr. Shulkin,
As promised, I've been working on a journal article/commentary for us on telehealth...but as I was writing it I thought it might be more interesting to make it a little broader and include some other areas of innovation we aim to lead in, like genomics and precision medicine?
Attached is a *very* rough draft. Thought I would share it with you early to get your feedback on the overall theme and direction.
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Thanks for your feedback!
Jen

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DRAFT

Why VA is Poised to Lead the Digital Health Revolution

The Department of Veterans Affairs is in the throes of a monumental transformation—one that puts at its forefront the modernization of the Veterans Health Administration, the largest integrated health system in the country tasked with one of its most vital missions, to care for those who have served and sacrificed for this Nation. Core to this transformation will be a new paradigm for how VA delivers care that not only meets the access needs of Veterans, but sets a new standard for service and convenience that puts the Veteran squarely at the center of everything we do.

As we undergo this transformation, we aim to build the foundation for the health care system of the future. Health care stands on the precipice of a revolution—the age of digital health and democratized health information, the dawn of big data, machine learning, and the promise of precision medicine. As Eric Topol wrote, "where once patients could not even access their data, today they can actually generate and own it… today patients can rapidly diagnose their skin lesion or child's ear infection without a doctor… in short, we're seeing an unprecedented shake-up in a paternalistic profession that has never been seriously challenged…" Topol's reflections are insightful and prescient, but many barriers remain for broad-based change in the health care system. As is often the case, technology is far outpacing the ability of public policy, financing, practice, and education to keep up. It is in this context, that VA is uniquely poised to lead the digital health revolution, leveraging a confluence of singular advantages that perhaps no other health system can claim.

Telehealth

Already, VA delivers more telehealth than any other system in the Nation, and in an incredibly diverse array of specialties. [*add stats*] The vast majority of this telehealth is delivered, however, within the confines of VA buildings. Patients travel to their outpatient clinics and are seen by telehealth technicians that are trained to operate high-resolution telehealth equipment and enable a secure videolink with a provider that may be many miles away in another VA facility. Such a setup allows for a Veteran in rural New Mexico for instance to see an ENT cancer specialist at the Palo Alto VA in California, a provider who, incidentally, also attends at Stanford University. When a physical exam is required, the telehealth technician uses devices on the telehealth cart to allow the VA physician to examine the throat, listen to heart and lungs through a digital stethoscope or peer into ears via a digital otoscope. Many VA providers, myself included, practice medicine in this way--I see patients in rural Oregon from my DC office, so I can help in an area where we have a shortage of primary care providers. In this way, VA telehealth as currently delivered enhances access to care to those who otherwise would have to travel farther or wait longer for an in-person visit at their local clinic. But in the current model, most Veterans still must travel to their local clinic to see their provider by telehealth.

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On August 3rd, we announced the next evolution of VA telehealth—our intent to move telehealth out from the confines of VA property and into a patient's home. The technology is now available to allow a reliable virtual encounter without the additional staff person, such as the telehealth technician. In the area of mental health, in particular, live video chats enable behavioral health providers to deliver care reliably and effectively. VA is in the process of rolling out this secure video chat, called VA Video Connect. Once an appointment is scheduled, the patient receives an email link and simply clicks on it to start their encounter on their computer, tablet or smartphone. Already, [XX#] providers are delivering care using VA Video Connect. The technology has not been the primary barrier to adoption, but rather questions and confusion surrounding the state licensure and practice laws when practicing off VA property.

Fortunately, VA as a federal direct care provider is one of very few health care systems that can supercede state practice laws. VA is currently seeking comments on a new regulation that explicitly enables our providers to provide telehealth from "anywhere to anywhere" in the VA system, regardless of where they are licensed or located or where the patient is located. As is currently the case, each VA provider need only maintain one license to practice in good standing and can practice anywere in the system.

The advantage to Veteran patients is clear. This authority allows VA to truly operate as it was intended to, as an integrated federal system of the future—leveraging the best care available for Veteran patients regardless of geographic barrier and beyond the walls of a VA facility. A Veteran with refractory PTSD who requires specialized care can be seen by the Nation's foremost expert on PTSD *in the comfort of their own home*. Veterans who need only a 15 minute conversation with their care provider can avoid taking off work or save on child care costs by setting up a brief virtual visit.

The implications for VA staffing are profound. VA currently has over [XX] clinically relevant vacancies to fill. VA struggles with the same maldistribution of health care talent as other systems—it is difficult to attract health care talent in certain parts of the country, while there is an oversupply in other areas. Telehealth allows VA to overhire in geographic areas where it is easier to hire and deliver care to those areas where we are short-staffed. VA has already established [XX#] telehealth provider hubs across the country, staffing up in strong markets. VA intends to build a robust workforce of virtualists, providers trained and hired to deliver care virtually, who will apply best practices and work as a team with in-person providers to ensure quality care. Offering flexible work schedules that allow young physicians to also work out of their homes by fully leveraging technology will no doubt give VA competitive advantages in hiring.

Our focus has been on using technology to empower Veterans and give them more choice in how they want their health care delivered. We have been clear to stress that the virtual visit is entirely optional. For those Veterans who have the technology and are comfortable with it, VA Video Connect offers innumerable benefits in convenience, cost savings, and avoidable in-person visits.

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Veterans who prefer to go to their clinic can keep seeing their VA or community doctor in the same way they always have. Veterans can also choose to involve their family members or loved ones in their virtual care encounters. Using 3-way videoconferencing, VA Video Connect will enable a VA provider to easily conference in a family member or a consultant for more complicated cases.

For our aging Veteran population, telehealth into the home is an essential tool in keeping Veterans independent and in the community for as long as possible. VA is already using telehealth for home monitoring post-discharge for CHF exacerbations, but VA's new program will support much more proactive gathering of patient-generated data for conditions such as dementia, diabetes and chronic kidney disease, so the care team can monitor a patient's condition and intervene early to prevent deterioration or hospitalizations.

Telehealth expansion will also help VA address its most urgent clinical problem—veteran suicide. With 20 Veterans taking their lives by suicide every day, suicide remains VA's most pressing health care need. Telemental health lowers barriers to accessing mental health for Veterans who live in areas with shortages of providers, such as in rural areas, where studies show Veterans have an even higher risk of suicide (ref). Telemental health has been shown to be effective at preventing acute psychiatric hospitalizations, and patient satisfaction is particularly high for telemental health, in some cases, even higher than in-person visits.

VA will integrate telehealth into the robust infrastructure we have built in the Veterans Crisis Line—which is singular in its reach and extent as far as crisis lines go. Staffed 24 hours a day with over 800 staff and with a mission to guarantee 24 hour follow up, the VCL has averted disaster and saved countless lives—often by text messaging chats. Telehealth will complement these interactions, linking patients directly to mental health providers, as well as peer support staff, and providing unprecedented access to mental health care and support.

Big Data and Precision Medicine

VA is leveraging another of its strengths to tackle veteran suicide and other challenging health issues—big data. VA has arguably the richest health data of any system in the nation. The EHR data available in the VA's corporate data warehouse represents over 22 million patients and their accompanying 200 million radiology procedures, 315 million consults, 2.2 billion pharmacy fills, 7.7 billion lab results and 4.5 billion clinical orders – a startling [XX] petabytes of data. We are already using big data to better predict those which of our veteran patients are at higher risk of suicide so we can intervene early. VA has partnered with entities like Google DeepMind to help prevent kidney disease before it develops, and IBM Watson to help identify the best possible therapeutic targets for veterans with cancer.

Combining VA's rich phenotypic data in the electronic health record with the genomic data for nearly 600,000 patients in the VA's Million Veteran Program and its easy to see why VA is positioned to lead in precision medicine. (In less than 3 years, the MVP will meet its goal of 1

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million participants making it the largest biobank in the world). Already, in just one year, VA has doubled the number of gene variant associations found through the MVP and is submitting over 42 abstracts to the Society of Genetic Medicine conference this fall. VA has established interagency partnerships with the Department of Energy to make available its analytic and computing power to realize even more discoveries. We predict that the number of gene associations will grow exponentially in the coming years. Because VA's research arm is integrated into the delivery system, VA will be able to function as a true learning health system, applying genetic discoveries to clinical practice at the point of care, using tools built into VA's future electronic health record, which will now be integrated with the DoD.

VA's big data applications extend well beyond health care as VA encompasses far more than just a health care system—we also operate one of the largest home loan, tuition support, housing, disability claims, and vocational rehab programs in the country. No other health care system is directly connected to such robust social service, employment and educational programs. Fully integrating this benefits-related data and applying big data analytics would enable VA to tailor its services to each individual Veteran's needs, streamlining service delivery and maximizing the VA's ability to support the Veteran in meeting his/her goals for their civilian life. It would also shed light on the impact of our programs, as currently structured and administered, on overall outcomes that matter to Veterans.

Innovation and Training

The digital health revolution will transform the way providers and patients interact with each other and will require new paradigms for practice. It will be challenging for traditional health professional educational programs to keep up with the rapidly changing pace of technology and consumer expectations. Instead, the pace of change will require rapid cycles of study, implementation, evaluation, and adaptation that occur in active practice settings that nurture innovation. It might surprise some to learn that the VA is just such a testbed for innovation.

With over 1,200 facilities in 50 states and 5 territories, VA has the largest footprint of any health care system in the country and the largest health care workforce. VA also houses a $1.8 billion intramural research enterprise integrated with its health system. Couple the diverse needs of our patients with our employees' passion for their mission and it is not hard to see why VA is fertile ground for innovative, patient-centered solutions. Whether mobile apps, prosthetic limbs, or new models of caregiving, VA has no shortage of new approaches to improving care and the care experience for Veterans and their families. Through our Diffusion of Excellence program and Innovators Network, we have sought to nurture and identify innovative solutions and disseminate them throughout our system.

In addition, VA has a unique platform to influence the practice of the Nation's entire health care workforce. With over 1,800 academic affiliations, VA conducts the largest education and training effort for health professionals in the US. In 2016, over 127,000 trainees across more

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than 40 health professions received some or all of their clinical training in the VA. Over 65% of all US-trained physicians and 50% of psychologists have had VA training at some point in their career. VA is the Nation's largest employer of nurses (with more than 90,000 RNs, LPN/LVNs, and nursing assistants) as well as the largest employer of psychologists and social workers. As VA identifies best practices in digital health, we can help train large numbers of health care professionals on how to operate effectively under new paradigms of digital health care.

The Right Incentives

In general, adoption of technology-enabled care delivery models has been hindered by reimbursement policy and a lack of incentives for providers to promote virtual care over in-person care. VA does not experience these barriers. VA receives a global budget, a 2-year advance appropriation through Congress that is informed by historical modeling of utilization and service delivery. VHA then uses a capitation-based resource allocation system, the Veterans Equitable Resource Allocation (VERA), to determine each regional network's budget. Each VA hospital facility receives its allocation based on a similar formula. We can and have adjusted this allocation formula to ensure that the right incentives are in place to support adoption of telehealth and other virtual care models throughout the VA. Our payment structure differentiates us from Medicare and Medicaid, and enables more innovation in how we deliver care.

What really separates VA from other systems though, and from other agencies in the federal government, is our mission to serve those who have borne the battle. It's the reason we have over 380,000 employees, many of them veterans themselves, who call VA their home and are excited to come to work every day and positively impact veterans and their families. Our mission is one that brings people together, even in times of hyper-partisanship, as demonstrated by our many significant bipartisan legislative achievements over the past few months. These legislative advances have given us new tools and authorities to reform and modernize the system for the future in the areas of HR, appeals claims processing, and GI bill administration. We fully expect even more reforms and innovative, veteran-centered programs from our partners in Congress.

Our mission also brings a wide array of potential partners to our table—countless corporations, universities, foundations, and nonprofits have approached us with an interest in collaborating to benefit veterans. It is rare these days to find so many stakeholders united behind one common goal and we do not underestimate the inherent power and potential of a diverse and broad coalition joining forces with us.

The access crisis has given VA extraordinary opportunity to reexamine the way it delivers care and to reinvent the system of the future. We look to train all of our resources toward building the VA of the future with the veteran at the center of everything we do. If we fully leverage our scale, technology, federal policy and political strengths, innovation, and training, there is every reason for VA to emerge as the leader in the digital health revolution.

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Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/18/2017 10:58:20 PM
To: IP [@frenchangel59.com]; L Perl [(b) (6) @gmail.com]; Marisol Garcia [(b)@frenchangel59.com]
CC: David Shulkin [Secshulkin@gmail.com]
Subject: This weekend

Ike and Laurie- if you have time this weekend in NJ, call me and I would really love for both of you to come over to our place where you can also meet (b) my better half. Thanks and great speaking to you earlier.

AMERICAN OVERSIGHT

Message

From: Marisol Garcia [(b)(6)@frenchangel59.com]
Sent: 7/25/2017 2:33:44 PM
To: David shulkin [Drshulkin@aol.com]; (b) (6)@hotmail.com
Subject: Call for Sunday, July 30th at 5:30 PM

Poonam and David,

Ike would like to have a call with Laurie, Bruce, Marc and both of you.

Please let me know if 5:30 PM works for you.

Thank you,

Marisol

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/3/2017 2:42:24 PM
To: L Perl [(b) (6) @gmail.com]
Subject: Re:

Laurie- By law when we get rid of a property we cannot sell it but we need to give it back to GSA (government services agency) that then disposes of it or gives it to another government agency.

One of the law changes we need is to reinvest the proceeds back to VA - we are working on this

Sent from my iPhone

On Jul 3, 2017, at 9:59 AM, L Perl <(b) (6) @gmail.com> wrote:

> It is best to sell these properties asap----- we don't have the people
> or the talent to handle the homeless situation-- it will cost huge sums of money
> to fix these places up.
>
> On Sun, Jul 2, 2017 at 5:00 PM, David shulkin <Drshulkin@aol.com> wrote:
> See below
>
> http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 7/3/2017 1:59:11 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [@frenchangel59.com]; Marc Sherman [mbs(b) (6) @gmail.com]; Bruce Moskowitz [brucemd(b) (6) @mac.com]
Subject: Re:

It is best to sell these properties asap----- we don't have the people
or the talent to handle the homeless situation-- it will cost huge sums of money
to fix these places up.

On Sun, Jul 2, 2017 at 5:00 PM, David shulkin <Drshulkin@aol.com> wrote:

> See below
>
> http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/2/2017 10:00:58 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re:

We will save you a spot

Sent from my iPhone

On Jul 2, 2017, at 5:20 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> My wife said if she puts me in the old soldiers home at least you can increase occupancy to 4!
>
> Sent from my iPhone
>
> On Jul 2, 2017, at 5:00 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > See below
> >
> > http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/2/2017 9:58:30 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
CC: Bruce Moskowitz [brucem(b) (6) @mac.com]; L Perl [(b) (6) @gmail.com]; Ike Perlmutter [@frenchangel59.com]
Subject: Re:

Sent from my iPhone

On Jul 2, 2017, at 5:30 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> Can you get us a 10 a.m. tee time next Saturday before it's disposed of?
>
> Marc Sherman
> (b) (6)
>
> On Jul 2, 2017 5:20 PM, "Bruce Moskowitz" <brucem(b) (6) @mac.com> wrote:
> My wife said if she puts me in the old soldiers home at least you can increase occupancy to 4!
>
> Sent from my iPhone
>
> On Jul 2, 2017, at 5:00 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > See below
> >
> > http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/
> >
> > Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 7/2/2017 9:30:53 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: L Perl [(b) (6) @gmail.com]; David shulkin [drshulkin@aol.com]; Ike Perlmutter [(@frenchangel59.com]
Subject: Re:

Can you get us a 10 a.m. tee time next Saturday before it's disposed of?

Marc Sherman
(b) (6)

On Jul 2, 2017 5:20 PM, "Bruce Moskowitz" <brucem(b) (6) @mac.com> wrote:
My wife said if she puts me in the old soldiers home at least you can increase occupancy to 4!

Sent from my iPhone

On Jul 2, 2017, at 5:00 PM, David shulkin <Drshulkin@aol.com> wrote:

> See below
>
> http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [bruce[redacted]@mac.com]
Sent: 7/2/2017 9:20:36 PM
To: David shulkin [Drshulkin@aol.com]
CC: Ike Perlmutter [[redacted]@frenchangel59.com]; Marc Sherman [mbs[redacted]@gmail.com]; Laurie Perlmutter [[redacted]@gmail.com]
Subject: Re:

My wife said if she puts me in the old soldiers home at least you can increase occupancy to 4!

Sent from my iPhone

On Jul 2, 2017, at 5:00 PM, David shulkin <Drshulkin@aol.com> wrote:

> See below
>
> http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/2/2017 9:00:06 PM
To: Ike Perlmutter [(b) (6) @frenchangel59.com]
CC: Marc Sherman [mbs(b) (6) @gmail.com]; Bruce Moskowitz [brucem(b) (6) @mac.com]; Laurie Perlmutter [(b) (6) @gmail.com]

See below

http://www.tennessean.com/story/news/2017/07/02/why-va-owns-golf-clubhouses-barns-and-smoking-shelter-and-how-its-trying-unload-them/408343001/

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/20/2017 10:39:07 AM
To: (b) (6) [(b) (6) @gmail.com]

(b) (6) the talk on Friday to the bush people need to includ ecognition of bushs efforts to help veterans and the bush institute contributions

The mayors talk should in clued rdcognition of some of the mayors who really stepped up veteran efforts

Sent from my iPad

AMERICAN OVERSIGHT

Message

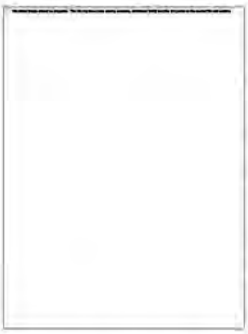
From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/30/2017 3:25:36 PM
To: IP [@frenchangel59.com]
CC: David Shulkin [Secshulkin@gmail.com]
Subject: Fwd: Peter Shelby - HR

#1- below

---------- Forwarded message ---------
From: Poonam Alaigh <(b) (6) @hotmail.com>
Date: Wed, Aug 30, 2017 at 11:15 AM
Subject: Peter Shelby - HR
To: (b) (6) @gmail.com <(b) (6) @gmail.com>

Peter Shelby- HR

Assistant Secretary for Office of Human Resources & Administration



As Assistant Secretary of VA's Office of Human Resources & Administration (HR&A), Peter Shelby oversees a team that supports over 325,000 VA employees and 6,000 human resources professionals across the country. To meet the needs of the VA workforce, Mr. Shelby leads an HR&A team who provides professional assistance in the areas of Administration, Human Resources Management, Diversity and Inclusion, Resolution Management, Labor-Management Relations, Veterans Employment, Employee Development and Senior Executive Management.

Prior to assuming his current position, Mr. Shelby is Principal and Founder of Transcendent Performance, an HR and talent development consulting practice. Previously, Peter was a Senior Vice President with Related Companies in New York City. Prior to his work in the private sector, Mr. Shelby served in several human capital leadership roles in the Intelligence Community, including Associate Dean at National Intelligence University, Chief Learning Officer for National Reconnaissance Office (NRO), and Deputy for Learning and Development for the Defense Intelligence Agency.

Mr. Shelby retired from the Marine Corps as a Major after 24 years of non-commissioned and commissioned officer service. Peter holds an MBA in Human Resources Management from Northcentral University, and a Master of Arts in Adult Education from George Mason University. He received his Bachelor of Arts in English Literature (summa cum laude) from The Citadel. He is a certified Senior Professional in Human Resources, and SHRM Senior Certified Professional.

Sent from my iPad

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 9:03:14 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Re: Accomplishents

It looks like the slide is cuttoff so ill reaend tonight

Sorry

Sent from my iPhone

On Aug 18, 2017, at 4:52 PM, David Shulkin <secshulkin@gmail.com> wrote:

> Just in case you had not received earlier
>
> David
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** David Shulkin <drshulkin@aol.com>
> > **Date:** August 17, 2017 at 9:05:51 PM EDT
> > **To:** secshulkin@gmail.com
> > **Subject: Accomplishents**
>
> <Veterans Affairs Progress Since 1.pptx>

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 8:52:16 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Fwd: Accomplishents
Attachments: Veterans Affairs Progress Since 1.pptx; Untitled attachment 96434.htm

Just in case you had not received earlier

David

Sent from my iPhone

Begin forwarded message:

> **From:** David Shulkin <drshulkin@aol.com>
> **Date:** August 17, 2017 at 9:05:51 PM EDT
> **To:** secshulkin@gmail.com
> **Subject: Accomplishents**

AMERICAN OVERSIGHT

Veterans Affairs Progress Since 1/20/2017

- Executive Order- Established **Accountability and Whistleblower Office** Reporting to Secretary
- Passed **Accountability Law**- Published over 750 Firings/Suspensions
- Announced a **New Electronic Record** for the Department of Defense and VA
- **Published Wait Times** for Appointments
- Released Plans **to Eliminate 1100 Vacant/Underutilized Buildings**
- **Passed Choice** and Quality Employment Legislation
- Launched the **White House Hotline-** Addressed Thousands of Veteran Complaints
- Introduced **New Commercial Advanced Prosthetic** for Veterans
- Passed Forever **GI Education Bill**
- Launched **Private/Public Construction** Model (First one in Omaha)
- Redesigned **Caregivers Program** to expand services
- Passed **Appeals Modernization** Legislation
- **Eliminated Federal Regulations** Governing State Nursing Home Construction
- Created **Fraud, Waste and Abuse** Advisory Group
- Introduced **New Process for Disability Claims for 30 days Resolution** (Decision Ready Claims)
- New **Tele-Health Regulation** to Disseminate Advanced Technology to Rural Veterans
- Announced Mental Health Care for **Other than Honorable Discharges** to Address Suicides
- Passed the Mark of **600,000 Veterans Employed** through Employment Initiatives

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 1:07:24 AM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Fwd: Accomplishents
Attachments: Veterans Affairs Progress Since 1.pptx; Untitled attachment 96439.htm

Ike- i hope this one pager is helpful

AMERICAN OVERSIGHT

Veterans Affairs Progress Since 1/20/2017

- Executive Order- Established **Accountability and Whistleblower Office** Reporting to Secretary
- Passed **Accountability Law**- Published over 750 Firings/Suspensions
- Announced a **New Electronic Record** for the Department of Defense and VA
- **Published Wait Times** for Appointments
- Released Plans **to Eliminate 1100 Vacant/Underutilized Buildings**
- **Passed Choice** and Quality Employment Legislation
- Launched the **White House Hotline-** Addressed Thousands of Veteran Complaints
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- Passed Forever **GI Education Bill**
- Launched **Private/Public Construction** Model (First one in Omaha)
- Redesigned **Caregivers Program** to expand services
- Passed **Appeals Modernization** Legislation
- **Eliminated Federal Regulations** Governing State Nursing Home Construction
- Created **Fraud, Waste and Abuse** Advisory Group
- Introduced **New Process for Disability Claims for 30 days Resolution** (Decision Ready Claims)
- New **Tele-Health Regulation** to Disseminate Advanced Technology to Rural Veterans
- Announced Mental Health Care for **Other than Honorable Discharges** to Address Suicides
- Passed the Mark of **600,000 Veterans Employed** through Employment Initiatives

AMERICAN OVERSIGHT

AMERICAN OVERSIGHT

Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/18/2017 1:26:49 AM
To: IP [(b) (6)@frenchangel59.com]
Subject: Re: The VA and Cancer Patients

Of course- we will followup

Sent from my iPhone

On Aug 17, 2017, at 3:43 PM, IP <(b) (6)@frenchangel59.com> wrote:

> When you get a chance please read.
>
> Our veterans shouldn't have to fight for basic care and treatment.
>
> We need to fix this.

From: (b) (6) [mailto:(b) (6)@aol.com]
Sent: Thursday, August 17, 2017 6:53 AM
To: IP
Subject: The VA and Cancer Patients

One of my patients has stage 4 lung cancer too and I had to pull him away from the VA to get treated
He lost so much weight that I knew something was wrong
The whole culture there is wrong - many think that their jobs are entitlements and the patients are an annoyance
Many have Medicare so I can remove them from the VA and get them into regular care
A few would speak but not put stuff in writing because of retaliation
Thanks
(b)

(b) (6) MD FAAD
Professor, University of Miami.
Consulting Associate, Duke University.
Clinical Associate in Dermatology, University of Pennsylvania School of Medicine
www.palmbeachcosmetic.com
561 655 (b)
1500 North Dixie Highway, Suite 303
West Palm Beach, FL
33401

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/17/2017 7:58:40 PM
To: IP [@frenchangel59.com]; Secshulkin@gmail.com
Subject: Re: FW: The VA and Cancer Patients

I am having my deputy contact Dr (b) today, and will give you an update thanks

On Thu, Aug 17, 2017 at 3:43 PM IP <@frenchangel59.com> wrote:

> When you get a chance please read.
>
> Our veterans shouldn't have to fight for basic care and treatment.
>
> We need to fix this.

From: (b) (6) [mailto(b) (6) @aol.com]
Sent: Thursday, August 17, 2017 6:53 AM
To: IP
Subject: The VA and Cancer Patients

One of my patients has stage 4 lung cancer too and I had to pull him away from the VA to get treated

He lost so much weight that I knew something was wrong

The whole culture there is wrong - many think that their jobs are entitlements and the patients are an annoyance

Many have Medicare so I can remove them from the VA and get them into regular care

A few would speak but not put stuff in writing because of retaliation

Thanks

(b)

(b) (6) MD FAAD
Professor, University of Miami.
Consulting Associate, Duke University.
Clinical Associate in Dermatology, University of Pennsylvania School of Medicine
www.palmbeachcosmetic.com

AMERICAN OVERSIGHT

561 655 (b)
1500 North Dixie Highway, Suite 303
West Palm Beach, FL
33401

AMERICAN OVERSIGHT

Message

From: IP [(b) (6)@frenchangel59.com]
Sent: 8/17/2017 7:43:24 PM
To: (b) (6)@gmail.com; Secshulkin@gmail.com
Subject: FW: The VA and Cancer Patients

When you get a chance please read.

Our veterans shouldn't have to fight for basic care and treatment.

We need to fix this.

From: (b) (6) [mailto(b) (6)@aol.com]
Sent: Thursday, August 17, 2017 6:53 AM
To: IP
Subject: The VA and Cancer Patients

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Many have Medicare so I can remove them from the VA and get them into regular care
A few would speak but not put stuff in writing because of retaliation
Thanks
(b)

(b) (6) MD FAAD
Professor, University of Miami.
Consulting Associate, Duke University.
Clinical Associate in Dermatology, University of Pennsylvania School of Medicine
www.palmbeachcosmetic.com
561 655 (b)
1500 North Dixie Highway, Suite 303
West Palm Beach, FL
33401

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 7/13/2017 4:06:02 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re: VA HR Director Search

No problem. Many moving parts and a successful conclusion.

Marc Sherman
(b) (6)

On Jul 13, 2017 11:55 AM, "David shulkin" <Drshulkin@aol.com> wrote:
Thanks Marc- sorry for the miscommunication

Sent from my iPhone

On Jul 13, 2017, at 12:36 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

FYI

---------- Forwarded message ----------
From: **Marc Sherman** <mbs(b) (6) @gmail.com>
Date: Thu, Jul 13, 2017 at 6:35 AM
Subject: VA HR Director Search
To: IP <(b)@frenchangel59.com>, L Perl <(b) (6) @gmail.com>
Cc: (b) (6) (b) (6) @gmail.com>, Bruce Moskowitz
<brucemo(b) (6))@mac.com>

(b)

Great news!!!! By a stroke of luck and coincidence, the VA has just identified an HR Director candidate. The process with him has gone lightening fast and he will move forward to head HR. I wanted to let you know immediately so you (and others) don't spend any more of your valuable time in "search mode." We again express our great appreciation for your stepping in to help solve that first critical need. We did speak to the Secretary about how wonderful AU and you have been and the great things that you offered about post-hiring advisory and online training and he would love the new HR Director to directly explore that further with you once he gets settled in his new role. Once I have a chance to meet with the new Director (after my vacation :-)) I will be back in touch with you to set up a get together.

Thanks again for everything.

Best

Marc

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/13/2017 3:55:27 PM
To: Marc Sherman [mbs(b) (6) @gmail.com]
Subject: Re: VA HR Director Search

Thanks Marc- sorry for the miscommunication

Sent from my iPhone

On Jul 13, 2017, at 12:36 PM, Marc Sherman <mbs(b) (6) @gmail.com> wrote:

> FYI
>
> ---------- Forwarded message ----------
> From: **Marc Sherman** <mbs(b) (6) @gmail.com>
> Date: Thu, Jul 13, 2017 at 6:35 AM
> Subject: VA HR Director Search
> To: IP <(@frenchangel59.com>, L Perl <(b) (6) @gmail.com>
> Cc: (b) (6) (b) (6) @gmail.com>, Bruce Moskowitz
> <brucem(b) (6) @mac.com>
>
> (b)
>
> Great news!!!! By a stroke of luck and coincidence, the VA has just identified an HR Director candidate. The process with him has gone lightening fast and he will move forward to head HR. I wanted to let you know immediately so you (and others) don't spend any more of your valuable time in "search mode." We again express our great appreciation for your stepping in to help solve that first critical need. We did speak to the Secretary about how wonderful AU and you have been and the great things that you offered about post-hiring advisory and online training and he would love the new HR Director to directly explore that further with you once he gets settled in his new role. Once I have a chance to meet with the new Director (after my vacation :-)) I will be back in touch with you to set up a get together.
>
> Thanks again for everything.
>
> Best
>
> Marc

AMERICAN OVERSIGHT

Message

From: Marc Sherman [mbs(b) (6) @gmail.com]
Sent: 7/13/2017 10:36:53 AM
To: David shulkin [drshulkin@aol.com]
Subject: Fwd: VA HR Director Search

FYI

---------- Forwarded message ----------
From: **Marc Sherman** <mbs(b) (6) @gmail.com>
Date: Thu, Jul 13, 2017 at 6:35 AM
Subject: VA HR Director Search
To: IP <(b)@frenchangel59.com>, L Perl <(b) (6) @gmail.com>
Cc: (b) (6) (b) (6) @gmail.com>, Bruce Moskowitz <brucem(b) (6) @mac.com>

(b)

Great news!!!! By a stroke of luck and coincidence, the VA has just identified an HR Director candidate. The process with him has gone lightening fast and he will move forward to head HR. I wanted to let you know immediately so you (and others) don't spend any more of your valuable time in "search mode." We again express our great appreciation for your stepping in to help solve that first critical need. We did speak to the Secretary about how wonderful AU and you have been and the great things that you offered about post-hiring advisory and online training and he would love the new HR Director to directly explore that further with you once he gets settled in his new role. Once I have a chance to meet with the new Director (after my vacation :-)) I will be back in touch with you to set up a get together.

Thanks again for everything.

Best

Marc

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 8/29/2017 5:51:49 PM
To: David Shulkin [secshulkin@gmail.com]
CC: IP [(b) (6) @frenchangel59.com]; mbs(b) (6) @gmail.com; L Perl [(b) (6) @gmail.com]
Subject: Fwd: Update on VA activities and (b) (6)

These are two important areas. In research every call I am on that would produce meaningful research that fulfills three criteria, improved patient care, cost reduction and a possible revenue stream there is total inaction even when we have a donor to totally pay for the research. A committee vetting research opportunities working with the VA is the way to proceed. I serve with (b) (6) who is chief of Neurology at Hopkins on a committee that does just this and I would recommend the same format. GME has the potential to markedly improve medical care both in the VA and choice program.

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

From: (b) (6) <(b) (6) @jhmi.edu>
Date: August 29, 2017 at 1:32:29 PM EDT
To: 'David shulkin' <Drshulkin@aol.com>, "(b) (6) M.D." <(b) (6) @PARTNERS.ORG>, "(b) (6) M.D." (b) (6) (b) (6) mayo.edu>, (b) (6) <(b) (6) @ccf.org>, (b) (6) (t(b) (6) kp.org>
Cc: Ike Perlmutter <(b)@frenchangel59.com>, Bruce Moskowitz <brucem(b) (6) @mac.com>, Marc Sherman <mbs(b) (6) @gmail.com>, Poonam Alaigh <(b) (6) @hotmail.com>
Subject: RE: Update on VA activities

David

We are already working with you on procurement and IT. We would be happy to also help with Graduate Medical Education and Research overview. Please let us know how

(b) (6)

(b) (6) M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine
733 N Broadway/ Suite 100
Baltimore, MD 21205
(b) (6)
(fax)
(b) (6) @jhmi.edu

-----Original Message-----
From: David shulkin [mailto:Drshulkin@aol.com]
Sent: Tuesday, August 29, 2017 12:21 PM
To: (b) (6) M.D. <(b) (6) @PARTNERS.ORG>; (b) (6)

AMERICAN OVERSIGHT

<(b) (6) @jhmi.edu>; (b) (6) M.D. (b) (6) (b) (6) mayo.edu>; (b) (6) <(b) (6) @ccf.org>; (b) (6) (b) (6) @kp.org>
Cc: Ike Perlmutter <(b)@frenchangel59.com>; Bruce Moskowitz <brucem(b) (6) @mac.com>; Marc Sherman <mbs(b) (6) @gmail.com>; Poonam Alaigh <(b) (6) @hotmail.com>
Subject: Update on VA activities

Dear Colleagues- much has happened in this first seven months to set VA on an improved path - including a record 5 pieces of legislation that were passed with full bipartisan support.

There is still a lot to do. There are 11 areas that we could use your institutions assistance with- ill list them here hoping that some areas might be a good fit for your organization to take a lead on assisting with- and certainly if you are interested in specific ones we could discuss in more detail

1. Procurement and Logistics

2. Human Resource Reorg

3. Finance and Budgeting

4. IT

5. Public Relations

6. Cost and Utilization of the Choice Network

7. Construction and Facility Management

8. Graduate Medical Education

9. Research overview

10. Quality measurement of the Choice network

11. Cost saving opportunities

Thanks for your thoughts if any of these 11 might be something your organization would lead on and thank you for your continued support

AMERICAN OVERSIGHT

David Shulkin

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 6/19/2017 10:11:59 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: Poonam Alaigh [(b) (6) @hotmail.com]; mbs(b) (6) @gmail.com; IP [(@frenchangel59.com]; L Perl (b) (6) @gmail.com]
Subject: Re: HR

Bruce- is there a contact at AU that we can connect with?

Sent from my iPhone

> On Jun 19, 2017, at 2:53 PM, Bruce Moskowitz <brucem(b) (6) c)mac.com> wrote:
>
> The American University is willing to donate the time to do the following:
>
> Set up an online course for training employees
>
> Have their whole Department come in and assist in any way that would be beneficial
>
> Invite leadership to their twice yearly leadership conference.
>
> They actively work with the Cleveland Clinic so they are well versed on HR for medical institutions.
>
>
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: L Perl [(b) (6) @gmail.com]
Sent: 6/19/2017 9:29:00 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
CC: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6) @hotmail.com]; Marc Sherman [mbs(b) (6) @gmail.com]; IP [@frenchangel59.com]
Subject: Re: HR

Absolutely terrific news--- you are amazing! L

On Mon, Jun 19, 2017 at 3:53 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
The American University is willing to donate the time to do the following:

Set up an online course for training employees

Have their whole Department come in and assist in any way that would be beneficial

Invite leadership to their twice yearly leadership conference.

They actively work with the Cleveland Clinic so they are well versed on HR for medical institutions.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6)@mac.com]
Sent: 6/19/2017 7:53:41 PM
To: David shulkin [drshulkin@aol.com]; Poonam Alaigh [(b) (6)@hotmail.com]
CC: mbs(b) (6)@gmail.com; IP [@frenchangel59.com]; L Perl [(b) (6)@gmail.com]
Subject: HR

The American University is willing to donate the time to do the following:

Set up an online course for training employees

Have their whole Department come in and assist in any way that would be beneficial

Invite leadership to their twice yearly leadership conference.

They actively work with the Cleveland Clinic so they are well versed on HR for medical institutions.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: IP [[redacted]@frenchangel59.com]
Sent: 8/18/2017 9:02:28 PM
To: 'David Shulkin' [secshulkin@gmail.com]
Subject: RE: Accomplishments

Thank you David.

I received and its perfect. I am taking this tomorrow with me.

Also working on a second list which I am currently making some changes on – I will email you soon so you can give me your input.

Thank you,

Ike

From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Friday, August 18, 2017 4:52 PM
To: Ike Perlmutter
Subject: Fwd: Accomplishents

Just in case you had not received earlier

David

Sent from my iPhone

Begin forwarded message:

> **From:** David Shulkin <drshulkin@aol.com>
> **Date:** August 17, 2017 at 9:05:51 PM EDT
> **To:** secshulkin@gmail.com
> **Subject: Accomplishents**

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 7/15/2017 2:22:00 PM
To: David Shulkin [drshulkin@aol.com]
Subject: Re: for decision - GPD Changes Release -- do not issue

Agree David- my team was ready to send something out on Wednesday but the 10th floor with John who brings the pinheads into every discussion blocked it and thought it was not good to do. This is like the Care Giver issue- has been simmering and will explode if not preemptively addressed in a larger, positive and veteran centric context. We will have to clean up after the story vs creating the story.

I am very concerned about John and OPIA being able to deliver what we need at VHA. Let's talk more about this.

I have an entire list of things to discuss with you- let's try later today or tomorrow

Sent from my iPhone

On Jul 15, 2017, at 3:12 PM, Alaigh, Poonam, M.D. <Poonam.Alaigh@va.gov> wrote:

> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** DJS
> **Sent:** Saturday, July 15, 2017 09:51 AM Eastern Standard Time
> **To:** Alaigh, Poonam, M.D.
> **Subject:** FW: for decision - GPD Changes Release -- do not issue
>
> This is getting too many cooks for now- let's stay off of further emails till we decide how best to address
>
> Sent with Good (www.good.com)
>
> -----Original Message-----
> **From:** Tucker, Brooks
> **Sent:** Saturday, July 15, 2017 08:57 AM Eastern Standard Time
> **To:** Leinenkugel, Jake; DJS; Blackburn, Scott R.; Ullyot, John; Alaigh, Poonam, M.D.
> **Cc:** Wright, Vivieca (Simpson); O'Connor, Christopher; Selnick, Darin
> **Subject:** RE: for decision - GPD Changes Release -- do not issue
>
> I had too many to recall frustrating engagements with VACO and VISN 6 in NC from 2010-2015 on behalf of SEN Burr around this shift to limiting or re scoping GPD and a new NOFA process to apply. The VA resistance to a State funded transitional housing facility with wraparound services seeking formal partnership with VA was most perplexing and highly bureaucratic. Only

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after engaging VE through Lynda Davis and Scott did it finally get attention and some traction, but it took many intervening years. There has to be a better way to do this, possibly by leveraging IGA and the CVEBs.

PIT counts are superficial and do not capture the fuller and insidious nature of a problem where many who would need services are living out of cars and on people's couches or on the cusp of those outcomes and are out of public sight. When Burr looked at NC "unique" visitors to VA who identified as homeless that number was much larger than the PIT.

I think VA should expect and inspect not dictate.

Sent with Good (www.good.com)

-----Original Message-----
From: Leinenkugel, Jake
Sent: Saturday, July 15, 2017 08:19 AM Eastern Standard Time
To: DJS; Blackburn, Scott R.; Ullyot, John; Alaigh, Poonam, M.D.
Cc: Wright, Vivieca (Simpson); O'Connor, Christopher; Tucker, Brooks; Selnick, Darin
Subject: RE: for decision - GPD Changes Release -- do not issue

I think we should begin discussion of considering a hand off to States with largest homeless populations. Ramp up State & County VA resources, align with governors and mayors. VAMC's could be centers for meetings and coordinated efforts (relevance for engaging younger Vets). My point is giving up our VACO control, administration, scorecard of GPS & PIT's, ongoing congressional pressures and time/resource laden queries and responses. Turn over agreed upon budget to States and let them pinpoint stressed population centers, establish their most effective local programs, bring in private donors and activate VSO's and establish their stand downs, scorecards and success measurements. Governors and Mayors could discuss status and needs at their annual Governor & Mayor Conferences. VACO could announce annual awards programs for top States/Cities. Another initiative that should come under modernization. Maybe include same approach for Suicides? Believe this could become big idea for future major SECVA/WH announcement, surrounded by key governors and mayors. Apologize for weekend ramble.

Sent with Good (www.good.com)

-----Original Message-----
From: DJS
Sent: Saturday, July 15, 2017 12:46 AM Eastern Standard Time
To: Blackburn, Scott R.; Ullyot, John; Alaigh, Poonam, M.D.
Cc: Wright, Vivieca (Simpson); Leinenkugel, Jake; O'Connor, Christopher
Subject: RE: for decision - GPD Changes Release -- do not issue

Should we consider the "transparency" strategy and public ally list the pit counts- where we are making progress and where we are not?

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Sent with Good (www.good.com)

-----Original Message-----
From: Blackburn, Scott R.
Sent: Friday, July 14, 2017 06:42 PM Eastern Standard Time
To: Ullyot, John; Alaigh, Poonam, M.D.
Cc: Wright, Vivieca (Simpson); DJS; Leinenkugel, Jake; O'Connor, Christopher
Subject: RE: for decision - GPD Changes Release -- do not issue

Regarding homelessness communications, we need to align on a few things to make sure we have a good strategy to manage the messaging from now (starting with the GPD announcement) through the end of the year (when PIT count is released).

1. <!--[if !supportLists]--><!--[endif]--> Grant Per Diems (GPS). There will be winners and losers. I know the Secretary is working with the team on a decision on how to deal with the losers. This is out of the Vermont (Sanders) discussions. Need to settle that before announcing this on GPD.
2. <!--[if !supportLists]--><!--[endif]--> The Point in Time (PIT) count numbers for 2017 (which was done in ~January 2017) will be released in early Fall and they aren't going to be good. LA is the biggest problem. We are actively working to mitigate this (which is why've I've been out there twice and have working closely with the LA team and the Homelessness team). We need to be careful in our communications. The truth is that we are doing great stuff and this is still a priority, but this is also a complex problem.
3. <!--[if !supportLists]--><!--[endif]--> Our homelessness goal. Seems we are pivoting off the "zero" goal, which is ok. But people in this community are nervous fueled by some of the interagency work being defunded in the overall President's budget. The question we are getting is "is this still a priority for you and are you really committed?". The answer is "yes" that we are still committed, we just need to make sure we nail the communications.

We also did a national posting for our Homelessness leader which closed last week. I'm hoping some top notch external candidates get through our certs (I know of at least one outside star that applied). We should see what the timeline is for that.

From: Ullyot, John
Sent: Friday, July 14, 2017 2:58 PM
To: Alaigh, Poonam, M.D.
Cc: Wright, Vivieca (Simpson); DJS; Blackburn, Scott R.; Leinenkugel, Jake; O'Connor, Christopher
Subject: Re: for decision - GPD Changes Release -- do not issue

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+ Scott/Jake/Chris O'Connor

Thanks Poonam — we heard from Scott and Chris and think we should all have a discussion on this as there are real risks for doing a release, particularly after SecVA's conversation with Senator Sanders.

Lets us know when we can set up a call.

Thanks everyone,

John U.

From: "Alaigh, Poonam, M.D." <Poonam.Alaigh@va.gov>
Date: Friday, July 14, 2017 at 2:01 PM
To: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>
Cc: "Wright, Vivieca (Simpson)" <Vivieca.Wright@va.gov>, DJS <vacodjs1@va.gov>
Subject: RE: for decision - GPD Changes Release -- do not issue

John - is your team working on this now?

Sent with Good (www.good.com)

-----Original Message-----
From: Alaigh, Poonam, M.D.
Sent: Friday, July 14, 2017 12:58 AM Eastern Standard Time
To: Ullyot, John
Cc: Wright, Vivieca (Simpson); DJS
Subject: FW: for decision - GPD Changes Release -- do not issue

Thanks for your guidance John, but we in VHA, the business unit, would like to proceed with the press release. It is important for the community to know the positive changes we are making in our Homeless program and our commitment to our community partners as we make positive changes to the program. I am fine with broadening the message based on your teams input but something needs to go out

Sent with Good (www.good.com)

-----Original Message-----
From: Screen, Gina
Sent: Thursday, July 13, 2017 02:51 PM Eastern Standard Time

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To: Alaigh, Poonam, M.D.; Jensen, Jon M.; Lynch, Thomas (VHA); Pape, Lisa M.
Cc: (b) (6)
Subject: FW: for decision - GPD Changes Release -- do not issue

All –

I just wanted to provide an update to Dr. Alaigh's request for a news release on GPD.

Gina

From: (b) (6) (CLS-House)
Sent: Thursday, July 13, 2017 2:49 PM
To: Tallman, Gary; Screen, Gina
Cc: (b) (6) (VACO); Cashour, Curtis; (b) (6) (VACO)
Subject: RE: for decision - GPD Changes Release -- do not issue

Agree that we should hold on releasing at this point. The only significant push back has been from Sanders.

(b)

From: Tallman, Gary
Sent: Thursday, July 13, 2017 2:42 PM
To: (b) (6) (CLS-House); Screen, Gina
Cc: (b) (6) (VACO); Cashour, Curtis; (b) (6) (VACO)
Subject: FW: for decision - GPD Changes Release -- do not issue

Gina,(b)

In terms of an active press release, the answer on that tactical approach was 'no' (see below); however, the messaging from the draft release and the planning products are fine from a press standpoint as an "RTQ" if we get media requests. Q/A gets into good specifics. Assessment is that this is not a 'burning platform', and we don't need to light it. So far, we're aware of one media query. If we get enough media requests we can look to line the SMEs up perhaps for a

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quick roundtable engagement (subject to further coordination). More interest is anticipated from members.

Ron: view from OPIA is that the more active approach on this is more appropriate via member/committee engagement. If OCLA thinks the messaging is good, recommendation is member briefing/call route on this one.

Thanks
Gary

Gary C. Tallman

Executive Director

Office of Public and Intergovernmental Affairs

Office: 202-461-7430

Cell: 202-603-4408

gary.tallman@va.gov

From: Ullyot, John
Sent: Thursday, July 13, 2017 2:17 PM
To: Cashour, Curtis
Cc: Tallman, Gary; Hutton, James; Wagner, John (Wolf)
Subject: Re: for decision - GPD Changes Release -- do not issue

Thanks Curt — agree no release should be sent out on this, and we should just use the release information to respond to individual requests that come in.

Also, we shouldn't attribute the quote to the Secretary, but rather to (b) (6) Since we're not issuing a release, this is moot, and the responses can just be from you or James via email.

Thanks,

John U.

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From: Curt Cashour <Curt.Cashour@va.gov>
Date: Thursday, July 13, 2017 at 12:34 PM
To: Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>
Cc: "Tallman, Gary" <Gary.Tallman@va.gov>, "Hutton, James" <James.Hutton@va.gov>, Wolf Wagner <John.Wolf.Wagner@va.gov>
Subject: for decision - GPD Changes Release

John,

The USH wants to blast out the attached press release (GPD NOFA Draft NRL gt edits). The bottom line is that VA has made adjustments to a homeless veteran grant program called Grant Per Diem that is resulting in some grantees – some of whom have relied on VA funding for many years – to lose their funding. We have had one media inquiry on this issue so far, but I'm sure we will get others. I think the info in the release will be great to share when we get questions from the press, but I don't think it makes sense to do a release at this time, as it will likely result in a lot of negative attention.

Let me know what you think.

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

@curtcashour

From: Tallman, Gary
Sent: Thursday, July 13, 2017 10:57 AM
To: (b) (6) (VACO)
Cc: (b) (6) (VACO); Screen, Gina; (b) (6) (CLS-House); Cashour, Curtis
Subject: RE: GPD Press Release

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Thanks (b) (6) (b) (6) good package of info here.

Gina: the initial draft release on this needed a lot of re-work; it 'buried the lead' and didn't get to the clear 'why' this is being done. I have reworked the draft. Please use my version going forward for draft coordination.

Curt: Per the 8:30 meeting, I think we need to raise this up in terms of 1) do we need an active release and 2) when.

Given the significant changes to this program, and that letters are already starting to come in from members on behalf of applicants that have in the past been, but are not now, getting selected, that it is in our interest to get something out on this.

Gary C. Tallman

Executive Director

Office of Public and Intergovernmental Affairs

Office: 202-461-7430

Cell: 202-603-4408

gary.tallman@va.gov

From: (b) (6) (VACO)
Sent: Thursday, July 13, 2017 9:59 AM
To: Tallman, Gary
Cc: (b) (6) (VACO)
Subject: FW: GPD Press Release

+Gary Tallman for awareness

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From: (b) (6)
Sent: Wednesday, July 12, 2017 5:07 PM
To: (b) (6) (VACO); (b) (6) (VACO)
Cc: (b) (6)
Subject: FW: GPD Press Release

Including you two for awareness.

(b) (6), Fellow PRSA

Senior Communications Specialist, VHA Office of Communications

Media Relations Team Email: VHACO10B2BMedia@VA.GOV

Mobile (b) (6) Work: (b) (6)

Virtual Employee Phoenix, AZ (MST)

From: (b) (6)
Sent: Wednesday, July 12, 2017 2:03 PM
To: (b) (6)
Subject: RE: GPD Press Release

For your consideration.

From: (b) (6)
Sent: Wednesday, July 12, 2017 4:51 PM
To: (b) (6) (VACO); (b) (6) (VACO); (b) (6)
Subject: RE: GPD Press Release

They were great and we have a draft being edited as we speak. Shall we include you on the final version for awareness or???

Also is there an org chart for the national Homeless Veterans Office with people listed?

(b) (6) APR, Fellow PRSA

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Senior Communications Specialist, VHA Office of Communications

Media Relations Team Email: VHACO10B2BMedia@VA.GOV

Mobile: (b) (6) Work: (b) (6)

Virtual Employee Phoenix, AZ (MST)

From: (b) (6) (VACO)
Sent: Wednesday, July 12, 2017 11:06 AM
To: (b) (6); (b) (6) (VACO); (b) (6)
Subject: RE: GPD Press Release

I recommend speaking with (b) (6) and (b) (6) about it.

They're the SMEs and will give you all the guidance you need to prepare the release. They're also very easy to work with.

(b) (6)

From: (b) (6)
Sent: Wednesday, July 12, 2017 2:01 PM
To: (b) (6) (VACO); (b) (6) (VACO); (b) (6).
Subject: FW: GPD Press Release

Looping you guys in do you have awareness or visibility on this program? Jon Jensen has sent a draft plan which I can try to pull together a news release from, but wanted to check with you all first.

(b) (6) APR, Fellow PRSA

Senior Communications Specialist, VHA Office of Communications

Media Relations Team Email: VHACO10B2BMedia@VA.GOV

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Mobile: (b) (6) Work: (b) (6)

Virtual Employee Phoenix, AZ (MST)

From: Screen, Gina
Sent: Wednesday, July 12, 2017 10:15 AM
To: (b) (6)
Subject: FW: GPD Press Release

Please see below. There is a comms plan drafted (b) (6) is the contact. Please see deadline below.

Sent with Good (www.good.com)

-----Original Message-----
From: Lynch, Thomas (VHA)
Sent: Wednesday, July 12, 2017 01:09 PM Eastern Standard Time
To: Jensen, Jon M.; Screen, Gina; (b) (6)
Cc: Pape, Lisa M.
Subject: GPD Press Release

Jon, Gina, (b) (6) Lisa has gotten a message from Dr. Alaigh asking that we have a press release ready by the end of the day (her request) to address the GPD changes. Specially, she would like us to get ahead of this story before it metastasizes beyond Vermont and Phoenix.

I realize that this will probably be coordinated with the 10th floor, can we have something up to them this afternoon?

TGL

Thomas G. Lynch, MD

Assistant Deputy Under Secretary for Health for

Clinical Operations

Veterans Health Administration

810 Vermont Ave, NW

AMERICAN OVERSIGHT

Washington, DC 20420

Office: 202 461 7046

Thomas.lynch2@va.gov

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 2/8/2018 2:32:11 AM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]
Subject: Re: WH

Got it

Sent from my iPhone

On Feb 7, 2018, at 6:13 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> I think that if some of this is politically correct then you can promote it. Al prefers not to take credit.
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> **From:** (b) (6) <(b) (6) @nglbrg.com>
> **Date:** February 7, 2018 at 4:54:08 PM EST
> **To:** David shulkin <Drshulkin@aol.com>, Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Subject: FW: Prescription Drug Costs**
>
> I forgot to mention the most important point. CMS publishes a Medicare Part D Dashboard with very granular information about what drugs were dispensed and the cost. The data for 2015 is available on their website.
>
> It should be a relatively simple matter for Mr. Valentino and his colleagues at the VA PBM to "score" the savings that would have resulted if the VA had been administering Part D in 2015. If, as I suspect, the number is many billions of dollars, it would put tremendous pressure on Congress to capture those savings and use them for Obamacare or VA reform and put the Pharma lobby on the defensive. If the savings are small, (which I doubt) you can move on to other ideas and not waste time or credibility on this one.
>
> (b) (6)
> (b) (6) @nglbrg.com
>
> **From:** (b) (6)
> **Sent:** Wednesday, February 7, 2018 3:45 PM
> **To:** David shulkin <Drshulkin@aol.com>
> **Cc:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Subject:** Prescription Drug Costs
>
> Dear Secretary Shulkin:
>
> Bruce Moskowitz suggested it would be a good idea for me to reduce my thoughts about how and why to use the VA PBM to reduce prescription drug costs in all government sponsored prescription drug programs. The 2 page document I prepared is attached.

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I believe that Michael Valentino, Chief Consultant to the VA PBM can verify many of the facts about the VA operation that are discussed in my paper. I have not spoken to him about this paper and have no reason to believe that he is aware that I am in communication with you. Mike is a co-author of the publication cited in my paper that describes the VA PBM as a National model for providing a high quality prescription drug benefit at the lowest cost.

The government can not have its cake and eat it too. Unless it is willing to stand up to the Pharma lobby and make fundamental changes in the way drugs are prescribed and paid for, it can not reduce costs. Cutting entitlement spending across the board while simultaneously protecting Pharma's profits is simply unfair to the millions of senior citizens and poor people who need help in paying for essential medicines.

I am available at anytime to provide whatever assistance would be of value to you on these issues. In the near future, I hope to also put my ideas for dealing with drug shortages and price spikes on older generic drugs on paper. This is yet another way the government can lower the cost of providing a robust. Prescription drug benefit.

Best regards,

(b) (6)
(b) (6) @nqlbrq.com

<Proposal to Reduce Gov Drug Costs.pdf>

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Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 2/7/2018 11:13:29 PM
To: David Shulkin [secshulkin@gmail.com]
Subject: WH
Attachments: Proposal to Reduce Gov Drug Costs.pdf; Untitled attachment 96586.htm

I think that if some of this is politically correct then you can promote it. Al prefers not to take credit.

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @nglbrg.com>
Date: February 7, 2018 at 4:54:08 PM EST
To: David shulkin <Drshulkin@aol.com>, Bruce Moskowitz <brucem(b) (6) @mac.com>
Subject: FW: Prescription Drug Costs

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(b) (6)
(b) (6) @nglbrg.com

From: (b) (6)
Sent: Wednesday, February 7, 2018 3:45 PM
To: David shulkin <Drshulkin@aol.com>
Cc: Bruce Moskowitz <brucem(b) (6) @mac.com>
Subject: Prescription Drug Costs

Dear Secretary Shulkin:

Bruce Moskowitz suggested it would be a good idea for me to reduce my thoughts about how and why to use the VA PBM to reduce prescription drug costs in all government sponsored prescription drug programs. The 2 page document I prepared is attached.

I believe that Michael Valentino, Chief Consultant to the VA PBM can verify many of the facts about the VA operation that are discussed in my paper. I have not spoken to him about this paper and have no reason to believe that he is aware that I am in communication with you. Mike is a co-author of the publication cited in my paper that describes the VA PBM as a National model for providing a high quality prescription drug benefit at the lowest cost.

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I am available at anytime to provide whatever assistance would be of value to you on these issues. In the near future, I hope to also put my ideas for dealing with drug shortages and price spikes on older generic drugs on paper. This is yet another way the government can lower the cost of providing a robust. Prescription drug benefit.

Best regards,

(

(b) (6)
(b) (6) @nglbrg.com

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(b) (4)

[redacted]

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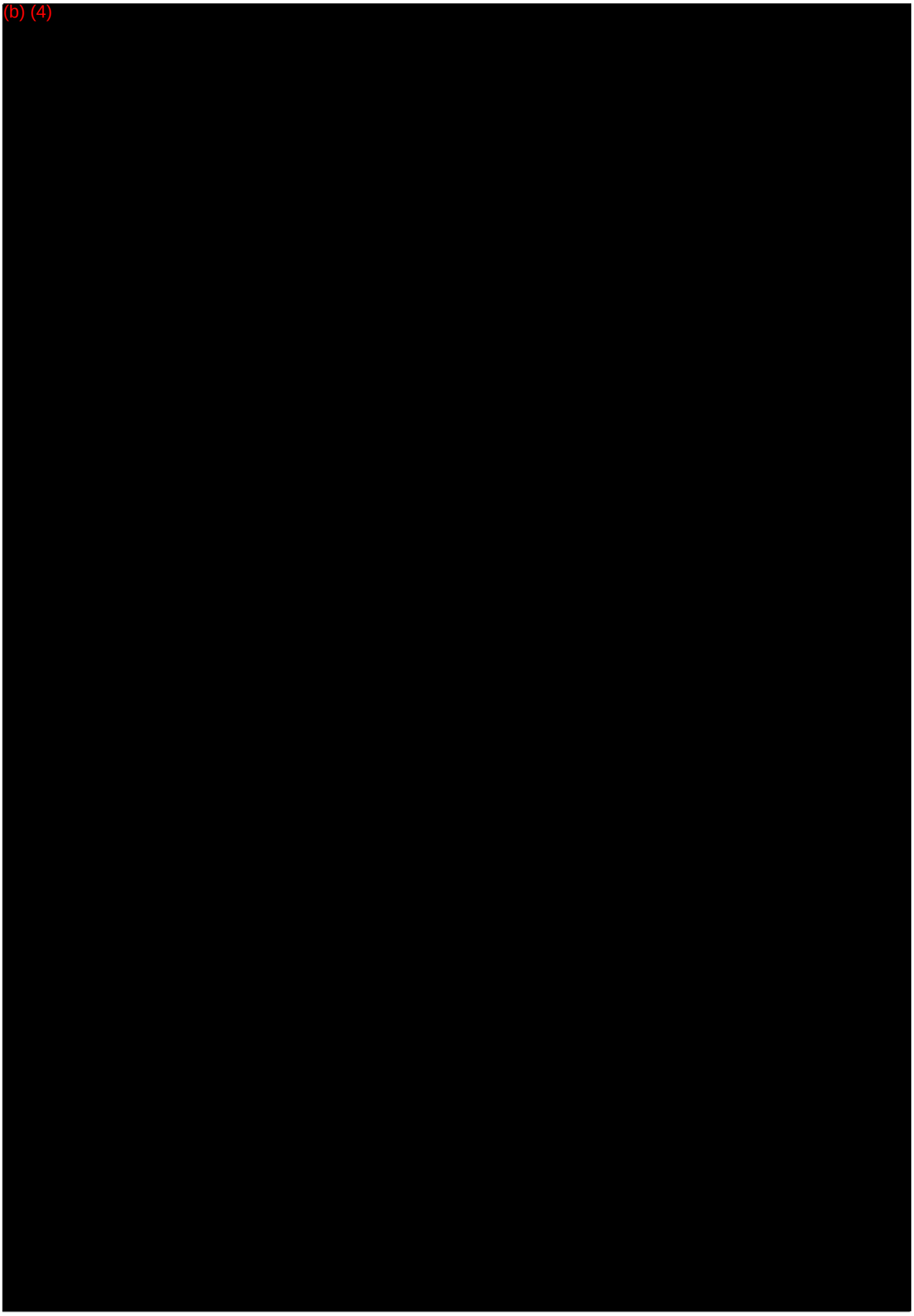
(b) (4)



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Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 8/8/2017 10:36:14 AM
To: (b) (6) ((b) (6) kp.org]
CC: Ike Perlmutter [(@frenchangel59.com]; brucem(b) (6) @mac.com; Marc Sherman [mbs(b) (6) @gmail.com]; David Shulkin [drshulkin@aol.com]; Laurie Perlmutter [(b) (6) @gmail.com]
Subject: Thanks and really appreciate your team

(b) (6) yesterday our team had an extremely productive session led by Dr (b) (6) from your leadership as we learnt about your transformational journey. It was extremely valuable to me and my design team as we are building the foundation of what is needed for us to be an agile, high performing organization. Thanks and really appreciate your support to us and our nations Veterans. Looking forward to catching up soon- Poonam

Sent from my iPhone

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/28/2017 3:16:15 PM
To: [redacted]@frenchangel59.com
Subject: Re: Poonam

Ike- i had a goid call with[redacted] i think we have a plan moving ahead

David

Sent from my iPhone

> On Aug 23, 2017, at 9:49 PM, <[redacted]@frenchangel59.com> <[redacted]@frenchangel59.com> wrote:
>
> I agree with you 100%.
>
> -----Original Message-----
> From: David Shulkin [mailto:secshulkin@gmail.com]
> Sent: Wednesday, August 23, 2017 6:26 PM
> To: Ike Perlmutter
> Subject: Poonam
>
> I spoke to presidential personnel and told them i needed her but that we
> wanted a deep dive on any issues in her background before the president
> signs off
>
>
>
> Sent from my iPhone
>

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Message

From: [redacted]@frenchangel59.com [[redacted]@frenchangel59.com]
Sent: 8/24/2017 1:49:44 AM
To: 'David Shulkin' [secshulkin@gmail.com]
Subject: RE: Poonam

I agree with you 100%.

-----Original Message-----
From: David Shulkin [mailto:secshulkin@gmail.com]
Sent: Wednesday, August 23, 2017 6:26 PM
To: Ike Perlmutter
Subject: Poonam

I spoke to presidential personnel and told them i needed her but that we wanted a deep dive on any issues in her background before the president signs off

Sent from my iPhone

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 8/23/2017 10:25:57 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Poonam

I spoke to presidential personnel and told them i needed her but that we wanted a deep dive on any issues in her background before the president signs off

Sent from my iPhone

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Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/15/2017 5:12:32 PM
To: Ike Perlmutter [[redacted]@frenchangel59.com]
Subject: Fwd: Wish list
Attachments: Wish list.docx; Untitled attachment 96623.htm

Ike- attached is my first draft of the wish list

Subject: Wish list

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VA Wish List

Moving applications to the Cloud – Cloud.gov

Consolidating Call/Contact Centers

Rapid Dissemination of our mobile Veteran appointment app

Rapid Dissemination of the new veteran appointment scheduling system

Working with CMS and OMB on Medicare Subvention

Helping dispose of vacant and underutilized buildings

Moving all clinical hires to Title 38

Facilitating Outsourcing of services

Eliminating the Neimer ruling on Benefits Payouts

Integrating TRICARE and VA

Autoenrollment of departing service members into VA healthcare

Getting Medicare to incorporate VA into their Star Rating System

Assisting with delaying the VA Corporate Organizational structure

Developing managed care cost controls for care in the community

Sole Sourcing to Academic Medical Centers

Developing a system for Instant Benefits Adjudication

Expanding Caregiver programs to decrease unnecessary long term care in institutions

Expanding GME to rural areas

Developing new public/private construction partnerships

DOD/VA facility integration

Leadership Training and Succession Planning

One Veteran- Assisting in bring together DOD and VA in purchasing, logistics, IT, Suicide Prevention, etc

Expanding Clinical Genomics

Value Based Purchasing Models

Hiring CFO/CIO/OGC Faster

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Message

From: Bruce Moskowitz [brucem(b) (6)@mac.com]
Sent: 8/8/2017 8:54:49 PM
To: Poonam Alaigh [(b) (6)@gmail.com]
CC: Secshulkin@gmail.com
Subject: Re: The Washington Post: Veterans' health-care gap creates 'greater risk' for opioid abuse

One of the group has a simple plug in to stop this from occurring

Sent from my iPad
Bruce Moskowitz M.D.

On Aug 8, 2017, at 4:50 PM, Poonam Alaigh <(b) (6)@gmail.com> wrote:

> Yes- you are correct.
>
> On Tue, Aug 8, 2017 at 7:14 AM Bruce Moskowitz <brucem(b) (6)@mac.com> wrote:
> This was my prime initiative with Apple to solve this. The academic centers discussed this on the first call with Apple.
>
> I thought you might like this story from The Washington Post.
>
> Veterans' health-care gap creates 'greater risk' for opioid abuse
> The lack of coordination and differing clinical standards among VA and non-VA community providers can be deadly.
>
> https://www.washingtonpost.com/news/powerpost/wp/2017/08/07/veterans-health-care-gap-creates-greater-risk-for-opioid-abuse/
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: Poonam Alaigh [(b) (6) @gmail.com]
Sent: 8/8/2017 8:50:57 PM
To: Bruce Moskowitz [brucem(b) (6) @mac.com]; Secshulkin@gmail.com
Subject: Re: The Washington Post: Veterans' health-care gap creates 'greater risk' for opioid abuse

Yes- you are correct.

On Tue, Aug 8, 2017 at 7:14 AM Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> This was my prime initiative with Apple to solve this. The academic centers discussed this on the first call with Apple.
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> I thought you might like this story from The Washington Post.
>
> Veterans' health-care gap creates 'greater risk' for opioid abuse
> The lack of coordination and differing clinical standards among VA and non-VA community providers can be deadly.
>
> https://www.washingtonpost.com/news/powerpost/wp/2017/08/07/veterans-health-care-gap-creates-greater-risk-for-opioid-abuse/
>
> Sent from my iPad
> Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Bruce Moskowitz [brucem(b) (6)@mac.com]
Sent: 8/8/2017 11:14:14 AM
To: Secshulkin@gmail.com; Poonam Alaigh [(b) (6)@gmail.com]
Subject: The Washington Post: Veterans' health-care gap creates 'greater risk' for opioid abuse

This was my prime initiative with Apple to solve this. The academic centers discussed this on the first call with Apple.

I thought you might like this story from The Washington Post.

Veterans' health-care gap creates 'greater risk' for opioid abuse
The lack of coordination and differing clinical standards among VA and non-VA community providers can be deadly.

https://www.washingtonpost.com/news/powerpost/wp/2017/08/07/veterans-health-care-gap-creates-greater-risk-for-opioid-abuse/

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 9/13/2017 7:24:45 PM
To: (b) (6) [(b) (6) @gmail.com]
Subject: Re:

Thanks

Sent from my iPhone

> On Sep 13, 2017, at 12:13 PM, (b) (6) <(b) (6) r@gmail.com> wrote:
>
> I reached out to (b) (6) from Senator lees office as a start. I hope it works out
> --
> Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 9/13/2017 4:13:32 PM
To: David Shulkin [drshulkin@aol.com]

I reached out to (b) (6) from Senator lees office as a start. I hope it works out
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 8/19/2017 5:51:13 PM
To: David shulkin [Drshulkin@aol.com]
Subject: Re:

Will call you in 15-20min

Sent from my iPhone

> On Aug 19, 2017, at 1:38 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> If you get any downtime call me about donovan storyb
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/19/2017 5:38:32 PM
To: (b) (6) @hotmail.com

If you get any downtime call me about donovan storyb

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/16/2017 1:17:22 AM
To: (b) [(b) (6) hotmail.com]
Subject: Re: Room

0

Sent from my iPhone

On Aug 15, 2017, at 9:05 PM, (b) (6) <(b) (6) hotmail.com> wrote:

> Wait we are paying
>
> (b) (6) Bari, M.D.
>
> On Aug 15, 2017, at 9:03 PM, David shulkin <Drshulkin@aol.com> wrote:
>
> > Sent from my iPhone
> >
> > Begin forwarded message:
> >
> > **From:** (b) (6) <(b) (6) @gmail.com>
> > **Date:** August 15, 2017 at 8:30:22 PM EDT
> > **To:** David Shulkin <drshulkin@aol.com>
> > **Subject: Room**
> >
> > Rates in south Hampton, the 2 bedroom cottage. Is $695 a night. You probably could rent a house cheaper than that. I don't know if they allow House renting. Let me know if you want to pursue
> > --
> > Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) [(b) (6) hotmail.com]
Sent: 8/16/2017 1:05:22 AM
To: David [drshulkin@aol.com]
Subject: Re: Room

Wait we are paying

(b) (6) Bari, M.D.

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> **Subject: Room**
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> Sent from Gmail Mobile

AMERICAN OVERSIGHT

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From: David shulkin [Drshulkin@aol.com]
Sent: 8/16/2017 1:03:23 AM
To: (b) [(b) (6) hotmail.com]
Subject: Fwd: Room

Sent from my iPhone

Begin forwarded message:

From: (b) (6) <(b) (6) @gmail.com>
Date: August 15, 2017 at 8:30:22 PM EDT
To: David Shulkin <drshulkin@aol.com>
Subject: Room

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--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: (b) (6) [(b) (6)@gmail.com]
Sent: 8/16/2017 12:30:22 AM
To: David Shulkin [drshulkin@aol.com]
Subject: Room

Rates in south Hampton, the 2 bedroom cottage. Is $695 a night. You probably could rent a house cheaper than that. I don't know if they allow House renting. Let me know if you want to pursue this cottage. It's probably within the 300%percent per diem rate. Will confirm
--
Sent from Gmail Mobile

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6)@hotmail.com]
Sent: 11/21/2017 12:06:31 PM
To: David Shulkin [drshulkin@aol.com]
Attachments: image1.JPG; ATT00001.txt

Like every year, you missed my birthday on Sunday. No worries- just wish me in person later today- so excited to see you

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AMERICAN OVERSIGHT

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 7/6/2017 7:11:53 PM
To: Bruce Moskowitz [brucem(b) (5) mac.com]
Subject: Fwd: Re:

Sent from my iPhone

Begin forwarded message:

> **From:** Terry Fadem (b) (6) @gmail.com>
> **Date:** July 6, 2017 at 3:02:06 PM EDT
> **To:** David shulkin <Drshulkin@aol.com>
> **Subject: Re:**
>
> by the way...the number you referenced (b) (6) was recently changed to direct calls to my cell phone.
> terry
>
> On Jul 6, 2017 1:14 PM, "Terry Fadem" (b) (6) @gmail.com> wrote:
> It all depends on the time....i will be at a dinner this evening from 6EST until about 10EST..if you want to try to reach me at 5EST...the best number is my cell phone (b) (6) i expect to get home around 11EST...my home phone is (b) (6) Not sure about privacy to speak during the middle of the evening...but you can try my cell if that is the only option you have.
>
> Best regards,
> Terry
>
> On Jul 6, 2017 12:55 PM, "David shulkin" <Drshulkin@aol.com> wrote:
> Terry- i wanted to talk to you about the VA contract
>
> Will you be available this evening? If so what number can i reach you on - (b) (6)
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 2/16/2018 9:14:04 PM
To: Thomas Bowman [(b) (6) @yahoo.com]
Subject: Fwd: the latest

Sent from my iPhone

Begin forwarded message:

From: Donovan Slack <(b) (6) @gmail.com>
Date: February 16, 2018 at 3:53:37 PM EST
To: David Shulkin <Drshulkin@aol.com>
Subject: the latest

Statement by VA Press Secretary Curt Cashour
Departure of VA Chief of Staff

Feb. 16, 2018

Today VA announced that the department's Chief of Staff Vivieca Wright Simpson has elected to retire following the release of a VA Inspector General investigation on Wednesday.

VA also announced that it has opened a formal investigation into her actions identified in the IG report.

President Trump has made clear that he expects VA leaders to hold themselves and other employees accountable when they fail to live up to the high standards taxpayers and Veterans deserve.

VA will continue to review the IG report and its recommendations in more detail before determining possible additional personnel accountability actions.

Separately, VA announced that it has opened an investigation into allegations of email hacking. To be clear, while VA is still currently investigating these hacking allegations, we have thus far found no credible or conclusive evidence of a compromise to our email system or a user's account.

VA will announce a new chief of staff shortly.

###

Donovan Slack

AMERICAN OVERSIGHT

Reporter
USA TODAY
(202) 415-9493

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 8/30/2017 2:55:30 PM
To: Poonam Alaigh [(b) (6) @hotmail.com]
Subject: Re: A heads up

I reached out to four highmark people yrsterday and ask fir candid and confidential opinions- waiting for responses

Also reached out to a castlight senior exec where she worked as well

Good news is that weve received no political calls on her behalf- unlike many others that lobbied me heavily

Btw - ive totally stopped listening to scott

Sent from my iPhone

> On Aug 30, 2017, at 10:27 AM, Poonam Alaigh <(b) (6) n@hotmail.com> wrote:
>
> Just found out from Scott that Amy is extremely politically connected- her father runs all the Presidential debates and is a Godfather of the Republican party. Also, she is extremely close to (b) (6) he is her mentor and is in constant contact with him. Also, Toby's wife worked for her. He also says that she is extremely strong headed and opinionated- it will be extremely tough to let her go politically if she doesn't work out. Did you do a reference check on her- I am still for some reason hesitant on her, can't really pinpoint anything in particular though- but will go with your guidance
>
> Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: Poonam Alaigh [(b) (6) @hotmail.com]
Sent: 8/30/2017 2:27:31 PM
To: David Shulkin [drshulkin@aol.com]
Subject: A heads up

Just found out from Scott that Amy is extremely politically connected- her father runs all the Presidential debates and is a Godfather of the Republican party. Also, she is extremely close to (b) (6) he is her mentor and is in constant contact with him. Also, Toby's wife worked for her. He also says that she is extremely strong headed and opinionated- it will be extremely tough to let her go politically if she doesn't work out. Did you do a reference check on her- I am still for some reason hesitant on her, can't really pinpoint anything in particular though- but will go with your guidance

Sent from my iPhone

AMERICAN OVERSIGHT

Message

From: David shulkin [Drshulkin@aol.com]
Sent: 3/15/2018 1:23:10 PM
To: Thomas Bowman [(b) (6) @yahoo.com]
Subject: Fwd: Chris meeting with Darin and Camilo

Sent from my iPhone

Begin forwarded message:

> **From:** Carolyn M Clancy <(b) (6) @gmail.com>
> **Date:** March 15, 2018 at 9:05:27 AM EDT
> **To:** David shulkin <drshulkin@aol.com>
> **Subject: Chris meeting with Darin and Camilo**
>
> Barb joined -- im understanding Darin told him all Modernization plans need to go thru DPC?

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Message

From: Carolyn M Clancy [(b) (6) @gmail.com]
Sent: 3/15/2018 1:05:27 PM
To: David shulkin [drshulkin@aol.com]
Subject: Chris meeting with Darin and Camilo

Barb joined -- im understanding Darin told him all Modernization plans need to go thru DPC?

AMERICAN OVERSIGHT

To: Sandoval, Camilo J.
Cc: Monday, December 04, 2017 8:20 AM
Subject: Leinenkugel, Jake
(b) (6) @gmail.com
FW: Jake's Overview and Recommendations (Final Draft)

Thank you!

Will swing by after meeting with Chris Laddell.

From: Leinenkugel, Jake
Sent: Monday, December 04, 2017 4:38:24 AM
To: Sandoval, Camilo J.
Cc: Leinenkugel, Jake
Subject: Jake's Overview and Recommendations (Final Draft)

Cam: My intent is to provide my overall political perspective of key items that nee
VA Leadership structure. My remarks will be very brief and I will intentionally le
or documents.

1. My initial impression of Dr. David Shulkin was that he would be a game chan
approach to POTUS Veteran agenda.

2. He accepted my role as a former CEO and business leader with a strong team
acumen around sales, marketing, finance and risk taking. He properly utilized
Cornish and his team around new ideation for innovation, assignment of politic
and connecting with Cabinet Affairs. He also asked me to create, develop and
Branding/Marketing platform "Choose VA" to replace old "My VA". Projec

3. Trust ended when he accused me on May 6th with a phone call violently
current Acting USH Poonam by having her Acting role rescinded by calling
old him I tell the truth, did not make a call or speak to that affect. I sugge
larification. He found out later in the day it was due to some tax & legal
/H Advisor. He never apologized. I have not since felt a sense of trust
scuss key topics and action items. He then wanted me to "begin runnir
ing actions. My replies have also been that I do things in the best int
ure our actions will never cause embarrassment.

asked to bring Camilo Sandoval into the VA as requested by WH
[illegible] and not properly inserted into leadership

AMERICAN OVERSIGHT

Leinenkugel, Jake

Subject: FW: Jake's Overview and Recommendations (Final Draft)

From: Leinenkugel, Jake
Sent: Monday, December 04, 2017 4:38:24 AM
To: Sandoval, Camilo J.
Cc: Leinenkugel, Jake
Subject: Jake's Overview and Recommendations (Final Draft)

Cam: My intent is to provide my overall political perspective of key items that need to be addressed within the VA Leadership structure. My remarks will be very brief and I will intentionally leave out supporting testimony or documents.

1. My initial impression of Dr. David Shulkin was that he would be a game changer that provided an aligned approach to POTUS Veteran agenda.

2. He accepted my role as a former CEO and business leader with a strong team building sense, business acumen around sales, marketing, finance and risk taking. He properly utilized me to initially meet with Reed Cornish and his team around new ideation for innovation, assignment of political for Assistant Secretary roles and connecting with Cabinet Affairs. He also asked me to create, develop and implement new VA Branding/Marketing platform "Choose VA" to replace old "My VA". Project completed August, 2017.

3. Trust ended when he accused me on May 6th with a phone call violently accusing me of undermining current Acting USH Poonam by having her Acting role rescinded by calling WH directly. I firmly denied and told him I tell the truth, did not make a call or speak to that affect. I suggested he call the WH Counsel for clarification. He found out later in the day it was due to some tax & legal issues and not a call from a Senior WH Advisor. He never apologized. I have not since felt a sense of trust even though I would meet weekly to discuss key topics and action items. He then wanted me to "begin running everything by the COS" prior to taking actions. My replies have also been that I do things in the best interest of POTUS, his Veteran agenda an ensure our actions will never cause embarrassment.

4. I asked to bring Camilo Sandoval into the VA as requested by WH. Placed in VHA and was immediately looked upon as a "WH spy" and not properly inserted into leadership role after several requests to SECVA, COS, Interim Deputy Secretary and Acting USH. He was and continues to be shunned and underutilized. Th is truly sad after he gave great overviews in regards to Telehealth and the required changes needed to the Hea Enrollment Center. Again, he was never supported by SECVA or any of his leadership staff.

5. I continued to build alignment with as many department heads within VA as possible at the same time as placing the right political into key roles. The COS then started her actions of making as many of those assignments getting properly and timely administered a very slow and complicated process.

6. The current COS - Vivieca Wright Simpson was proud to tell me she is a Democrat who completely trust the Secretary and it's her job to protect him and his agenda. She also had alleged obstructionist charges bac 2014 (Pittsburg VAMC).

7. The COS helped arrange the Denmark & Great Britain trip that had her, the Acting USH, SECVA and 6

AMERICAN OVERSIGHT

security members out of country during a critical time for legislation, placing political appointees and also a major VAMC issue that needed immediate attention (Boston Globe investigation into bad practices in NH). No firm succession nor schedule of travel was provided to any political staff members of VA.

8. COS has on numerous occasions slowed the hiring practices for political position requests to build their organizations (OCLA, HRA, VEO and declined a replacement of our former White House Liaison.

9. COS signed off on at least 4 fraudulently altered political appointee packages in regards to salaries and grade levels. All have been discussed for action with current OGC and OAWP.

10. COS believed to be under extensive investigation by IG in regards to Trip (Denmark & Great Britain).

11. Current Deputy Secretary Tom Bowman came on board and immediately wanted to know why I went to WH, how often, who did I meet with and what issues were covered. I had no problem with those questions until I discovered he thought my role was not required. I emphasized to him my mission and role is to ensure completion and execution of the President's Veterans agenda and I am well qualified to ensure proper alignment of our missions.

12. Deputy Secretary doesn't trust current slate of political staff, in particular our Assistant Secretary of OPIA. He called him out several times as not providing correct legislative information for new Veteran Care Act. Not true. DEPSEC has his own agenda to assist former boss Senator Isakson and his agenda (not dynamic new Choice options requested by POTUS agenda.

13. Deputy Secretary adamant about sending out thank-you press release to SECVA Chairman and committee for getting bill forwarded even though WH wanted nothing released due to current Tax Reform legislation. (Email and personal accounts of 3 political overhearing conversation directed to A/S OPIA on Dec. 1st after morning meeting.)

14. Deputy Secretary continually meeting in COS office and not bringing key staff into discussions and solutions.

Solutions:

1. Do nothing.

2. Immediately remove COS with a Political due to being under investigation with IG. Replace with Don Loren (Retired Navy Admiral and current Assistant Secretary). This action is critical and will immediately change dynamics within VACO operations.

3. Remove/Retire DEPSEC after legislation passes (Jan. 2018). Replace with Jake Leinenkugel as Acting Deputy Secretary while bringing new candidate up for nomination.

4. Return Acting USH to former position. Replace with former USH Usman (BG Ret)

5. APDUSH – Miquel Lapuz return to former position and replace with former PDUSH Dr. Stone (MG Ret)

6. USH – New Commission and replace with Dr Stone plus other key candidates.

7. Senior White House Advisor to Office of Innovation – Formal announcement of Cam Sandoval to oversee, manage and direct EHR and HEC Projects.

AMERICAN OVERSIGHT

8. SECVA – Put on notice to exit after major legislation and key POTUS VA initiatives in place. Utilize outside team (Ike) and strong political candidates such as Kussman.

Sent with Good (www.good.com)

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Message

From: David Shulkin [drshulkin@aol.com]
Sent: 6/14/2019 5:52:35 PM
To: (b) (6) /ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c39aa1cd4c09ac57b524515e5388-La France, Ma]
Subject: Fwd: Memorandum for Record - final complete package - Attorney client priviledge
Attachments: RE: VA CIO advisory support for Cerner contract; RE: VA MEETING; RE: [EXTERNAL] VA-CIO CALL; RE: [EXTERNAL] Follow up meeting; Follow up; Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu; RE: SecVA; [EXTERNAL] Fwd: Contact review; RFP review matrix draft_v8.xlsx; RE: [EXTERNAL] Re: VA EHR; RE: Update; RE: contractual language - PWS - EHR; FW: Getting it right ; RE: Interoperabilty listening sessions; [EXTERNAL] RE: VA EHR; OIT - how to keep the trains running and positive momentum going; [EXTERNAL] Just FYI; connect or meet; RE: Contract Language ; Re: API Pledge; Special Government Employee - would Marc Sherman consider this?; Camilo; RE: Follow-up; 180416 MEMORANDUM OF RECORD WPB Blackburn v5.pdf; 180401 OIT continuity document v1.docx; 180401 OIT recommended personnel action v1.docx; 180401 OIT continuity document v1.docx; 180401 OIT recommended personnel action v1.docx

[External Email]

-----Original Message-----
From: thomas bowman <(b) (6) @yahoo.com>
To: David Shulkin <drshulkin@aol.com>
Sent: Sun, Apr 22, 2018 6:48 am
Subject: Fw: Fwd: Memorandum for Record - final complete package

Sent from Yahoo Mail on Android

----- Forwarded Message -----
From: "Scott Blackburn" <(b) (6) @gmail.com>
To: "(b) (6) @yahoo.com" <(b) (6) @yahoo.com>
Cc:
Sent: Mon, Apr 16, 2018 at 11:23 PM
Subject: Fwd: Memorandum for Record - final complete package

Begin forwarded message:

From: "Blackburn, Scott R." <Scott.Blackburn@va.gov>
Date: April 16, 2018 at 11:22:50 PM EDT
To: "Blackburn, Scott R." <Scott.Blackburn@va.gov>, "Scott Blackburn (b) (6) @gmail.com)" <(b) (6) @gmail.com>
Subject: Memorandum for Record - final complete package

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

Thanks (b) I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

AMERICAN OVERSIGHT

Have a great weekend,
Scott

From: (b) (6) EOP/WHO [mailto:(b) who.eop.gov]
Sent: Wednesday, November 01, 2017 9:33 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] RE: VA CIO advisory support for Cerner contract

(b) (6) kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]
Sent: Tuesday, October 31, 2017 4:31 PM
To: (b) (6) EOP/WHO <(b) who.eop.gov>
Subject: FW: VA CIO advisory support for Cerner contract

Hi (b)

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!
Scott

From: Kushner, Jared C. EOP/WHO [mailto:(b) @who.eop.gov]
Sent: Friday, October 27, 2017 5:36 AM
To: Blackburn, Scott R.
Cc: Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; (b) (6) EOP/WHO; (b) (6) EOP/WHO
Subject: [EXTERNAL] Re: VA CIO advisory support for Cerner contract

We would love that. We also think you should build in some flexibility and requirements around where we think the EMR market might go so that you aren't locked into a program 10 years from now that is obsolete.

(b) will connect you and schedule next meeting

Sent from my iPhone

On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Jared / Chris –
>
> Thank you for taking time Tuesday evening to discuss the (b) (5)

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(b) (5) [redacted]

[redacted]

[redacted]

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment , and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn
Acting CIO & Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

thanks

AMERICAN OVERSIGHT

From: DJS
Sent: Tuesday, November 14, 2017 2:15 PM
To: Blackburn, Scott R.
Subject: RE: VA MEETING

Yes and yes

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Tuesday, November 14, 2017 10:46:39 AM
To: DJS
Subject: RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

From: DJS
Sent: Tuesday, November 14, 2017 1:43 PM
To: Blackburn, Scott R.
Subject: RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Tuesday, November 14, 2017 10:38:25 AM
To: DJS
Subject: FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

From: Schnitzer, Jay J [mailto:(b) (6) @mitre.org]
Sent: Tuesday, November 14, 2017 12:47 PM
To: Blackburn, Scott R.

AMERICAN OVERSIGHT

Cc: [redacted] (b)
Subject: [EXTERNAL] FW: VA MEETING

Hi Scott,
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.
Thanks,
Best,
Jay

Jay J. Schnitzer, M.D., Ph.D.
MITRE

From: (b) (6) [redacted] <(b) (6) [redacted]@PARTNERS.ORG>
Date: Tuesday, Nov 14, 2017, 11:43 AM
To: Karson, Andrew Scott,M.D. <(b) (6) [redacted]@mgh.harvard.edu>
Cc: Schnitzer, Jay J <(b) (6) [redacted]@mitre.org>
Subject: RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. (b) (6) [redacted]

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:31 AM
To: (b) (6) [redacted] <(b) (6) [redacted]@PARTNERS.ORG>
Subject: RE: VA MEETING

Dear (b) (6) [redacted]
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskovitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).
Many thanks,
Andy

From: (b) (6) [redacted]
Sent: Tuesday, November 14, 2017 11:16 AM
To: Karson, Andrew Scott,M.D. <(b) (6) [redacted]@mgh.harvard.edu>
Subject: RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:11 AM
To: (b) (6) [redacted] <(b) (6) [redacted]@PARTNERS.ORG>
Subject: FW: VA MEETING

Dear (b) (6) [redacted]

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Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.
Many thanks,
Andy

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:06 AM
To: 'Bruce Moskowitz' <brucem(b) (6) @mac.com>
Subject: RE: VA MEETING

Dear Bruce,
Many thanks for the note. I'll review the below a little later today and I'll be back in touch.
Many thanks and best,
Andy

From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Tuesday, November 14, 2017 10:45 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Subject: VA MEETING

The call will take place this Wednesday, November 15th between 3:00 PM and 5:00 PM

Dial In Number: 800-767-(b)

Passcode: (b) (6)

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to tract what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to

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every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad
Bruce Moskowitz M.D.

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at http://www.partners.org/complianceline . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!
Scott

Scott Blackburn
Acting CIO and Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Bruce Moskowitz [mailto:brucen(b) (6) @mac.com]
Sent: Monday, November 20, 2017 6:02 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] VA-CIO CALL

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Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the

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remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad
Bruce Moskowitz M.D.
Thank you Bruce. Very helpful.

From: Bruce Moskowitz [mailto:brucemo(b) (6) @mac.com]
Sent: Monday, November 27, 2017 10:18 AM
To: Blackburn, Scott R.
Cc: mbsh(b) @gmail.com
Subject: Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** Bruce Moskowitz <brucemo(b) (6) @mac.com>
> **Date:** November 27, 2017 at 8:41:19 AM EST
> **To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>
> **Cc:** "mbsh(b) (6) @gmail.com" <mbsh(b) (6) @gmail.com>
> **Subject: Re: [EXTERNAL] Follow up meeting**
>
> Prior to any meeting we need to know what is not in the contract so we can make progress:
>
> Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work
>
> Cerner has to have telemedicine built into the system
>
> Cerner needs to tract duplicate diagnostic testing
>
> Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring
>
> Cerner needs to tract appointment times between the VA and the Choice Program.
>
> Cerner needs to have voice recognition built in
>
> These are the basics we need to know prior to writing an agenda and meeting.
>
> Thank you
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.
>
> Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda development - that would be very helpful.
>
> Scott
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> Sent: Friday, November 24, 2017 7:08 PM
> To: Blackburn, Scott R.
> Cc: mbs(b) (6) @gmail.com
> Subject: [EXTERNAL] Follow up meeting
>
> I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel,Andrew Karson and Marc Sherman to assist in the agenda development.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the

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feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11th or 18th)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott
>
> **Voice Recognition.**
> Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.
>
> **How will all entered lab data, from any source, be available on a graph**
> Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.
>
> **Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact**
> All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.
>
> **Streamlined SOAP notes.**
> Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

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From: Blackburn, Scott R.
Sent: Wednesday, February 28, 2018 2:30 PM
To: 'Bruce Moskowitz'
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lper(b) @gmail.com
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by…

Scott

From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Wednesday, February 28, 2018 1:13 PM
To: Blackburn, Scott R.
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lper(b) @gmail.com
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Thank you my five CIO's had looked forward to tar and feathering
me if the cloud is not done correctly!
The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning…
>
> - The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.

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- Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).
- Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.
- DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

From: Bruce Moskowitz [mailto:brucemo(b) (6)@mac.com]
Sent: Tuesday, February 27, 2018 9:29 PM
To: Blackburn, Scott R.
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lper(b)@gmail.com
Subject: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open
To all entities and instead of Amazon it should be all platforms working to accelerate health care iniatives

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <brucemo(b) (6)@mac.com> wrote:

> To clarify further it states their commercial cloud instead a commercial cloud
> Open to all entities and of equal importance an open platform to all not just amazon but to all

Working on

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 8:20 PM, Bruce Moskowitz <brucem(b) (6)@mac.com> wrote:

> This is a problem it should say open cloud to all entities not commercial cloud

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Second it should be open platform and not just Amazon to all entries working on health care platforms.

Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> David/Bruce/Marc – here are a few updates:
>
> #1) **Rasu is all** in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HiMSS Innovation committee (so we will all be at HiMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.
>
> #2) **The APIs are cloud based.** Here is the response from our Technical lead…
>
> - The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
> - In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.
>
> **#3) Below is the IP language** that we negotiated. This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic. Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HiMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.
>
> Of importance: Third[MJT1] party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.

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Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards[MJT2] -based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49	Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties. Panelists acknowledged this recommendation is a stretch goal.	RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.	Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable." Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies." Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.	**Cerner Conc** **requested cha** Suggest addin Section 5.10.4 The Contracto support Know Interoperabilit supporting the extension of c content assets terminologies, decision supp rules, order se **to the extent** **extensions ar** **consistent wi** **model and be** **practices of t** **controlling n** **standard**. Thi includes the al curate, extend share that kno with clinical partners. This rapid adoption industry best practices, e.g., professional societies."

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-Scott

<EHRM _ National Interoperability Cooperative Commitment (NIC2) - DRAFT_2....pptx>

<Rasu Shrestha MD_v2018 02_CV and Bio2.pdf>

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

From: Blackburn, Scott R.
Sent: Friday, March 09, 2018 4:09 PM
To: (b) (6)
Cc: (b) (6) (b) (6)
Subject: RE: SecVA

Awesome! Thanks so much.

From: (b) (6)
Sent: Friday, March 09, 2018 2:50 PM
To: Blackburn, Scott R.
Cc: (b) (6) (b) (6)
Subject: RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

From: Blackburn, Scott R.
Sent: Friday, March 09, 2018 2:19 PM
To: (b) (6)
Cc: (b) (6) (b) (6)
Subject: RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good (www.good.com)

From: (b) (6)
Sent: Friday, March 09, 2018 2:18:28 PM
To: Blackburn, Scott R.
Cc: (b) (6) (b) (6)
Subject: SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.
Scott lets discuss tommorow

Sent from my iPhone

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Begin forwarded message:

> **From:** David Shulkin <secshulkin@gmail.com>
> **Date:** March 11, 2018 at 12:31:22 PM EDT
> **To:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Cc:** IP <(@frenchangel59.com>, lperl(b) @gmail.com, mbs(b) (6) @gmail.com
> **Subject: Re: Contact review**
>
> Great list
>
> Is leslie cooper from mayo- i could not find him or her
>
> Sent from my iPhone
>
> > On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
> >
> > These are the individuals to review the contract;
> > Stephanie Reel CIO- hopkins
> > Stan Huff CIO- intermiuntain
> > Jonathan ManisCIO- suttrr
> > Andrew Karson MD.- partners
> > Leslie Cooper M.D.
> > Clifford Ko M.D.- american college surgeons
> > Sent from my iPad
> > Bruce Moskowitz M.D.

Mr. Blackburn,
I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) - Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas

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Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,
Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.
V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:
• Problems
• Allergies
• Home Medications
• Procedures - including associated reports and with appropriately filtered CPT codes
• Immunizations
• Discharge Summaries
• Progress Notes
• Consult Notes
• History & Physicals
• Operative Notes
• Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:
• Results
o Labs
- General
- Pathology and Microbiology
o Vitals
• Radiology and Diagnostic Reports (Into "Diagnostic Report" component)

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• Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.

b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.

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c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

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VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
(b) (6) va.gov Office: (b) (6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional

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clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
    - o Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
    - o We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability

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requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trumps signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA…something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront or our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:mbs(b) (6) @gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

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I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best
Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:mb(b) (6) @gmail.com]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

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I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(b) (6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.
>
> We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b) (6) (b) (6)
>
> We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.
>
> Scott
>
> Scott Blackburn
> Executive in Charge, Office of Information & Technology
> US Department of Veterans Affairs

Hmm. Have you spoken to the Secretary directly yet? I wrote him about Marc Sherman's email but he didn't respond. Not sure where his head is at.

I don't understand why ogc would meet him without you. It kills me how we don't trust each other and try to work point to point through the Secretary.

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Tuesday, March 27, 2018 6:34:17 AM
To: Blackburn, Scott R.
Subject: Update

Sir
There was a meeting between Shulkin and the attorneys (Byrne and Fleck) last week that I was not invited to. This is the language proposed for inclusion in the contract following that meeting. Does the inclusion of this language close the deal? Before negotiating with Cerner, I need to understand weather it closes the deal. I discuss with the TAC this morning. Just received yesterday eve.
Thank you.
John

John,

Reference is made to the note I sent you last Wednesday whereby I mentioned that OGC (Mr. Byrne) wanted to review our RFP. (b) (6) recently shared the following OGC requested PWS change (italicized) presumably as a result of that review:

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Please consider this recommended change to PWS Section (b) (5) [redacted]

[redacted]

[redacted]

Sent with Good (www.good.com)

(b) – TAC has advised the EHRM PEO of the requested (b) (5) [redacted]

Thanks,
(b)

(b) (6)
Contracting Officer
Department of Veterans Affairs
Office of Procurement, Acquisition and Logistics
Technology Acquisition Center
(b) (6)
[redacted]
Office: (b) (6)
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"For Internal VA Use Only – Working Draft, Pre-Decisional, Deliberative Document: This e-mail and any attachments are intended only for the use of the addressee(s) named herein and may contain privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail or telephone (732) 440-(b) and permanently delete the original and any copy of any e-mail and any printout thereof."

From: (b) (6) [redacted] (OGC)
Sent: Friday, March 23, 2018 12:27 PM
To: (b) (6) [redacted]
Cc: (b) (6) [redacted] (OGC); (b) (6) [redacted] (OGC); Fleck, Robert R. (OGC); (b) (6) [redacted] (OGC)
Subject: contractual language - PWS - EHR

(b) [redacted]

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(b) is out today, and so I am sending this directly to you:

Please consider this recommended change to PWS Section (b) (5)

(b) (5)

Thanks,

(b)

(b) (6)
Associate Chief Counsel
Procurement Law Group
Office of the General Counsel
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Room 1056/Mail Code 025
Washington, DC 20420
Phone: (b) (6)
Fax: (b) (6)
E-mail (b) (6) @va.gov

Sir,

I think this recent language request (see below) for (b) (5)

Please get back to vacationing and thanks for your concern for my (b) That meant a lot to me.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health

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811 Vermont Avenue NW (5th Floor Suite 5080)
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Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. Kelli (b) – Appointments and Scheduling
(b) (6) @va.gov Office [redacted]

From: Windom, John H.
Sent: Tuesday, March 27, 2018 9:29 AM
To: DJS
Cc: Byrne, Jim (OGC); Blackburn, Scott R.
Subject: RE: Getting it right

Mr. Secretary:
I am seeking a 30 minute audience with Mr. Byrne to discuss the recently proposed language for (b) (5) [redacted]

V/r,
John

Proposed Language:
Please consider this recommended change to PWS Section (b) (5) [redacted]

[redacted]

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
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AMERICAN OVERSIGHT

Mobile: (202) 794-4911
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(b) (6) @va.gov Office: (b) (6)

From: DJS
Sent: Tuesday, March 27, 2018 7:50 AM
To: Windom, John H.
Cc: Byrne, Jim (OGC)
Subject: FW: Getting it right

John- can you help craft a response to this

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Sunday, March 25, 2018 9:37:38 AM
To: DJS
Subject: RE: Getting it right

I'm not sure if you read Marc's response to mine yet. Or if so, what your thoughts are on it. I fear we are still talking past each other. If he/others were to come back with specific counter language to the language in the contract then we would certainly consider that (that is the level we are working at right now). But we aren't getting that nor do I see us getting that without Marc or anything else really digging into the details of our contract. We are way beyond the high level philosophy.

Let me know and I'll direct the team. In Bahamas now and only have connectivity sporadically, but back in US (Florida/Disney) tomorrow morning. Back in the office on Thursday.

Sent with Good (www.good.com)

From: DJS
Sent: Sunday, March 25, 2018 12:08:17 PM
To: Byrne, Jim (OGC)
Cc: Blackburn, Scott R.
Subject: Getting it right

Jim- did you get any further clarity on (b) (5)

Scott I assume your best to orchestrate all of this is moving in the right direction

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Thanks

Sent with Good (www.good.com)

Thanks Bob. I did attend today's listening session, 10am-11:30am. I did not attend the session at 1pm.

For the sake of documenting. Here are a few notes.

(b) (5)

[redacted]

From: Fleck, Robert R. (OGC)
Sent: Wednesday, January 31, 2018 8:28 AM
To: Blackburn, Scott R.
Subject: RE: Interoperabilty listening sessions

Scott,

As we discussed, although it would be (b) (5) [redacted]

[redacted]

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Tuesday, January 30, 2018 2:53 PM
To: Fleck, Robert R. (OGC)
Cc: (b) (6) [redacted]
Subject: RE: Interoperabilty listening sessions

Can we talk at 3:30pm?

From: Fleck, Robert R. (OGC)
Sent: Tuesday, January 30, 2018 2:33 PM
To: Blackburn, Scott R.
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

I can see you now.

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Tuesday, January 30, 2018 2:32 PM
To: Fleck, Robert R. (OGC)
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

I just spoke to the Secretary. He wasn't (b) (5) [redacted]

From: Fleck, Robert R. (OGC)
Sent: Tuesday, January 30, 2018 10:27 AM
To: Blackburn, Scott R.

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Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

Scott,

I do not recommend (b) (5) [redacted].

If you have any questions, please let me know.

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Monday, January 29, 2018 11:04 AM
To: (b) (6) [redacted]@who.eop.gov
Cc: Fleck, Robert R. (OGC); Byrne, Jim (OGC); (b) (6) [redacted]
Subject: Interoperabilty listening sessions

(b) [redacted]

It was a pleasure meeting you today. I am cc'ing Jim Byrne and Bob Fleck.

Jim/Bob – Chris Liddell asked me (or someone from VA – perhaps Windom or Ash) (b) (5) [redacted].

Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

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Scott,

I advise that (b) (5) [redacted]

[redacted]

Please let me know if you have additional questions.

Thanks!
(b) [redacted]

(b) (6) [redacted]
Office of the White House Counsel
(b) (6) [redacted]
(b) (6) [redacted]@who.eop.gov

From: Liddell, Christopher P. EOP/WHO
Sent: Monday, February 12, 2018 2:37 PM
To: Blackburn, Scott R. <Scott.Blackburn@va.gov>
Cc: (b) (6) [redacted]. EOP/WHO (b) (6) [redacted]@who.eop.gov>; (b) (6) [redacted] EOP/WHO (b) (6) [redacted]@who.eop.gov>
Subject: RE: VA EHR

Scott

I discussed this with (b) [redacted] (copied here)

She is going to advise on the best approach to ensure we do everything correctly

She will let us know of appropriate next steps

Thanks
Chris

From: Liddell, Christopher P. EOP/WHO
Sent: Monday, February 12, 2018 9:31 AM
To: 'Blackburn, Scott R.' <Scott.Blackburn@va.gov>
Cc: (b) (6) [redacted] EOP/WHO (b) (6) [redacted]@who.eop.gov>
Subject: RE: VA EHR

Scott

Sorry for slow reply – happy to catch up at some stage this week

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Chris

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]
Sent: Thursday, February 8, 2018 9:41 PM
To: Liddell, Christopher P. EOP/WHO (b) (6) [redacted]@who.eop.gov>
Subject: VA EHR

Chris –

If you have time possibly early next week, I would love to get your advice related to our EHR. The next few weeks will be critical (with budget hearings, discussions with appropriators, Veteran Service Organizations, etc) and we want to make sure we handle everything appropriately. If you are open to it, I can work with Quellie to find time.

Also, I have attached the Executive Summary of MITRE's VA interoperability report. Overall very consistent with everything else we seem to be hearing.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

Camilo – I hope you had a good weekend. I appreciate the conversation on Friday and thought I would put my thoughts down on paper (as promised). I am including Peter on this as he/I have begun having some of these conversations over the past few weeks (although Pete in fairness has had a lot on his mind with his new role) and also cc'ing Jake.

Attached are two documents:

- The 8 things that I believe need to happen to not just keep the lights on, but also to keep our positive momentum going. I believe we should aspire for much more than just keeping the lights on during this upcoming transition (at least in OIT) as we have a huge organization making some huge changes and if we don't keep the momentum, it will make the next guy's job impossible. I am a big believer that the sign of an effective leader is how the organization performs when that leader leaves. So this will be important to me to know (which is why I'm writing this out).
- #1 out of 8 is stabilizing the leadership of OIT to get us through the next 6 months and set the new CIO up for success (I firmly believe it will 6 months before we have a permanent CIO). So I have 5 specific recommendations under that I've gone into greater detail. I am worried about this not just because of folks leaving (I was always planning to leave this Spring…actually I was supposed to leave a few months ago; Ricci's retirement date is 4/15), but also because of possible moratoriums on SES moves (e.g., possible OPM moratorium on hiring because no permanent Secretary in place, 120 moratorium on moving SESs once new Secretary put in place, etc). So any waivers to these or anything we can do to push stuff through, I would love to work together to make happen.

I would strongly advise you guys to get to know Bill James better. I am convinced he is the right guy to step up and lead OIT through transition until the permanent CIO comes on board. If you can get comfortable with him, I would suggest that we then transition sooner rather than later given I think it will be better for that person to start fresh with the new leadership team on the 10th floor (rather than me hanging around as a lame duck for a month). We can talk about what that means as far as timing, transition, handover. I am more than willing to fade to the back for a little bit to a support role (to help boost up Bill and make him successful) or fade away completely (if that is better for the organization). I think you guys know we well enough to know that I'll do whatever is best for Veterans and the organization; and will always do so in the most professional manner. I've now given 3.5 years (way longer than I had ever planned to) and I want to see the positive momentum continue well after I'm gone.

Talk to you tomorrow,

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Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

Hi Scott,

Just FYI: Deborah Scher had me fired today.

She knew I was working on detailing out; we had discussed it.

You were incredibly nice and I was looking forward to working with you and your team.

Best Regards,
Mike

Hi Scott,

Greetings. You and I met in a few SecVA meetings. Would you have a few minutes to connect or meet?
My exec coach ([redacted] says she worked with [redacted] and her team and you might know her.

I'm here at VACO.

Thanks.

Best Regards,
Mike

Michael Tepper
Senior Advisor to the Secretary
Center for Strategic Partnerships
Department of Veteran Affairs
(o) 202-461-5005
(c) 202-658-8982

Morris, Genevieve (OS/ONC/IO) Genevieve.Morris@hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

From: Sandoval, Camilo J.
Sent: Monday, April 02, 2018 9:03 AM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: RE: Contract Language

Scott,Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,
Camilo

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From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 6:28:05 PM
To: Sandoval, Camilo J.
Cc: Windom, John H.
Subject: RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

From: Sandoval, Camilo J.
Sent: Sunday, April 01, 2018 8:39 PM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 4:38:47 PM
To: Sandoval, Camilo J.
Cc: Windom, John H.
Subject: RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

From: Sandoval, Camilo J.
Sent: Sunday, April 01, 2018 7:35 PM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently

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received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.
Camilo

Scott,

Did Rasu ever complete the required IPA paperwork? I am ready to move here. I'm confused why he was announced before being officially on-boarded (looks nefarious). Let's discuss in the morning.

Thank you.

Camilo Sandoval
M: 917-680-2011

During the 2014 scandal (after Secretary Shinseki was fired and before McDonald came in), Dr. Jonathan Perlin did this for 60 days. Would Marc be willing to do something similar?

http://www.modernhealthcare.com/article/20140626/NEWS/306269942

http://www.modernhealthcare.com/article/20140628/MAGAZINE/306289971

https://www.tennessean.com/story/news/health/2014/06/26/veterans-affairs-turns-hca-exec-help/11399441/

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

Team - I want to introduce each of you to Camilo Sandoval and ask that each of you on to "to" line schedule an hour to meet with him next week. Will ask Eric to coordinate.

Camilo is a member of the V.A. political team. Given we are going through some transition at the top of the organization right now, it is important that he understands our key issues. As you can imagine, the political team is very busy right now bring Acting Secretary Wilkie up to speed, prepping Admiral Jackson for a late April confirmation hearing, and figuring out how to reset the Department's agenda at the Secretary/Department level. This is a similar process that we went through during the Presidential transition period (just a lighter version).

Please get these set up for next week.

Thanks,
Scott

Sent with Good (www.good.com)
Ccing Eric here. Eric - can you help coordinate these for next week? To include format/templates if necessary (see Camilo's note below). I would have each give the same briefings they gave me when I came on board a few months ago (just dust them off and update them accordingly).

Rick and Dom are highest priority.

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I would then say Martha, Lloyd, (b) and Jackie and Luwanda.
I also added Helga and Marcy.

I'd have them block an hour for each.

Sent with Good (www.good.com)

From: Sandoval, Camilo J.
Sent: Saturday, April 07, 2018 11:33:24 AM
To: Blackburn, Scott R.
Subject: RE: Follow-up

Scott,

My calendar for next week is still empty. Please, I need you to help push harder. For example, I have not heard back from Dom or Rich. You have the list of people I requested to meet below and I'm not going to chase anyone down. Please have someone coordinate this as Bill suggested and let's get this done ASAP. Also, please remind everyone this is a briefing request so i can better understand their area of responsibility and portfolio.

Thank you
Camilo
917-680-2011

From: Sandoval, Camilo J.
Sent: Thursday, April 05, 2018 9:23:26 PM
To: Blackburn, Scott R.
Subject: RE: Re: Follow-up

Would be super helpful to connect with your CoS and CFO next. I'm not feeling the love, but I might be misreading the vibes.

Bill suggested (per my email last night) that the CoS should take the lead in requesting 1:1 briefings. The format is simple, they can brief me using their preferred method/format. The main goal for me is to listen and learn and build relationships. If Eric could help me coordinate with everyone's calendar, that would be greatly appreciated (including Dom). My preference is to have these briefings completed by end of next week if possible.

Briefing Request
Eric Huweart
Rick Chandler
Dominic Cussatt
Martha Orr
Luwanda Jones
Lloyd Thrower
(b) (6)
Jackie Patillo

Thank you.
Camilo

From: Blackburn, Scott R.
Sent: Thursday, April 05, 2018 9:25 PM

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To: Sandoval, Camilo J.
Subject: RE: Re: Follow-up

Happy to help on the 1 on 1s. Is there any specific you need me to push?

From: Sandoval, Camilo J.
Sent: Thursday, April 05, 2018 5:37 PM
To: Blackburn, Scott R.
Subject: Re: Follow-up

Scott,

Here are the 3 takeaways and follow up items I'll work to get more clarity on.

1). CIO interview process/pipeline/timeline
2). Timeline for a decision point on Acting/CIO
3). VBA/Benefits

I need your help pushing for my 1:1 meetings with team directly below CIO & PDAS. My calendar is completely empty for all of next week!!!

Thank you sir.

Camilo

Camilo Sandoval
M: 917-680-2011

Thanks (b) I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,
Scott

From: (b) (6) EOP/WHO [mailto(b) who.eop.gov]
Sent: Wednesday, November 01, 2017 9:33 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] RE: VA CIO advisory support for Cerner contract

(b) (6) kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]
Sent: Tuesday, October 31, 2017 4:31 PM
To: (b) (6) EOP/WHO <(b) who.eop.gov>
Subject: FW: VA CIO advisory support for Cerner contract

Hi (b)

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Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!
Scott

From: Kushner, Jared C. EOP/WHO [mailto:(b) @who.eop.gov]
Sent: Friday, October 27, 2017 5:36 AM
To: Blackburn, Scott R.
Cc: Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; (b) (6) EOP/WHO; (b) (6) EOP/WHO
Subject: [EXTERNAL] Re: VA CIO advisory support for Cerner contract

We would love that. We also think you should build in some flexibility and requirements around where we think the EMR market might go so that you aren't locked into a program 10 years from now that is obsolete.

(b) will connect you and schedule next meeting

Sent from my iPhone

On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Jared / Chris –
>
> Thank you for taking time Tuesday evening to discuss the (b) (5)
>
> (b) (5)
>
> Scott
>
> <insert names>
>
> This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of

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the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment , and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn
Acting CIO & Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

thanks

From: DJS
Sent: Tuesday, November 14, 2017 2:15 PM
To: Blackburn, Scott R.
Subject: RE: VA MEETING

Yes and yes

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Tuesday, November 14, 2017 10:46:39 AM
To: DJS
Subject: RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

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For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

From: DJS
Sent: Tuesday, November 14, 2017 1:43 PM
To: Blackburn, Scott R.
Subject: RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Tuesday, November 14, 2017 10:38:25 AM
To: DJS
Subject: FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

From: Schnitzer, Jay J [mailto:(b) (6) @mitre.org]
Sent: Tuesday, November 14, 2017 12:47 PM
To: Blackburn, Scott R.
Cc: (b) (6)
Subject: [EXTERNAL] FW: VA MEETING

Hi Scott,
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.
Thanks,
Best,
Jay

Jay J. Schnitzer, M.D., Ph.D.
MITRE

From: (b) (6) <(b) (6) @PARTNERS.ORG>
Date: Tuesday, Nov 14, 2017, 11:43 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Cc: Schnitzer, Jay J <(b) (6) @mitre.org>
Subject: RE: VA MEETING

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But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. (b) (6)

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:31 AM
To: (b) (6) <(b) (6) @PARTNERS.ORG>
Subject: RE: VA MEETING

Dear (b) (6)
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskovitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).
Many thanks,
Andy

From: (b) (6)
Sent: Tuesday, November 14, 2017 11:16 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Subject: RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:11 AM
To: (b) (6) <(b) (6) @PARTNERS.ORG>
Subject: FW: VA MEETING

Dear (b) (6)
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.
Many thanks,
Andy

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:06 AM
To: 'Bruce Moskowitz' <brucem(b) (6) @mac.com>
Subject: RE: VA MEETING

Dear Bruce,
Many thanks for the note. I'll review the below a little later today and I'll be back in touch.
Many thanks and best,
Andy

From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Tuesday, November 14, 2017 10:45 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Subject: VA MEETING

The call will take place this Wednesday, November 15th between 3:00 PM and 5:00 PM

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Dial In Number: 800-767-(b)

Passcode: (b) (6)

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to tract what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad
Bruce Moskowitz M.D.

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at http://www.partners.org/complianceline . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

Dr. Moskowitz,

AMERICAN OVERSIGHT

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!
Scott

Scott Blackburn
Acting CIO and Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Bruce Moskowitz [mailto:brucen(b) (6) @mac.com]
Sent: Monday, November 20, 2017 6:02 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for

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implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad
Bruce Moskowitz M.D.
Thank you Bruce. Very helpful.

From: Bruce Moskowitz [mailto:bruce[redacted]mac.com]
Sent: Monday, November 27, 2017 10:18 AM
To: Blackburn, Scott R.
Cc: mbs[redacted]@gmail.com
Subject: Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

AMERICAN OVERSIGHT

From: Bruce Moskowitz <brucemo(b) (6)@mac.com>
Date: November 27, 2017 at 8:41:19 AM EST
To: "Blackburn, Scott R." <Scott.Blackburn@va.gov>
Cc: "mbsh(b) (6)@gmail.com" <mbs(b) (6)@gmail.com>
Subject: Re: [EXTERNAL] Follow up meeting

Prior to any meeting we need to know what is not in the contract so we can make progress:

Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work

Cerner has to have telemedicine built into the system

Cerner needs to tract duplicate diagnostic testing

Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring

Cerner needs to tract appointment times between the VA and the Choice Program.

Cerner needs to have voice recognition built in

These are the basics we need to know prior to writing an agenda and meeting.

Thank you

Sent from my iPad
Bruce Moskowitz M.D

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.
>
> Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda development - that would be very helpful.
>
> Scott
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6)@mac.com]
> Sent: Friday, November 24, 2017 7:08 PM
> To: Blackburn, Scott R.
> Cc: mbs(b) (6)@gmail.com

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Subject: [EXTERNAL] Follow up meeting

I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel,Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad

Bruce Moskowitz M.D.

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11th or 18th)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

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Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott

Voice Recognition.

Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

How will all entered lab data, from any source, be available on a graph

Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact

All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

Streamlined SOAP notes.

Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

From: Blackburn, Scott R.
Sent: Wednesday, February 28, 2018 2:30 PM
To: 'Bruce Moskowitz'
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lperl2(b) @gmail.com
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by…

Scott

From: Bruce Moskowitz [mailto:brucem(b) (6) (b) @mac.com]
Sent: Wednesday, February 28, 2018 1:13 PM
To: Blackburn, Scott R.
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lperl(b) @gmail.com
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

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Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!
The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning…
>
> - The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.
> - Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).
> - Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.
> - DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.
>
> Thanks again for the feedback and support. We are going to make sure this is crystal clear.
>
> Scott

From: Bruce Moskowitz [mailto:brucem(b) (6))@mac.com]
Sent: Tuesday, February 27, 2018 9:29 PM
To: Blackburn, Scott R.

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Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lper[redacted]@gmail.com
Subject: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open
To all entities and instead of Amazon it should be all platforms working to accelerate health care iniatives

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <brucem[redacted]@mac.com> wrote:

> To clarify further it states their commercial cloud instead a commercial cloud
> Open to all entities and of equal importance an open platform to all not just amazon but to all

Working on

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 8:20 PM, Bruce Moskowitz <brucem[redacted]@mac.com> wrote:

> This is a problem it should say open cloud to all entities not commercial cloud
> Second it should be open platform and not just Amazon to all entries working on health care platforms.
>
> Sent from my iPhone
>
> On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
>
> > David/Bruce/Marc – here are a few updates:
> >
> > #1) **Rasu is all** in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HiMSS Innovation committee (so we will all be at HiMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.
> >
> > #2) **The APIs are cloud based.** Here is the response from our Technical lead…

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- The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
- In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

#3) Below is the IP language that we negotiated. This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic. Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HiMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.

Of importance: Third[MJT1] party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards[MJT2] -based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49	Understand how Cerner will provide	RFP Section 5.8 address the support to business	Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data	**Cerner Conc requested cha**

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	the VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties. Panelists acknowledged this recommendation is a stretch goal.	intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.	model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable." Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies." Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.	Suggest addin Section 5.10.4 The Contracto support Know Interoperabilit supporting the extension of c content assets terminologies, decision supp rules, order se **to the extent** **extensions ar** **consistent wi** **model and be** **practices of t** **controlling n** **standard**. Thi includes the a curate, extend share that kno with clinical partners. This rapid adoption industry best practices, e.g., professional societies."

-Scott

<EHRM _ National Interoperability Cooperative Commitment (NIC2) - DRAFT_2....pptx>

<Rasu Shrestha MD_v2018 02_CV and Bio2.pdf>

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

From: Blackburn, Scott R.
Sent: Friday, March 09, 2018 4:09 PM
To: (b) (6)
Cc: (b) (6) (b) (6)
Subject: RE: SecVA

Awesome! Thanks so much.

From: (b) (6)
Sent: Friday, March 09, 2018 2:50 PM
To: Blackburn, Scott R.
Cc: (b) (6) (b) (6) T.
Subject: RE: SecVA

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Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

From: Blackburn, Scott R.
Sent: Friday, March 09, 2018 2:19 PM
To: (b) (6)
Cc: (b) (6) (b) (6)
Subject: RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good (www.good.com)

From: (b) (6)
Sent: Friday, March 09, 2018 2:18:28 PM
To: Blackburn, Scott R.
Cc: (b) (6) (b) (6)

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.
Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

> **From:** David Shulkin <secshulkin@gmail.com>
> **Date:** March 11, 2018 at 12:31:22 PM EDT
> **To:** Bruce Moskowitz <brucem(b) (6) @mac.com>
> **Cc:** IP <@frenchangel59.com>, lper(b) @gmail.com, mbs(b) (6) @gmail.com
> **Subject: Re: Contact review**
>
> Great list
>
> Is leslie cooper from mayo- i could not find him or her
>
> Sent from my iPhone
>
> > On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:
> >
> > These are the individuals to review the contract;
> > Stephanie Reel CIO- hopkins
> > Stan Huff CIO- intermiuntain
> > Jonathan ManisCIO- suttrr
> > Andrew Karson MD.- partners

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Leslie Cooper M.D.

Clifford Ko M.D.- american college surgeons

Sent from my iPad

Bruce Moskowitz M.D.

Mr. Blackburn,
I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,
Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our

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overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.
V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:
• Problems
• Allergies
• Home Medications
• Procedures - including associated reports and with appropriately filtered CPT codes
• Immunizations
• Discharge Summaries
• Progress Notes
• Consult Notes
• History & Physicals
• Operative Notes
• Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:
• Results
o Labs
- General
- Pathology and Microbiology
o Vitals
• Radiology and Diagnostic Reports (Into "Diagnostic Report" component)
• Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

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5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.

b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.

c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.

d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.

e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.

f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.

g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.

h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).

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i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing
In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration
VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
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John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) - Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

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Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
Marc / Bruce,

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Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
    - o Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
    - o We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trumps signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA…something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble

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ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront or our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:mb(b) (6) @gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the

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existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best
Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:
No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:mbs(b) (6) @gmail.com]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman
(b) (6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b) (6) (b) (6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

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Hmm. Have you spoken to the Secretary directly yet? I wrote him about Marc Sherman's email but he didn't respond. Not sure where his head is at.

I don't understand why ogc would meet him without you. It kills me how we don't trust each other and try to work point to point through the Secretary.

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Tuesday, March 27, 2018 6:34:17 AM
To: Blackburn, Scott R.
Subject: Update

Sir
There was a meeting between Shulkin and the attorneys (Byrne and Fleck) last week that I was not invited to. This is the language proposed for inclusion in the contract following that meeting. Does the inclusion of this language close the deal? Before negotiating with Cerner, I need to understand weather it closes the deal. I discuss with the TAC this morning. Just received yesterday eve.
Thank you.
John

John,

Reference is made to the note I sent you last Wednesday whereby I mentioned that OGC (Mr. Byrne) wanted to review our RFP. (b) (6) recently shared the following OGC requested PWS change (italicized) presumably as a result of that review:

Please consider this recommended change to PWS Section (b) (5)

Sent with Good (www.good.com)
(b) – TAC has advised the EHRM PEO of the requested (b) (5)
?

Thanks,
(b)
(6)
Contracting Officer

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Department of Veterans Affairs
Office of Procurement, Acquisition and Logistics
Technology Acquisition Center
(b) (6)
Office: (b) (6)
Mobile (b) (6)
e-mail: (b) (6) @va.gov

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From: (b) (6) (OGC)
Sent: Friday, March 23, 2018 12:27 PM
To: (b) (6)
Cc: (b) (6) (OGC); (b) (6) (OGC); Fleck, Robert R. (OGC); (b) (6) (OGC)
Subject: contractual language - PWS - EHR

(b)

(b) is out today, and so I am sending this directly to you:

Please consider this recommended change to PWS (b) (5)

Thanks,

(b)
(6)

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Associate Chief Counsel
Procurement Law Group
Office of the General Counsel
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Room 1056/Mail Code 025
Washington, DC 20420
Phone: (b) (6)
Fax: (b) (6)
E-mail: (b) (6) @va.gov

Sir,

I think this recent language request (see below) for (b) (5)

Please get back to vacationing and thanks for your concern for my (b) That meant a lot to me.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: Windom, John H.
Sent: Tuesday, March 27, 2018 9:29 AM
To: DJS
Cc: Byrne, Jim (OGC); Blackburn, Scott R.
Subject: RE: Getting it right

Mr. Secretary:
I am seeking a 30 minute audience with Mr. Byrne to discuss the recently proposed language for (b) (5)

V/r,
John

Proposed Language:

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Please consider this recommended change to PWS Section (b) (5) [redacted]

[redacted]

[redacted]

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
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Mobile: (202) 794-4911
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(b) (6) @va.gov Office: (b) (6)

From: DJS
Sent: Tuesday, March 27, 2018 7:50 AM
To: Windom, John H.
Cc: Byrne, Jim (OGC)
Subject: FW: Getting it right

John- can you help craft a response to this

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Sunday, March 25, 2018 9:37:38 AM
To: DJS
Subject: RE: Getting it right

I'm not sure if you read Marc's response to mine yet. Or if so, what your thoughts are on it. I fear we are still talking past each other. If he/others were to come back with specific counter language to the language in the

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contract then we would certainly consider that (that is the level we are working at right now). But we aren't getting that nor do I see us getting that without Marc or anything else really digging into the details of our contract. We are way beyond the high level philosophy.

Let me know and I'll direct the team. In Bahamas now and only have connectivity sporadically, but back in US (Florida/Disney) tomorrow morning. Back in the office on Thursday.

Sent with Good (www.good.com)

From: DJS
Sent: Sunday, March 25, 2018 12:08:17 PM
To: Byrne, Jim (OGC)
Cc: Blackburn, Scott R.
Subject: Getting it right

Jim- did you get any further clarity on (b) (5) [redacted]

[redacted]

Scott I assume your best to orchestrate all of this is moving in the right direction

Thanks

Sent with Good (www.good.com)

Thanks Bob. I did attend today's listening session, 10am-11:30am. I did not attend the session at 1pm.

For the sake of documenting. Here are a few notes.

(b) (5) [redacted]

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From: Fleck, Robert R. (OGC)
Sent: Wednesday, January 31, 2018 8:28 AM
To: Blackburn, Scott R.
Subject: RE: Interoperabilty listening sessions

Scott,

As we discussed, although it would be (b) (5) [redacted]

[redacted].

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Tuesday, January 30, 2018 2:53 PM
To: Fleck, Robert R. (OGC)
Cc: (b) (6) [redacted]
Subject: RE: Interoperabilty listening sessions

Can we talk at 3:30pm?

From: Fleck, Robert R. (OGC)
Sent: Tuesday, January 30, 2018 2:33 PM
To: Blackburn, Scott R.
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

I can see you now.

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW

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Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Tuesday, January 30, 2018 2:32 PM
To: Fleck, Robert R. (OGC)
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

I just spoke to the Secretary. He wasn't (b) (5) [redacted]

[redacted]
(b) (5) [redacted]

From: Fleck, Robert R. (OGC)
Sent: Tuesday, January 30, 2018 10:27 AM
To: Blackburn, Scott R.
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

Scott,

I do not recommend (b) (5) [redacted].

If you have any questions, please let me know.

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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wrong party, please delete this information immediately and notify the sender. Any security screening of this email by information officers or server administrators is not intended to be consent to any party to review the content of the email or a waiver of the attorney-client privilege and/or work product privilege.

From: Blackburn, Scott R.
Sent: Monday, January 29, 2018 11:04 AM
To: (b) (6) @who.eop.gov
Cc: Fleck, Robert R. (OGC); Byrne, Jim (OGC); (b) (6)
Subject: Interoperabilty listening sessions

(b)

It was a pleasure meeting you today. I am cc'ing Jim Byrne and Bob Fleck.

Jim/Bob – Chris Liddell asked me (or someone from VA – perhaps Windom or Ash) (b) (5)

Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

Scott,

I advise that (b) (5)

Please let me know if you have additional questions.

Thanks!
(b)

(b) (6)
Office of the White House Counsel
(b) (6)
(b) (6) @who.eop.gov

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From: Liddell, Christopher P. EOP/WHO
Sent: Monday, February 12, 2018 2:37 PM
To: Blackburn, Scott R. <Scott.Blackburn@va.gov>
Cc: (b) (6) EOP/WHO (b) (6) @who.eop.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>
Subject: RE: VA EHR

Scott

I discussed this with (b) (copied here)

She is going to advise on the best approach to ensure we do everything correctly

She will let us know of appropriate next steps

Thanks
Chris

From: Liddell, Christopher P. EOP/WHO
Sent: Monday, February 12, 2018 9:31 AM
To: 'Blackburn, Scott R.' <Scott.Blackburn@va.gov>
Cc: (b) (6) (EOP/WHO (b) (6) @who.eop.gov>
Subject: RE: VA EHR

Scott

Sorry for slow reply – happy to catch up at some stage this week

Chris

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]
Sent: Thursday, February 8, 2018 9:41 PM
To: Liddell, Christopher P. EOP/WHO (b) (6) @who.eop.gov>
Subject: VA EHR

Chris –

If you have time possibly early next week, I would love to get your advice related to our EHR. The next few weeks will be critical (with budget hearings, discussions with appropriators, Veteran Service Organizations, etc) and we want to make sure we handle everything appropriately. If you are open to it, I can work with Quellie to find time.

Also, I have attached the Executive Summary of MITRE's VA interoperability report. Overall very consistent with everything else we seem to be hearing.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

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Camilo – I hope you had a good weekend. I appreciate the conversation on Friday and thought I would put my thoughts down on paper (as promised). I am including Peter on this as he/I have begun having some of these conversations over the past few weeks (although Pete in fairness has had a lot on his mind with his new role) and also cc'ing Jake.

Attached are two documents:

- The 8 things that I believe need to happen to not just keep the lights on, but also to keep our positive momentum going. I believe we should aspire for much more than just keeping the lights on during this upcoming transition (at least in OIT) as we have a huge organization making some huge changes and if we don't keep the momentum, it will make the next guy's job impossible. I am a big believer that the sign of an effective leader is how the organization performs when that leader leaves. So this will be important to me to know (which is why I'm writing this out).
- #1 out of 8 is stabilizing the leadership of OIT to get us through the next 6 months and set the new CIO up for success (I firmly believe it will 6 months before we have a permanent CIO). So I have 5 specific recommendations under that I've gone into greater detail. I am worried about this not just because of folks leaving (I was always planning to leave this Spring…actually I was supposed to leave a few months ago; Ricci's retirement date is 4/15), but also because of possible moratoriums on SES moves (e.g., possible OPM moratorium on hiring because no permanent Secretary in place, 120 moratorium on moving SESs once new Secretary put in place, etc). So any waivers to these or anything we can do to push stuff through, I would love to work together to make happen.

I would strongly advise you guys to get to know Bill James better. I am convinced he is the right guy to step up and lead OIT through transition until the permanent CIO comes on board. If you can get comfortable with him, I would suggest that we then transition sooner rather than later given I think it will be better for that person to start fresh with the new leadership team on the 10th floor (rather than me hanging around as a lame duck for a month). We can talk about what that means as far as timing, transition, handover. I am more than willing to fade to the back for a little bit to a support role (to help boost up Bill and make him successful) or fade away completely (if that is better for the organization). I think you guys know we well enough to know that I'll do whatever is best for Veterans and the organization; and will always do so in the most professional manner. I've now given 3.5 years (way longer than I had ever planned to) and I want to see the positive momentum continue well after I'm gone.

Talk to you tomorrow,
Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

Hi Scott,

Just FYI: Deborah Scher had me fired today.

She knew I was working on detailing out; we had discussed it.

You were incredibly nice and I was looking forward to working with you and your team.

Best Regards,
Mike

Hi Scott,

Greetings. You and I met in a few SecVA meetings. Would you have a few minutes to connect or meet?
My exec coach ([redacted] says she worked with [redacted] and her team and you might know her.

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I'm here at VACO.

Thanks.

Best Regards,
Mike

Michael Tepper
Senior Advisor to the Secretary
Center for Strategic Partnerships
Department of Veteran Affairs
(o) 202-461-5005
(c) 202-658-8982

Morris, Genevieve (OS/ONC/IO) Genevieve.Morris@hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

From: Sandoval, Camilo J.
Sent: Monday, April 02, 2018 9:03 AM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: RE: Contract Language

Scott,Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,
Camilo

From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 6:28:05 PM
To: Sandoval, Camilo J.
Cc: Windom, John H.
Subject: RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

From: Sandoval, Camilo J.
Sent: Sunday, April 01, 2018 8:39 PM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond

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just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 4:38:47 PM
To: Sandoval, Camilo J.
Cc: Windom, John H.
Subject: RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

From: Sandoval, Camilo J.
Sent: Sunday, April 01, 2018 7:35 PM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.
Camilo

Scott,

Did Rasu ever complete the required IPA paperwork? I am ready to move here. I'm confused why he was announced before being officially on-boarded (looks nefarious). Let's discuss in the morning.

Thank you.

Camilo Sandoval
M: 917-680-2011

During the 2014 scandal (after Secretary Shinseki was fired and before McDonald came in), Dr. Jonathan Perlin did this for 60 days. Would Marc be willing to do something similar?

http://www.modernhealthcare.com/article/20140626/NEWS/306269942

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http://www.modernhealthcare.com/article/20140628/MAGAZINE/306289971

https://www.tennessean.com/story/news/health/2014/06/26/veterans-affairs-turns-hca-exec-help/11399441/

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

Team - I want to introduce each of you to Camilo Sandoval and ask that each of you on to "to" line schedule an hour to meet with him next week. Will ask Eric to coordinate.

Camilo is a member of the V.A. political team. Given we are going through some transition at the top of the organization right now, it is important that he understands our key issues. As you can imagine, the political team is very busy right now bring Acting Secretary Wilkie up to speed, prepping Admiral Jackson for a late April confirmation hearing, and figuring out how to reset the Department's agenda at the Secretary/Department level. This is a similar process that we went through during the Presidential transition period (just a lighter version).

Please get these set up for next week.

Thanks,
Scott

Sent with Good (www.good.com)
Ccing Eric here. Eric - can you help coordinate these for next week? To include format/templates if necessary (see Camilo's note below). I would have each give the same briefings they gave me when I came on board a few months ago (just dust them off and update them accordingly).

Rick and Dom are highest priority.
I would then say Martha, Lloyd, (b) and Jackie and Luwanda.
I also added Helga and Marcy.

I'd have them block an hour for each.

Sent with Good (www.good.com)

From: Sandoval, Camilo J.
Sent: Saturday, April 07, 2018 11:33:24 AM
To: Blackburn, Scott R.
Subject: RE: Follow-up

Scott,

My calendar for next week is still empty. Please, I need you to help push harder. For example, I have not heard back from Dom or Rich. You have the list of people I requested to meet below and I'm not going to chase anyone down. Please have someone coordinate this as Bill suggested and let's get this done ASAP. Also, please remind everyone this is a briefing request so i can better understand their area of responsibility and portfolio.

Thank you
Camilo
917-680-2011

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From: Sandoval, Camilo J.
Sent: Thursday, April 05, 2018 9:23:26 PM
To: Blackburn, Scott R.
Subject: RE: Re: Follow-up

Would be super helpful to connect with your CoS and CFO next. I'm not feeling the love, but I might be misreading the vibes.

Bill suggested (per my email last night) that the CoS should take the lead in requesting 1:1 briefings. The format is simple, they can brief me using their preferred method/format. The main goal for me is to listen and learn and build relationships. If Eric could help me coordinate with everyone's calendar, that would be greatly appreciated (including Dom). My preference is to have these briefings completed by end of next week if possible.

Briefing Request
Eric Huweart
Rick Chandler
Dominic Cussatt
Martha Orr
Luwanda Jones
Lloyd Thrower
(b) (6) [redacted]
Jackie Patillo

Thank you.
Camilo

From: Blackburn, Scott R.
Sent: Thursday, April 05, 2018 9:25 PM
To: Sandoval, Camilo J.
Subject: RE: Re: Follow-up

Happy to help on the 1 on 1s. Is there any specific you need me to push?

From: Sandoval, Camilo J.
Sent: Thursday, April 05, 2018 5:37 PM
To: Blackburn, Scott R.
Subject: Re: Follow-up

Scott,

Here are the 3 takeaways and follow up items I'll work to get more clarity on.

1). CIO interview process/pipeline/timeline
2). Timeline for a decision point on Acting/CIO
3). VBA/Benefits

I need your help pushing for my 1:1 meetings with team directly below CIO & PDAS. My calendar is completely empty for all of next week!!!

Thank you sir.

Camilo

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Camilo Sandoval
M: 917-680-2011

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 11/3/2017 10:23:29 PM
To: (b) (6) EOP/WHO [(b) who.eop.gov]
Subject: RE: VA CIO advisory support for Cerner contract

Thanks (b) I managed to find the other 4. I will shoot them all an email over the weekend. I'll cc you guys too in case you want to be included. Thanks for all the support.

Have a great weekend,
Scott

From: (b) (6) EOP/WHO [mailto(b) who.eop.gov]
Sent: Wednesday, November 01, 2017 9:33 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] RE: VA CIO advisory support for Cerner contract

(b) (6) kp.org

Here is the first he can help likely with the others – let me know if you need help tracking them down – I don't have them at the moment

---

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]
Sent: Tuesday, October 31, 2017 4:31 PM
To: (b) (6) EOP/WHO <(b) who.eop.gov>
Subject: FW: VA CIO advisory support for Cerner contract

Hi (b)

Happy Halloween! I just want to follow up on this exchange with Jared. Can you help connect us with the 5 CIOs so we can bounce our EHR plan off of them before we go final?

Thanks again for all the support!
Scott

From: Kushner, Jared C. EOP/WHO [mailto:(b) @who.eop.gov]
Sent: Friday, October 27, 2017 5:36 AM
To: Blackburn, Scott R.
Cc: Liddell, Christopher P. EOP/WHO; Windom, John H.; DJS; (b) (6) EOP/WHO; (b) (6) EOP/WHO
Subject: [EXTERNAL] Re: VA CIO advisory support for Cerner contract

We would love that. We also think you should build in some flexibility and requirements around where we think the EMR market might go so that you aren't locked into a program 10 years from now that is obsolete.

(b) will connect you and schedule next meeting

Sent from my iPhone

On Oct 27, 2017, at 1:56 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Jared / Chris –

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Thank you for taking time Tuesday evening to discuss the EHR/Cerner contract. We too want to make sure we get this right and are looking back 5 years from now knowing we made the right decision.

We would love to ask your help in connecting us with the CIOs of Kaiser Permanente ([redacted] who was on the phone Tuesday night), Cleveland Clinic (which looks to now be Edward Marx), Mayo Clinic (Cris Ross), Johns Hopkins (Stephanie Reel), and Partners Healthcare ([redacted] We want to have them review what we are about to do, provide feedback/advice, and especially call out anything major that we might not be structuring correctly. Our thought is to host a two-hour "red team" session sometime in the next week or two (the sooner the better) before we sign the final deal. Of course we would love for the two of you to join as well if you are available.

If you would be willing to introduce us, or provide their contact information, it would be greatly appreciated. Below is a draft of the email that I would plan to send them.

Also as discussed, my team would love to get together with you to discuss "Phase 2" (the Digital Veteran Platform) that would create an API gateway and enable health information exchange. As mentioned, we have issued a broad RFI to the private sector and would like to do an Industry Day. We would love to partner with you on this.

Scott

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment , and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

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Scott Blackburn

Scott Blackburn
Acting CIO & Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 11/14/2017 7:15:28 PM
To: DJS [vacodjs1@va.gov]
Subject: RE: VA MEETING

thanks

From: DJS
Sent: Tuesday, November 14, 2017 2:15 PM
To: Blackburn, Scott R.
Subject: RE: VA MEETING

Yes and yes

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Tuesday, November 14, 2017 10:46:39 AM
To: DJS
Subject: RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

From: DJS
Sent: Tuesday, November 14, 2017 1:43 PM
To: Blackburn, Scott R.
Subject: RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Tuesday, November 14, 2017 10:38:25 AM
To: DJS
Subject: FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

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We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

From: Schnitzer, Jay J [mailto:(b) (6) @mitre.org]
Sent: Tuesday, November 14, 2017 12:47 PM
To: Blackburn, Scott R.
Cc: (b) (6)
Subject: [EXTERNAL] FW: VA MEETING

Hi Scott,
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.
Thanks,
Best,
Jay

Jay J. Schnitzer, M.D., Ph.D.
MITRE

From: (b) (6) <(b) (6) @PARTNERS.ORG>
Date: Tuesday, Nov 14, 2017, 11:43 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Cc: Schnitzer, Jay J <(b) (6) @mitre.org>
Subject: RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. (b) (6)

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:31 AM
To: (b) (6) <(b) (6) @PARTNERS.ORG>
Subject: RE: VA MEETING

Dear (b) (6)
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskovitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).
Many thanks,
Andy

From: (b) (6)
Sent: Tuesday, November 14, 2017 11:16 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Subject: RE: VA MEETING

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I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:11 AM
To: (b) (6) <(b) (6) @PARTNERS.ORG>
Subject: FW: VA MEETING

Dear (b) (6)
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.
Many thanks,
Andy

From: Karson, Andrew Scott,M.D.
Sent: Tuesday, November 14, 2017 11:06 AM
To: 'Bruce Moskowitz' <brucemo(b) (6) @mac.com>
Subject: RE: VA MEETING

Dear Bruce,
Many thanks for the note. I'll review the below a little later today and I'll be back in touch.
Many thanks and best,
Andy

From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Tuesday, November 14, 2017 10:45 AM
To: Karson, Andrew Scott,M.D. <(b) (6) @mgh.harvard.edu>
Subject: VA MEETING

The call will take place this Wednesday, November 15th between 3:00 PM and 5:00 PM

Dial In Number: 800-767-(b)

Passcode: (b) (6)

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

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Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to tract what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad
Bruce Moskowitz M.D.

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at http://www.partners.org/complianceline . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 11/20/2017 10:33:00 PM
To: Bruce Moskowitz [brucemo(b) (6) @mac.com]
Subject: RE: [EXTERNAL] VA-CIO CALL

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!
Scott

Scott Blackburn
Acting CIO and Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

From: Bruce Moskowitz [mailto:brucen(b) (6) @mac.com]
Sent: Monday, November 20, 2017 6:02 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have

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been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation or the readiness of the Cerner RFP contract for execution. Based on some of the offshoot discussions, the participants felt that many non-DOD interoperability solutions have not yet been fully addressed or solved, leading to incomplete system planning and contracting protections, greatly risking an unsuccessful implementation and large additional cost and time overruns. The interoperability with community provider partners did not seem to be defined completely. Some additional areas that were identified by the VA and its contractor's participants and moderator as incomplete in the call are: seamless sharing of Choice partner records, duplicate procedure and medical error prevention, flagging mechanisms and implantable device identification, among others. Until the design of the system and all functional requirements are identified and completed, the participants fear that these as yet undeveloped processes and solutions will result in a significant increase in the cost of the implementation and operation of the Choice program and impact quality care delivery to our veterans who choose to take advantage of the Choice program.

Lastly, at the beginning of yesterday's call your moderator identified the comfort that Congress expressed at recent hearings from the participation of the CIOs in the process. However, yesterday's relatively short discussion on a massive topic was limited and not set up to have a platform for full discussion in a two hour phone call with a few questions. Also, as mentioned in the call at various times, the participants' did not have access to the RFP contract document, its scope and the contractual provisions and protections, a critical part they feel of evaluating the completeness of a successful design and implementation. As such, the participants want to make sure that yesterday's discussion is understood by everyone - the VA and Congress alike - to be a limited dialogue to provide their valuable experiences on the topics put on the table by the moderator, but not as a confirmation of the project's completeness or readiness for contract execution or implementation, which they believe likely has shortfalls. In general, we liked what we heard, we are honored that you felt our advice would be of value, but have had discussion about a very limited part of the project and have questions about the system design, whether it is ready for implementation and whether the contract (from the limited discussion) has adequate safeguards to proceed without risk to the cost and success of the effort.

While this was the first time you have spoken to any of these participants on the topic of EMR, and maybe on any topic, the participants would be pleased to provide further feedback and advice should you desire on the remaining issues that are still incomplete and to help you work toward a successful RFP contract, design and implementation.

Sent from my iPad
Bruce Moskowitz M.D.

AMERICAN OVERSIGHT

Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 11/27/2017 3:42:51 PM
To: Bruce Moskowitz [brucem(b) (6))@mac.com]
CC: mbs(b) (6) @gmail.com
Subject: RE: [EXTERNAL] Follow up meeting

Thank you Bruce. Very helpful.

From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
Sent: Monday, November 27, 2017 10:18 AM
To: Blackburn, Scott R.
Cc: mbsh(b) (6) @gmail.com
Subject: Fwd: [EXTERNAL] Follow up meeting

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad
Bruce Moskowitz M.D.

Begin forwarded message:

> **From:** Bruce Moskowitz <brucemo(b) (6) @mac.com>
> **Date:** November 27, 2017 at 8:41:19 AM EST
> **To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>
> **Cc:** "mbsh(b) (6) @gmail.com" <mbsh(b) (6) @gmail.com>
> **Subject: Re: [EXTERNAL] Follow up meeting**
>
> Prior to any meeting we need to know what is not in the contract so we can make progress:
>
> Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work
>
> Cerner has to have telemedicine built into the system
>
> Cerner needs to tract duplicate diagnostic testing
>
> Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring
>
> Cerner needs to tract appointment times between the VA and the Choice Program.
>
> Cerner needs to have voice recognition built in
>
> These are the basics we need to know prior to writing an agenda and meeting.
>
> Thank you
>
> Sent from my iPad

AMERICAN OVERSIGHT

Bruce Moskowitz M.D.

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.
>
> Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda development - that would be very helpful.
>
> Scott
>
> -----Original Message-----
> From: Bruce Moskowitz [mailto:brucem(b) (6) @mac.com]
> Sent: Friday, November 24, 2017 7:08 PM
> To: Blackburn, Scott R.
> Cc: mbs(b) (6) @gmail.com
> Subject: [EXTERNAL] Follow up meeting
>
> I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel,Andrew Karson and Marc Sherman to assist in the agenda development.
>
> Sent from my iPad
> Bruce Moskowitz M.D.

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 11/22/2017 11:49:19 PM
To: 'Bruce Moskowitz' [brucem(b) (6) @mac.com]; 'mbs(b) (6) @gmail.com' [mbs(b) (6) @gmail.com]
Subject: Follow up

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11th or 18th)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

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Message

From: Bruce Moskowitz [brucem(b) (6) @mac.com]
Sent: 2/28/2018 9:53:27 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]
CC: DJS [vacodjs1@va.gov]; Marc Sherman [mbs(b) (6) @gmail.com]; O'Rourke, Peter M. [Peter.ORourke@va.gov]; IP [@frenchangel59.com]; lper(b) @gmail.com
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott
>
> **Voice Recognition.**
> Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.
>
> **How will all entered lab data, from any source, be available on a graph**
> Graphs will be available in 2 spots. 1. Workflow MPage lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.
>
> **Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact**
> All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.
>
> **Streamlined SOAP notes.**
> Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

From: Blackburn, Scott R.
Sent: Wednesday, February 28, 2018 2:30 PM
To: 'Bruce Moskowitz'

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Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lperl(b) @gmail.com
Subject: RE: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by…

Scott

From: Bruce Moskowitz [mailto:brucem(b) (6))@mac.com]
Sent: Wednesday, February 28, 2018 1:13 PM
To: Blackburn, Scott R.
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lperl(b) @gmail.com
Subject: Re: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Thank you my five CIO's had looked forward to tar and feathering
me if the cloud is not done correctly!
The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning…
>
> - <!--[if !supportLists]--><!--[endif]-->The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.
> - <!--[if !supportLists]--><!--[endif]-->Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal

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here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).

- <!--[if !supportLists]--><!--[endif]-->Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.
- <!--[if !supportLists]--><!--[endif]-->DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

From: Bruce Moskowitz [mailto:brucem(b) (6))@mac.com]
Sent: Tuesday, February 27, 2018 9:29 PM
To: Blackburn, Scott R.
Cc: DJS; Marc Sherman; O'Rourke, Peter M.; IP; lper(b) @gmail.com
Subject: [EXTERNAL] Re: Open API - it is CLOUD + languge + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open
To all entities and instead of Amazon it should be all platforms working to accelerate health care iniatives

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <brucem(b) (6) @mac.com> wrote:

> To clarify further it states their commercial cloud instead a commercial cloud
> Open to all entities and of equal importance an open platform to all not just amazon but to all

Working on

Sent from my iPad
Bruce Moskowitz M.D.

On Feb 27, 2018, at 8:20 PM, Bruce Moskowitz <brucem(b) (6))@mac.com> wrote:

> This is a problem it should say open cloud to all entities not commercial cloud
> Second it should be open platform and not just Amazon to all entries working on health care platforms.

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Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

David/Bruce/Marc – here are a few updates:

#1) **Rasu is all** in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HiMSS Innovation committee (so we will all be at HiMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.

#2) **The APIs are cloud based.** Here is the response from our Technical lead...

- <!--[if !supportLists]--><!--[endif]-->The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
- <!--[if !supportLists]--><!--[endif]-->In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

#3) Below is the IP language that we negotiated. This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic. Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HiMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.

Of importance: Third[MJT1] party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP

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ownership when third parties consume Cerner terminology through open APIs.

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards[MJT2] -based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49	Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3rd parties, increase the amount of computable data exchanged with 3rd parties. Panelists acknowledged this recommendation is a stretch goal.	RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.	Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable." Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies." Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.	**Cerner Conc** **requested cha** Suggest addin Section 5.10.4 The Contracto support Know Interoperabilit supporting the extension of c content assets terminologies, decision supp rules, order se **to the extent** **extensions ar** **consistent wi** **model and be** **practices of t** **controlling n** **standard**. Thi includes the a curate, extend share that kno with clinical partners. This rapid adoption industry best practices, e.g., professional societies."

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-Scott

<EHRM _ National Interoperability Cooperative Commitment (NIC2) - DRAFT_2....pptx>

<Rasu Shrestha MD_v2018 02_CV and Bio2.pdf>

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Message

From: [redacted] @va.gov]
Sent: 3/9/2018 9:10:18 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]; [redacted] @va.gov]
CC: [redacted] va.gov]; [redacted] @va.gov]; [redacted] @va.gov] [redacted] @va.gov] [redacted] @va.gov]
Subject: RE: SecVA

Importance: High

Scott, this breakfast is off. Mr. Perlmutter can no longer do. No need to travel, Scott. Sorry about that. Thank you.

From: Blackburn, Scott R.
Sent: Friday, March 09, 2018 4:09 PM
To: [redacted]
Cc: [redacted]
Subject: RE: SecVA

Awesome! Thanks so much.

From: [redacted]
Sent: Friday, March 09, 2018 2:50 PM
To: Blackburn, Scott R.
Cc: [redacted]
Subject: RE: SecVA

Scott – meeting is confirmed for 11am on Tuesday. Boss will fly out on Tuesday in the AM. He has a speech and dinner that evening. He said you can leave after the 11am meeting.

I've added our travel team to provide you details of flights. Thank you!

From: Blackburn, Scott R.
Sent: Friday, March 09, 2018 2:19 PM
To: [redacted]
Cc: [redacted]
Subject: RE: SecVA

I'll be there. I'll plan to mimic his schedule.

Sent with Good (www.good.com)

From: [redacted]
Sent: Friday, March 09, 2018 2:18:28 PM
To: [redacted]
Cc: [redacted]
Subject: SecVA

Scott – just a heads up that boss wants you to travel with him to Mar-A-Largo on Tuesday. He will be meeting w/Mr. Perlmutter, Dr. Moskowitz, and Marc Sherman. We are trying to firm up the time. He may be departing early afternoon on Monday or early on Tuesday. Please confirm if you are available to travel with him. Thanks.

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Message

From: David Shulkin [secshulkin@gmail.com]
Sent: 3/11/2018 4:31:54 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Subject: [EXTERNAL] Fwd: Contact review

Scott lets discuss tommorow

Sent from my iPhone

Begin forwarded message:

> **From:** David Shulkin <secshulkin@gmail.com>
> **Date:** March 11, 2018 at 12:31:22 PM EDT
> **To:** Bruce Moskowitz <brucem(b) (6)@mac.com>
> **Cc:** IP <(b)@frenchangel59.com>, lperl(b)@gmail.com, mbs(b) (6)@gmail.com
> **Subject: Re: Contact review**
>
> Great list
>
> Is leslie cooper from mayo- i could not find him or her
>
> Sent from my iPhone
>
> > On Mar 11, 2018, at 11:02 AM, Bruce Moskowitz <brucem(b) (6)@mac.com> wrote:
> >
> > These are the individuals to review the contract;
> > Stephanie Reel CIO- hopkins
> > Stan Huff CIO- intermiuntain
> > Jonathan ManisCIO- suttrr
> > Andrew Karson MD.- partners
> > Leslie Cooper M.D.
> > Clifford Ko M.D.- american college surgeons
> > Sent from my iPad
> > Bruce Moskowitz M.D.

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Message

From: Windom, John H. [John.Windom@va.gov]
Sent: 3/23/2018 5:54:36 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]; Bowman, Thomas [Thomas.Bowman@va.gov]
CC: Zenooz, Ashwini [Ashwini.Zenooz@va.gov]; Short, John (VACO) [John.Short@va.gov]
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,
I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
(b) (6) @va.gov Office (b) (6)

From: Windom, John H.
Sent: Friday, March 23, 2018 1:47 PM
To: Blackburn, Scott R.; Bowman, Thomas
Cc: Zenooz, Ashwini; Short, John (VACO)
Subject: RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,
Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements or our Clinicians , various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. Mr. Sherman does not understand the culture of VA or the federal government. We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. He appears to be more of a "big bang" theory guy. The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud,

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etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.
V/r,
John

IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:
• Problems
• Allergies
• Home Medications
• Procedures - including associated reports and with appropriately filtered CPT codes
• Immunizations
• Discharge Summaries
• Progress Notes
• Consult Notes
• History & Physicals
• Operative Notes
• Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:
• Results
o Labs
- General
- Pathology and Microbiology
o Vitals
• Radiology and Diagnostic Reports (Into "Diagnostic Report" component)
• Images

IDIQ PWS Section 5.10.4: Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway also includes detail on the creation of strategic open APIs.

VA NF-177: Interoperability - Data Standards: The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

VA-NF-T23: Informatics - Care Integration: VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well

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as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]

VA NF-Z11: Health Information Exchange: The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.

b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral management activities for Veterans.

c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.

d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.

e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.

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f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.

g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.

h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as. eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).

i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.

j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.

k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.

l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.

m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)

AMERICAN OVERSIGHT

Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: Blackburn, Scott R.
Sent: Friday, March 23, 2018 12:15 PM
To: Windom, John H.; Bowman, Thomas
Subject: FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good (www.good.com)

From: Marc Sherman
Sent: Friday, March 23, 2018 9:47:39 AM
To: Blackburn, Scott R.
Cc: Bruce Moskowitz; DJS
Subject: [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

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I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
    - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
    - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. This will also benefit Intermountain as Stan was telling us they've only had 10-15 for their entire company to date. If VA/DoD/Intermountain work together we will quickly get to the 200 number Stan mentioned.

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of

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expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.

- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.

- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trumps signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".

- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

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- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront or our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

From: Marc Sherman [mailto:mbs(b) (6) @gmail.com]
Sent: Wednesday, March 21, 2018 9:31 AM
To: Blackburn, Scott R.
Cc: DJS
Subject: Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation"

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system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

From: Marc Sherman [mailto:mbsh(b) (6)@gmail.com]
Sent: Wednesday, March 21, 2018 12:12 AM
To: Blackburn, Scott R.
Subject: [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

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Marc

Marc Sherman
(b) (6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

> Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.
>
> We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is 1-800-767-(b) (6) (b) (6)
>
> We have been unable to schedule anything with Dr. Ko (very busy calendar). We will trying.
>
> Scott
>
> Scott Blackburn
>
> Executive in Charge, Office of Information & Technology
>
> US Department of Veterans Affairs

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 3/27/2018 12:19:26 PM
To: Windom, John H. [John.Windom@va.gov]
Subject: RE: Update

Hmm. Have you spoken to the Secretary directly yet? I wrote him about Marc Sherman's email but he didn't respond. Not sure where his head is at.

I don't understand why ogc would meet him without you. It kills me how we don't trust each other and try to work point to point through the Secretary.

Sent with Good (www.good.com)

From: Windom, John H.
Sent: Tuesday, March 27, 2018 6:34:17 AM
To: Blackburn, Scott R.
Subject: Update

Sir
There was a meeting between Shulkin and the attorneys (Byrne and Fleck) last week that I was not invited to. This is the language proposed for (b) (5) [redacted]. Just received yesterday eve.
Thank you.
John

John,

Reference is made to the note I sent you last Wednesday whereby I mentioned that OGC (Mr. Byrne) wanted to review our RFP. (b) (6) [redacted] recently shared the following OGC requested PWS change (italicized) presumably as a result of that review:

Please consider this recommended change to PWS Section (b) (5) [redacted]

[redacted]

[redacted]

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(b) (5)
[redacted]

Sent with Good (www.good.com)

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Message

From: (b) (6) (b) (6) @va.gov]
Sent: 3/27/2018 1:45:14 PM
To: (b) (6) (OGC) (b) (6) @va.gov]
CC: (b) (6) (OGC) (b) (6) @va.gov]; (b) (6) (OGC) [(b) (6) @va.gov]; Fleck, Robert R. (OGC) [Robert.Fleck@va.gov]; (b) (6) OGC) (b) (6) @va.gov]; Foster, Michele (SES) [Michele.FosterSES@va.gov]; (b) (6) @va.gov]
Subject: RE: contractual language - PWS - EHR

Importance: High

(b) – TAC has advised the EHRM PEO of the requested (b) (5)

Thanks,
(b)

(b) (6)
Contracting Officer
Department of Veterans Affairs
Office of Procurement, Acquisition and Logistics
Technology Acquisition Center
(b) (6)
Office (b) (6)
Mobile: (b) (6) 8
e-mail: (b) (6) @va.gov

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From: (b) (6) (OGC)
Sent: Friday, March 23, 2018 12:27 PM
To: (b) (6)
Cc: (b) (6) . (OGC); (b) (6) (OGC); Fleck, Robert R. (OGC); (b) (6) (OGC)
Subject: contractual language - PWS - EHR

(b)

(b) is out today, and so I am sending this directly to you:

Please consider this recommended change to PWS Section (b) (5)

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(b) (5)

Thanks,

(b)

(b) (6)
Associate Chief Counsel
Procurement Law Group
Office of the General Counsel
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Room 1056/Mail Code 025
Washington, DC 20420
Phone: (b) (6)
Fax: (b) (6)
E-mail: (b) (6) @va.gov

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Message

From: Windom, John H. [John.Windom@va.gov]
Sent: 3/27/2018 1:42:46 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Subject: FW: Getting it right

Sir,

I think this recent language request (see below) for (b) (5) [redacted]

[redacted]

Please get back to vacationing and thanks for your concern for my (b) [redacted] That meant a lot to me.
Vr
John

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) [redacted] – Appointments and Scheduling
(b) (6) [redacted] @va.gov Office (b) (6) [redacted]

From: Windom, John H.
Sent: Tuesday, March 27, 2018 9:29 AM
To: DJS
Cc: Byrne, Jim (OGC); Blackburn, Scott R.
Subject: RE: Getting it right

Mr. Secretary:
I am seeking a 30 minute audience with Mr. Byrne to discuss the recently proposed language for (b) (5) [redacted]

V/r,
John

Proposed Language:
Please consider this recommended change to PWS Section (b) (5) [redacted]

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(b) (5)
[redacted]

[redacted]

John H. Windom, Senior Executive Service (SES)
Program Executive for Electronic Health Record Modernization (PEO EHRM)
Special Advisor to the Under Secretary for Health
811 Vermont Avenue NW (5th Floor Suite 5080)
Washington, DC 20420
John.Windom@va.gov
Office: (202) 461-5820
Mobile: (202) 794-4911
Executive Assistant: Ms. (b) (6) – Appointments and Scheduling
(b) (6) @va.gov Office: (b) (6)

From: DJS
Sent: Tuesday, March 27, 2018 7:50 AM
To: Windom, John H.
Cc: Byrne, Jim (OGC)
Subject: FW: Getting it right

John- can you help craft a response to this

Sent with Good (www.good.com)

From: Blackburn, Scott R.
Sent: Sunday, March 25, 2018 9:37:38 AM
To: DJS
Subject: RE: Getting it right

I'm not sure if you read Marc's response to mine yet. Or if so, what your thoughts are on it. I fear we are still talking past each other. If he/others were to come back with specific counter language to the language in the contract then we would certainly consider that (that is the level we are working at right now). But we aren't

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getting that nor do I see us getting that without Marc or anything else really digging into the details of our contract. We are way beyond the high level philosophy.

Let me know and I'll direct the team. In Bahamas now and only have connectivity sporadically, but back in US (Florida/Disney) tomorrow morning. Back in the office on Thursday.

Sent with Good (www.good.com)

From: DJS
Sent: Sunday, March 25, 2018 12:08:17 PM
To: Byrne, Jim (OGC)
Cc: Blackburn, Scott R.
Subject: Getting it right

Jim- did you get any further clarity on (b) (5) [redacted]

[redacted]

Scott I assume your best to orchestrate all of this is moving in the right direction

Thanks

Sent with Good (www.good.com)

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 2/1/2018 11:23:21 PM
To: Fleck, Robert R. (OGC) [Robert.Fleck@va.gov]
CC: Byrne, Jim (OGC) [Jim.Byrne@va.gov]
Subject: RE: Interoperabilty listening sessions

Thanks Bob. I did attend today's listening session, 10am-11:30am. I did not attend the session at 1pm.

For the sake of documenting. Here are a few notes.

- (b) (5) [redacted]

From: Fleck, Robert R. (OGC)
Sent: Wednesday, January 31, 2018 8:28 AM
To: Blackburn, Scott R.
Subject: RE: Interoperabilty listening sessions

Scott,

As we discussed, although it would be (b) (5) [redacted]

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Tuesday, January 30, 2018 2:53 PM
To: Fleck, Robert R. (OGC)
Cc: (b) (6) [redacted]
Subject: RE: Interoperabilty listening sessions

Can we talk at 3:30pm?

From: Fleck, Robert R. (OGC)
Sent: Tuesday, January 30, 2018 2:33 PM
To: Blackburn, Scott R.
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

I can see you now.

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Tuesday, January 30, 2018 2:32 PM
To: Fleck, Robert R. (OGC)
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

I just spoke to the Secretary. He wasn't (b) (5) [redacted]

From: Fleck, Robert R. (OGC)
Sent: Tuesday, January 30, 2018 10:27 AM

AMERICAN OVERSIGHT

To: Blackburn, Scott R.
Cc: Byrne, Jim (OGC)
Subject: RE: Interoperabilty listening sessions

Scott,

I do not recommend (b) (5) [redacted]

If you have any questions, please let me know.

Bob
Robert R. Fleck
Chief Counsel, Procurement Law Group
Office of the General Counsel
Room 1050
810 Vermont Avenue, NW
Washington, DC, 20420
Office 202-461-4954

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From: Blackburn, Scott R.
Sent: Monday, January 29, 2018 11:04 AM
To: (b) (6) [redacted]@who.eop.gov
Cc: Fleck, Robert R. (OGC); Byrne, Jim (OGC); (b) (6) [redacted]
Subject: Interoperabilty listening sessions

(b) [redacted]

It was a pleasure meeting you today. I am cc'ing Jim Byrne and Bob Fleck.

Jim/Bob – Chris Liddell asked me (or someone from VA – perhaps Windom or Ash) to (b) (5) [redacted]

Scott

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

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Message

From: (b) (6) EOP/WHO (b) (6) @who.eop.gov]
Sent: 2/12/2018 7:54:08 PM
To: Liddell, Christopher P. EOP/WHO (b) (6) @who.eop.gov]; Blackburn, Scott R. [Scott.Blackburn@va.gov]
CC: (b) (6) EOP/WHO (b) (6) @who.eop.gov]
Subject: [EXTERNAL] RE: VA EHR

Scott,

I advise that (b) (5)

Please let me know if you have additional questions.

Thanks!
(b)

(b) (6)
Office of the White House Counsel
(b) (6)
(b) (6) @who.eop.gov

From: Liddell, Christopher P. EOP/WHO
Sent: Monday, February 12, 2018 2:37 PM
To: Blackburn, Scott R. <Scott.Blackburn@va.gov>
Cc: (b) (6) . EOP/WHO (b) (6) @who.eop.gov>; (b) (6) EOP/WHO (b) (6) @who.eop.gov>
Subject: RE: VA EHR

Scott

I discussed this with (b) (copied here)

She is going to advise on the best approach to ensure we do everything correctly

She will let us know of appropriate next steps

Thanks
Chris

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From: Liddell, Christopher P. EOP/WHO
Sent: Monday, February 12, 2018 9:31 AM
To: 'Blackburn, Scott R.' <Scott.Blackburn@va.gov>
Cc: (b) (6) , EOP/WHO (b) (6) @who.eop.gov>
Subject: RE: VA EHR

Scott

Sorry for slow reply – happy to catch up at some stage this week

Chris

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]
Sent: Thursday, February 8, 2018 9:41 PM
To: Liddell, Christopher P. EOP/WHO (b) (6) @who.eop.gov>
Subject: VA EHR

Chris –

If you have time possibly early next week, I would love to get your advice related to our EHR. The next few weeks will be critical (with budget hearings, discussions with appropriators, Veteran Service Organizations, etc) and we want to make sure we handle everything appropriately. If you are open to it, I can work with Quellie to find time.

Also, I have attached the Executive Summary of MITRE's VA interoperability report. Overall very consistent with everything else we seem to be hearing.

Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 4/2/2018 2:23:16 AM
To: Sandoval, Camilo J. [Camilo.Sandoval@va.gov]; O'Rourke, Peter M. [Peter.ORourke@va.gov]
CC: Leinenkugel, Jake [Thomas.Leinenkugel@va.gov]
Subject: OIT - how to keep the trains running and positive momentum going
Attachments: 180401 OIT continuity document v1.docx; 180401 OIT recommended personnel action v1.docx

Camilo – I hope you had a good weekend. I appreciate the conversation on Friday and thought I would put my thoughts down on paper (as promised). I am including Peter on this as he/I have begun having some of these conversations over the past few weeks (although Pete in fairness has had a lot on his mind with his new role) and also cc'ing Jake.

Attached are two documents:

- The 8 things that I believe need to happen to not just keep the lights on, but also to keep our positive momentum going. I believe we should aspire for much more than just keeping the lights on during this upcoming transition (at least in OIT) as we have a huge organization making some huge changes and if we don't keep the momentum, it will make the next guy's job impossible. I am a big believer that the sign of an effective leader is how the organization performs when that leader leaves. So this will be important to me to know (which is why I'm writing this out).
- #1 out of 8 is stabilizing the leadership of OIT to get us through the next 6 months and set the new CIO up for success (I firmly believe it will 6 months before we have a permanent CIO). So I have 5 specific recommendations under that I've gone into greater detail. I am worried about this not just because of folks leaving (I was always planning to leave this Spring…actually I was supposed to leave a few months ago; Ricci's retirement date is 4/15), but also because of possible moratoriums on SES moves (e.g., possible OPM moratorium on hiring because no permanent Secretary in place, 120 moratorium on moving SESs once new Secretary put in place, etc). So any waivers to these or anything we can do to push stuff through, I would love to work together to make happen.

I would strongly advise you guys to get to know Bill James better. I am convinced he is the right guy to step up and lead OIT through transition until the permanent CIO comes on board. If you can get comfortable with him, I would suggest that we then transition sooner rather than later given I think it will be better for that person to start fresh with the new leadership team on the 10th floor (rather than me hanging around as a lame duck for a month). We can talk about what that means as far as timing, transition, handover. I am more than willing to fade to the back for a little bit to a support role (to help boost up Bill and make him successful) or fade away completely (if that is better for the organization). I think you guys know we well enough to know that I'll do whatever is best for Veterans and the organization; and will always do so in the most professional manner. I've now given 3.5 years (way longer than I had ever planned to) and I want to see the positive momentum continue well after I'm gone.

Talk to you tomorrow,
Scott

Scott Blackburn
Executive in Charge, Office of Information & Technology
US Department of Veterans Affairs

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Keeping the "lights on" in OIT and maintaining momentum during upcoming transition. 8 major things that need to happen to successfully bridge to the next CIO.

(1) **Follow through on the appropriate personnel actions** so that the new CIO has a good team to work with on Day 1 when he/she arrives (estimate ~6 months given time to find/vet/confirm a nominee). Given how slow HR processes are and how difficult it is to retain/attract top IT talent in government, we need the new CIO to hit the ground running and not spend the first 6-12 months rebuilding (which is what LaVerne Council had to do and what limited her success). I will send a separate note on what I think we should do now to ensure things remain stable until that person is able to come on board. But it will include:
    a. Have a good Acting CIO who understands VA, understands our current plan/trajectory, and has a deep understanding of government IT. I believe we have the right guy for this in Bill James.
    b. Follow through on SES/SL actions in the pipeline – even if this requires a waiver against any hiring moratorium we might have due to not having a Secretary in place (right now we are vulnerable because we have a very thin bench and personnel actions have taken so long. Vivieca made a huge mistake by taking so long to approve these. This, and knowing Shulkin wasn't considering him for the permanent CIO role, were actually the primary reasons why Rob Thomas left. Let's not make same mistake Vivieca made).
    c. Position ourselves to backfill vacancies as people depart. Right now we have way too many people in Acting roles which creates all kinds of management issues and distractions (e.g., EEO complaints because people are confused who their supervisor is). Let's not accidentally compound this problem.
    d. Retain high performers – Dominic Cussatt (CISO), Rich Chandler (OIT CFO), Charles Worthington (CTO), Drew Myklegard (Lighthouse), Bill James, Susan McHugh-Polley.

(2) Figure out what specifically we need to do to close the Cerner EHRM deal, and close it.
    a. Get clear on what specific language in the contract needs to change. The problem we have been having between WPB/SMEs and the actual negotiating team is that we are talking past each other. Philosophically, I believe we are all on the same page (which is what has been frustrating). At this point, we need to be talking about specific language changes required to close the deal. If we get alignment, Windom will close.
    b. Figure out who can sign it and when. Given the high profile nature and protest risk, this is going to be more challenging than we think. ClinicComp (the ones who have already protested) CEO has already issued a public statement saying we need to wait until a permanent Secretary and then give that person 90 days to review.
    c. As an aside, we will probably have to pay for a premium for the delay. We've gotten Cerner to hold the price now for 6 months because they've believed we were about to sign. I wouldn't be surprised if they now raise the price. We just need to be ready for that.

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(3) **Continue momentum on Open API (Lighthouse) related initiatives**. This will be the Trump administrations legacy in the health IT space. VA is the one making it real and we need to keep it up.

a. Lock Drew Myklegard down with a Term SES position.
b. Complete IPA for Dr. Rasu Shretha, Chief Innovations Officer, UPMC
c. Continue signing up healthcare systems for the VA Open API Pledge
d. Appropriately loop in WH Office of American Innovation (and Aneesh Chopra)
e. Launch Open API working group ("coalition of the willing" which Rasu will lead and Drew will support)
f. Proceed with Lighthouse RFP and Lighthouse Labs work
g. Finalize MOU with Apple and continue "Project Pluto" (publically announcement should be ready in next 30-60 days)
h. Post Cerner signing, plan for White House event with the Open API Pledge signees, Cerner/Epic/Allscript CEOs, Apple CEO, and other in this industry. Not to celebrate Cerner deal, but rather celebrate a new age of healthcare IT cooperation driven by White House Office of American Innovation, CMS, ONC, and VA. Work with Chris Liddell and Jared Kushner on this.

(4) **Follow through on major projects** (other than EHRM and Lighthouse). This is what Bill James does now. Business owners are in parenthesis.

a. FMBT (OM)
b. Telehealth (VHA)
c. DMLSS (VHA, OEI, OALC)
d. BIP/BDM, Appeals and GI Bill implementation (VBA)
e. Scheduling (VHA) – MASS, Faster Care for Veterans Act, VSE, Online Scheduling. We have a strategy and need to make a few big decisions by ~September 2018
f. Service Now (see email I sent out earlier today)
g. PIV (OSP) August 8, 2018 is a huge risk for the Department.
h. HR Smart (HRA)
i. BOSS (NCA)
j. Care in the Community, Suicide Prevention, Homelessness, Caregivers, RTLS (VHA) – we have a full "18 for 18" Business Plan we are executing with VHA.
k. Cloud Migration
l. Innovation to the Rescue projects

(5) **Get alignment on the on-line Veteran facing digital strategy.** Charles Worthington and Marcy Jacobs have a great plan. VBA has been a pain in the neck on this. Charles can lay it out for you.

(6) **Make sure we are progressing on closing data centers as promised.** I have promised HOGR that VA will close 68 data centers in FY18 and we are on track to (Representatives Hurd and Connelly will hold us to this – and blame failure on instability). We need to deliver. Eddie Pool is all over this. We have a plan to go from 395 data centers (which is nuts) to 14 core, 42 speciality

AMERICAN OVERSIGHT

and a computer room for patient safety/quality at each VAMC). So it will be from 395 to 54 + 168 (reclassified) by end of FY2020.

(7) **Allow our operational folks (under Susan McHugh-Polley and Dale Ferraro) and Security/Cyber folks (under Dominic Cussatt) to do their jobs**. These guys are good ("fire and forget" as we used to say in the Army). Make sure they are happy, give them whatever the need, and stay out of their way. If Susan and/or Dominic leave – then we need to worry.

(8) **Make sure we are on top of OIG/GAO/FISMA and FITARA requirements**. This is Martha Orr's full-time job and she does a good job staying on this. Bill James understands this well as does Dominic Cussatt (as many of these are Cyber related).

a. We have been on the OIG/GAO "material weakness" list for 17 straight years. We have made tremendous progress on this to the point in which many believe we will be taken off this fall (which would be HUGE!). If we don't, it will be because they want to see sustained progress over a multi-year period and we will get off at the end of FY19 (at current pace). This will be a big win that the next Secretary/CIO can celebrate.
b. Note: OIT is under continual yearly audit by OIG. We work very well with them. They spend 9 months each year auditing us and 3 months writing their report. Then they start all over again each year.

What you will find is that OIT has a good modernization plan, the organizational structure is fine, and the priorities are right. The issue is focus/delivery/execution. What is above will lay out a good framework for exactly that. Then once the new CIO comes on board, he/she will have a few more strategic priorities to add to this (that we cannot tackle until then). These include:

- EHRM execution. Right now, we don't know what we don't know. The new CIO will have to be heavily involved in overseeing this.
- Technical debt / infrastructure. The majority of our current operational problems are due to underfunding and dumb investments made over the past few decades. As a result we have a fragile infrastructure (e.g., I just made a special exception to replace our CMOP servers that run all our pharmacies. I found out these servers were years past their life expectancy and about to crash any day which would have been our next USA Today cover story). Unfortunately this is a systematic issue. Susan McHugh-Polley is the most knowledgeable on this as she runs the infrastructure. However this is a funding/budgeting issue.
- Accelerating cloud migration.
- Telehealth technology strategy longer term.
- Question of whether or not VHA should have its own CIO (Commission on Care recommendation) and what would this mean given our appropriation laws and FITARA requirements that are in direct conflict with this.

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OIT recommended personnel actions to stabilize the organization through transition:

1. **Place Bill James in permanent PDAS position** (position unfilled for past 14 months, Ricci Mulligan has been acting). I would do this for a few reasons:
    a. This will allow VA to hire an A player from the outside into his current EPMO role (which will be highly sought after in the federal IT community). Our bench is too thin right now and this is too important of a role to have vacant. If Bill is Acting, then we have to find another Acting for his old role (which creates a negative ripple effect and has terrible unintended managerial consequences that create distractions, such as EEO complaints when there is confusion on who someone's supervisor is).
    b. This will NOT bind the new CIO to keeping Bill in this role. As SES, a new CIO can move Bill into any other SES position to create room for whoever he/she wants in this role (if that person does not want to keep Bill). There is recent precedence for this in OIT. LaVerne Council did this to Ron Thompson when she decided she didn't want him in the PDAS role; she replaced him with Rob Thomas (who ultimately became Acting CIO when LaVerne left).
    c. However it will provide the new CIO will positive continuity as he/she gets ramped up (similar to Jon Rychalski and Ed Murray or Don Loren and Kevin Hanretta)
    d. Bill can then naturally slide into the Acting CIO role when I leave (soon) without any creative HR/legal paperwork.

2. **Move Bill James into Acting CIO role when Scott Blackburn leaves** (which I plan to do soon). As I've thought of it more, I do believe Bill is the right person. You should both "interview" Bill. If for some reason you are uncomfortable with Bill, my out of the box recommendation would be Charles Worthington (reminder: Charles is actually on a detail to us from OMB so this would take some creativity). Even if I did this, I would still have Bill be the permanent PDAS.

3. **Bed down current top-talent that is key to our modernization momentum.**
    a. Hire Drew Myklegard into Term SES role over Lighthouse and Open API initiatives (projects such as Lighthouse is exactly why we have Term SES authorities, this is a natural fit)
    b. Hire Charles Worthington as a SL into CTO role reporting to the CIO. Charles has been on detail to us from OMB (US Digital Services) for 14 months. I brought him on to backfill for Marina Martin who was a political in the previous administration. This would be bringing Charles in as a career employee (not a political slot) so we don't lose him. If we lose Charles, we will eventually lose all our USDS team (currently 25-30 people under Marcy Jacobs – Marcy and the VA USDS team are VA employees administratively reporting to OIT/EPMO/Bill James). If the next CIO/Secretary/DepSec wants to bring in a political eventually (like Marina Martin), then this would not prohibit them from doing so. Marina used to report to the DepSec. Charles reported to me as iDepSec and I pulled him into OIT when I became CIO.

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4. Complete existing SES hiring actions that are currently underway
    a. Executive Director, Application Management (CMO) – Daniel McCune EOD 4/16
    b. Executive Director, Security Operations (OIS) – selection made (Mr. Horton) however going through ECQ process right now. 1 of 2 SES under Dominic Cussatt.
    c. DCIO, Strategic Sourcing – selection made. Nomination package sent to COSVA on 3/15.
    d. Executive Director, Information Security and Policy. Posting closed on 3/27. This is the other SES under Dominic Cussatt.
    e. Executive Director, IT Budget and Finance. Selection made. Nomination sent to CSEMO on 3/26. This is actually Ricci Mulligan's former role (previous to be detailed to PDAS) and will be the budget person under Rick Chandler.
    f. Executive Director, Enterprise Command Operations. Package sent to COSVA 3/14.

5. **Post EPMO-DAS position (currently filled by Bill James) as soon as Bill moves over to permanent PDAS position.** Because this is a high profile and highly sought-after role, this will attract a top-tier SES either from another government agency or commercial sector. This heavy hitter will be needed badly.

AMERICAN OVERSIGHT

Message

From: Michael Tepper (b) (6) gmail.com]
Sent: 4/13/2018 5:51:31 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Subject: [EXTERNAL] Just FYI

Hi Scott,

Just FYI: Deborah Scher had me fired today.

She knew I was working on detailing out; we had discussed it.

You were incredibly nice and I was looking forward to working with you and your team.

Best Regards,
Mike

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Message

From: Tepper, Michael [Michael.Tepper@va.gov]
Sent: 4/2/2018 7:22:07 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]
CC: Tepper, Michael [Michael.Tepper@va.gov]
Subject: connect or meet

Hi Scott,

Greetings. You and I met in a few SecVA meetings. Would you have a few minutes to connect or meet?
My exec coach ([redacted] says she worked with [redacted] and her team and you might know her.

I'm here at VACO.

Thanks.

Best Regards,
Mike

Michael Tepper
Senior Advisor to the Secretary
Center for Strategic Partnerships
Department of Veteran Affairs
(o) 202-461-5005
(c) 202-658-8982

AMERICAN OVERSIGHT

Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 4/2/2018 1:40:53 PM
To: Sandoval, Camilo J. [Camilo.Sandoval@va.gov]
CC: Windom, John H. [John.Windom@va.gov]
Subject: RE: Contract Language

Morris, Genevieve (OS/ONC/IO) Genevieve.Morris@hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

From: Sandoval, Camilo J.
Sent: Monday, April 02, 2018 9:03 AM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: RE: Contract Language

Scott,Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,
Camilo

From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 6:28:05 PM
To: Sandoval, Camilo J.
Cc: Windom, John H.
Subject: RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

From: Sandoval, Camilo J.
Sent: Sunday, April 01, 2018 8:39 PM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

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From: Blackburn, Scott R.
Sent: Sunday, April 01, 2018 4:38:47 PM
To: Sandoval, Camilo J.
Cc: Windom, John H.
Subject: RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

From: Sandoval, Camilo J.
Sent: Sunday, April 01, 2018 7:35 PM
To: Blackburn, Scott R.
Cc: Windom, John H.
Subject: Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.
Camilo

AMERICAN OVERSIGHT

Message

From: Sandoval, Camilo J. [Camilo.Sandoval@va.gov]
Sent: 4/15/2018 4:00:05 PM
To: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Subject: Re: API Pledge

Scott,

Did Rasu ever complete the required IPA paperwork? I am ready to move here. I'm confused why he was announced before being officially on-boarded (looks nefarious). Let's discuss in the morning.

Thank you.

Camilo Sandoval
M: 917-680-2011

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 4/5/2018 7:01:16 PM
To: Sandoval, Camilo J. [Camilo.Sandoval@va.gov]
Subject: Special Government Employee - would Marc Sherman consider this?

During the 2014 scandal (after Secretary Shinseki was fired and before McDonald came in), Dr. Jonathan Perlin did this for 60 days. Would Marc be willing to do something similar?

http://www.modernhealthcare.com/article/20140626/NEWS/306269942

http://www.modernhealthcare.com/article/20140628/MAGAZINE/306289971

https://www.tennessean.com/story/news/health/2014/06/26/veterans-affairs-turns-hca-exec-help/11399441/

Scott Blackburn
Acting CIO & Executive-in-Charge, Office of Information & Technology
Department of Veterans Affairs

AMERICAN OVERSIGHT

Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 4/7/2018 3:52:48 PM
To: Chandler, Richard C. [Richard.Chandler2@va.gov]; Cussatt, Dominic (SES) [Dominic.Cussatt@va.gov]; Thrower, Lloyd [Lloyd.Thrower@va.gov]; Patillo, Jackie [Jackie.Patillo@va.gov]; (b) (6) (b) (6) @va.gov]; Jones, Luwanda F. (OI&T) [Luwanda.Jones@va.gov]; Orr, Martha [Martha.Orr@va.gov]; (b) (6) (Marcy) (b) (6) @va.gov]; (b) (6) . (b) (6) @va.gov]
CC: Huweart, Eric D. [Eric.Huweart@va.gov]; James, Bill [Bill.James@va.gov]; Sandoval, Camilo J. [Camilo.Sandoval@va.gov]
Subject: Camilo

Team - I want to introduce each of you to Camilo Sandoval and ask that each of you on to "to" line schedule an hour to meet with him next week. Will ask Eric to coordinate.

Camilo is a member of the V.A. political team. Given we are going through some transition at the top of the organization right now, it is important that he understands our key issues. As you can imagine, the political team is very busy right now bring Acting Secretary Wilkie up to speed, prepping Admiral Jackson for a late April confirmation hearing, and figuring out how to reset the Department's agenda at the Secretary/Department level. This is a similar process that we went through during the Presidential transition period (just a lighter version).

Please get these set up for next week.

Thanks,
Scott

Sent with Good (www.good.com)

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Message

From: Blackburn, Scott R. [Scott.Blackburn@va.gov]
Sent: 4/7/2018 3:55:43 PM
To: Sandoval, Camilo J. [Camilo.Sandoval@va.gov]
CC: Huweart, Eric D. [Eric.Huweart@va.gov]
Subject: RE: Follow-up

Ccing Eric here. Eric - can you help coordinate these for next week? To include format/templates if necessary (see Camilo's note below). I would have each give the same briefings they gave me when I came on board a few months ago (just dust them off and update them accordingly).

Rick and Dom are highest priority.
I would then say Martha, Lloyd, (b) and Jackie and Luwanda.
I also added Helga and Marcy.

I'd have them block an hour for each.

Sent with Good (www.good.com)

From: Sandoval, Camilo J.
Sent: Saturday, April 07, 2018 11:33:24 AM
To: Blackburn, Scott R.
Subject: RE: Follow-up

Scott,

My calendar for next week is still empty. Please, I need you to help push harder. For example, I have not heard back from Dom or Rich. You have the list of people I requested to meet below and I'm not going to chase anyone down. Please have someone coordinate this as Bill suggested and let's get this done ASAP. Also, please remind everyone this is a briefing request so i can better understand their area of responsibility and portfolio.

Thank you
Camilo
917-680-2011

From: Sandoval, Camilo J.
Sent: Thursday, April 05, 2018 9:23:26 PM
To: Blackburn, Scott R.
Subject: RE: Re: Follow-up

Would be super helpful to connect with your CoS and CFO next. I'm not feeling the love, but I might be misreading the vibes.

Bill suggested (per my email last night) that the CoS should take the lead in requesting 1:1 briefings. The format is simple, they can brief me using their preferred method/format. The main goal for me is to listen and learn and build relationships. If Eric could help me coordinate with everyone's calendar, that would be greatly appreciated (including Dom). My preference is to have these briefings completed by end of next week if possible.

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Briefing Request
Eric Huweart
Rick Chandler
Dominic Cussatt
Martha Orr
Luwanda Jones
Lloyd Thrower
(b) (6) [redacted]
Jackie Patillo

Thank you.
Camilo

From: Blackburn, Scott R.
Sent: Thursday, April 05, 2018 9:25 PM
To: Sandoval, Camilo J.
Subject: RE: Re: Follow-up

Happy to help on the 1 on 1s. Is there any specific you need me to push?

From: Sandoval, Camilo J.
Sent: Thursday, April 05, 2018 5:37 PM
To: Blackburn, Scott R.
Subject: Re: Follow-up

Scott,

Here are the 3 takeaways and follow up items I'll work to get more clarity on.

1). CIO interview process/pipeline/timeline
2). Timeline for a decision point on Acting/CIO
3). VBA/Benefits

I need your help pushing for my 1:1 meetings with team directly below CIO & PDAS. My calendar is completely empty for all of next week!!!

Thank you sir.

Camilo

Camilo Sandoval
M: 917-680-2011

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MEMORANDUM OF RECORD

Updated: April 16, 2018

Involvement of Mr. Ike Perlmutter, Dr. Bruce Moskowitz and Attorney Marc Sherman in EHRM

Update to include interactions with Mr. Camilo Sandoval post Secretary Shulkin firing and ultimately my decision to resign from the Department

November 15 CIO call:

(b) (6), (b) (2)

[redacted]

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(b) (6), (b) (2)

[redacted]

November 22 follow up conversation:

(b) (6), (b) (2)

[redacted]

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(b) (6), (b) (2)

[redacted]

Post-Thanksgiving developments:

(b) (6), (b) (2)

[redacted]

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(b) (6), (b) (2)

January MITRE interoperability study:

(b) (6), (b) (2)

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Post February concerns:

(b) (6), (b) (2)

[redacted]

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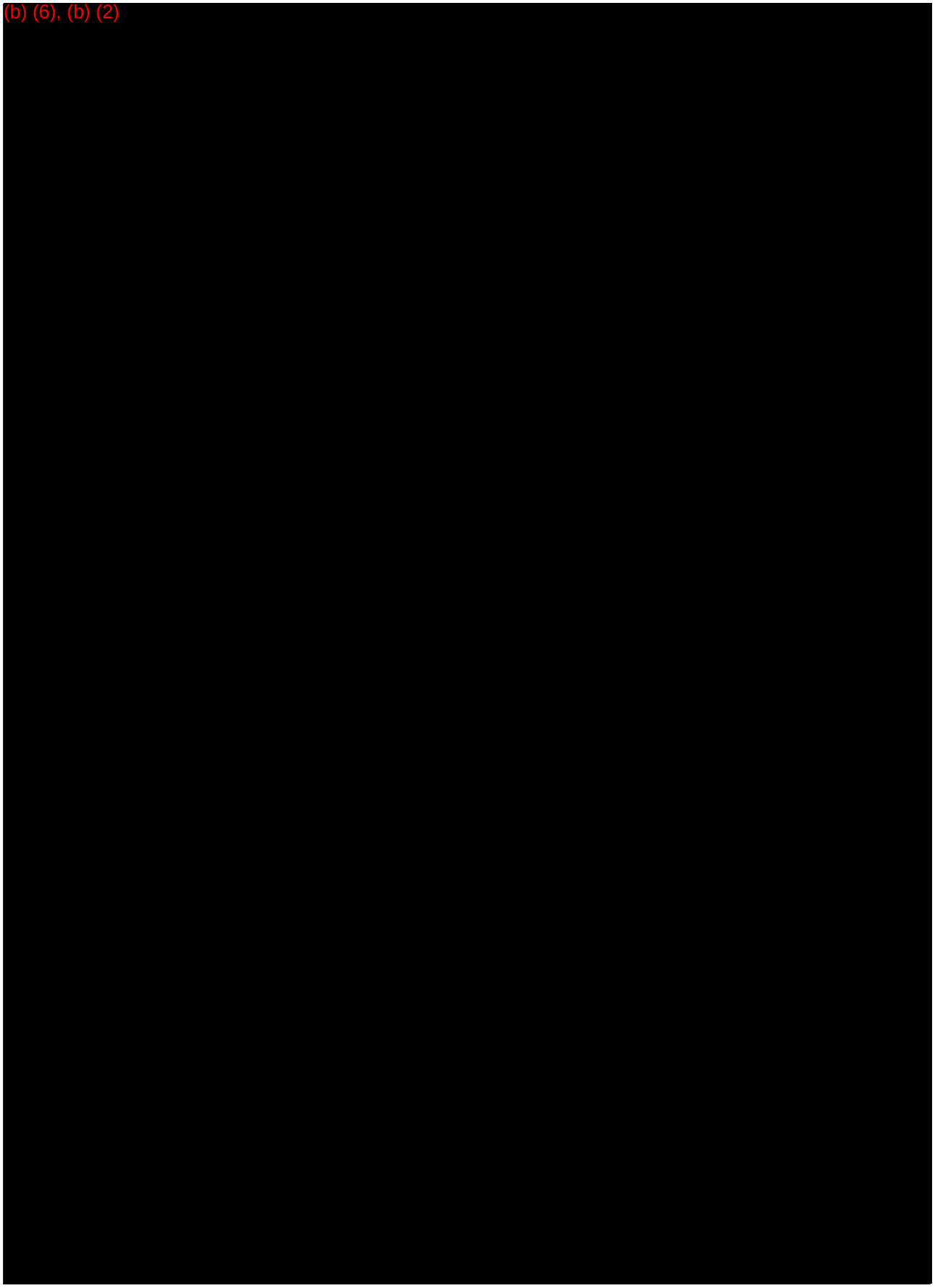

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(b) (6), (b) (2)

[redacted]

Any knowledge of motivations or conflict of interest:

(b) (6), (b) (2)

[redacted]

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(b) (6), (b) (2)

[redacted]

Other White House involvement:

(b) (6), (b) (2)

[redacted]

Update: Mr. Camilo Sandoval oversight of OIT, post Shulkin firing:

(b) (6), (b) (2)

[redacted]

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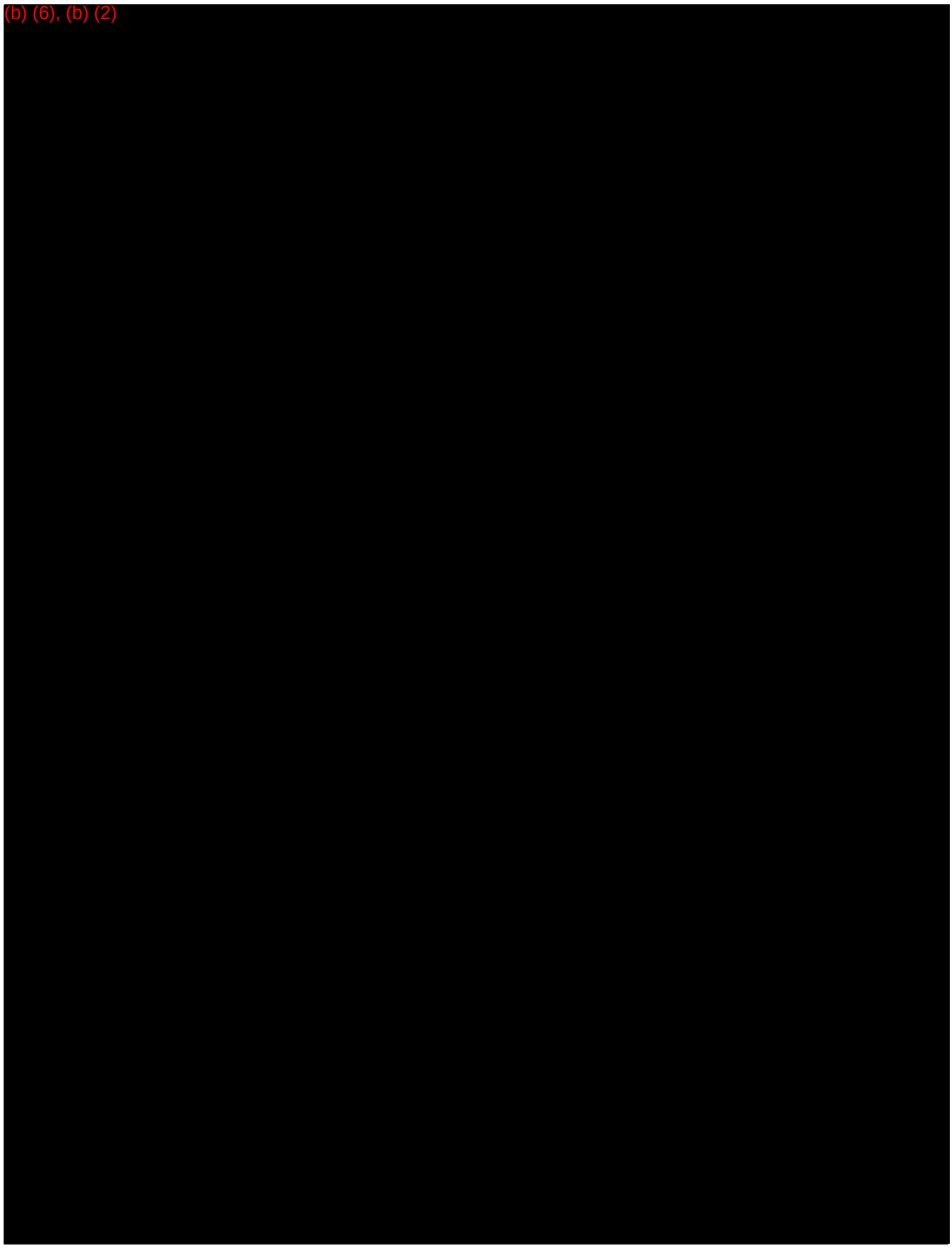

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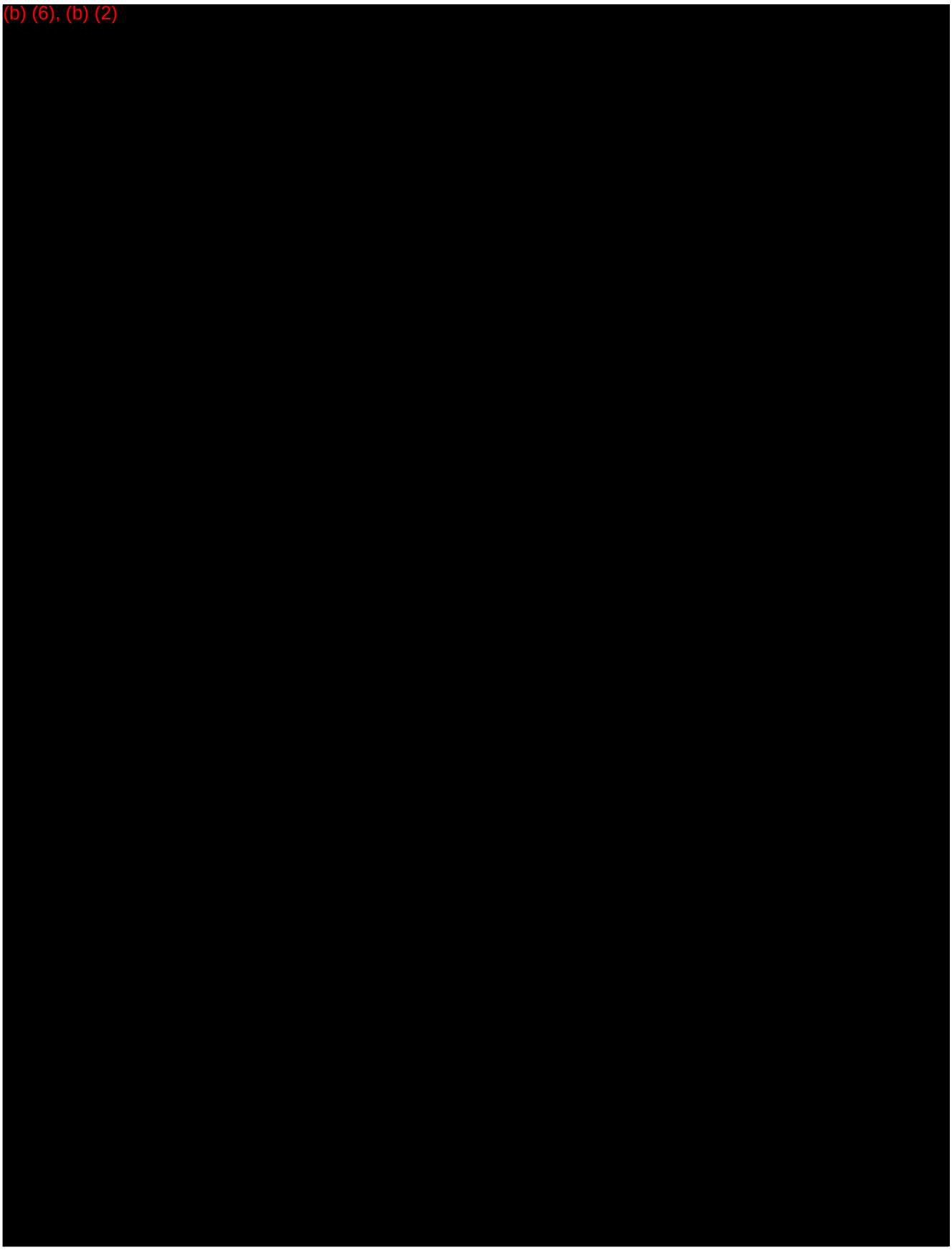

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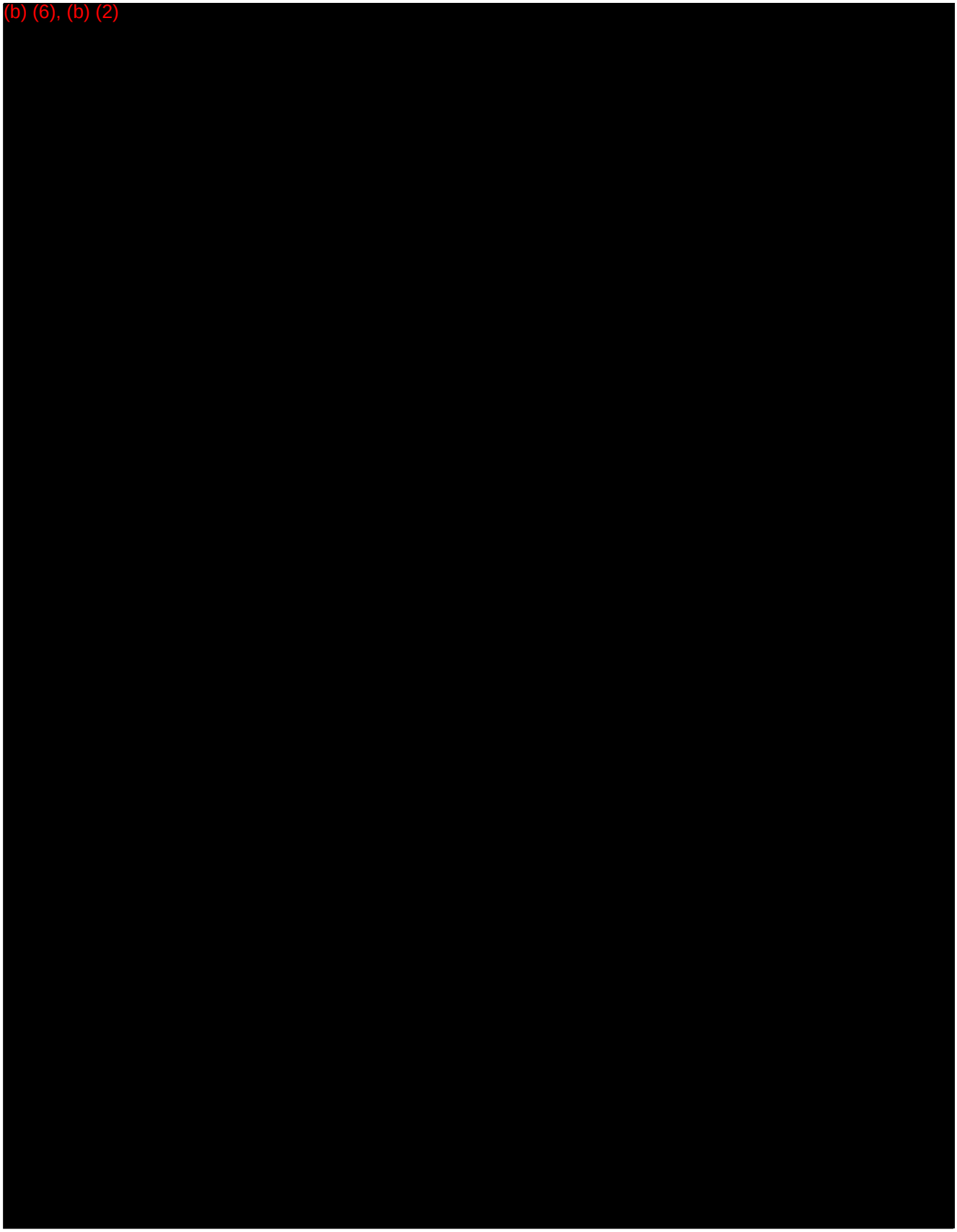

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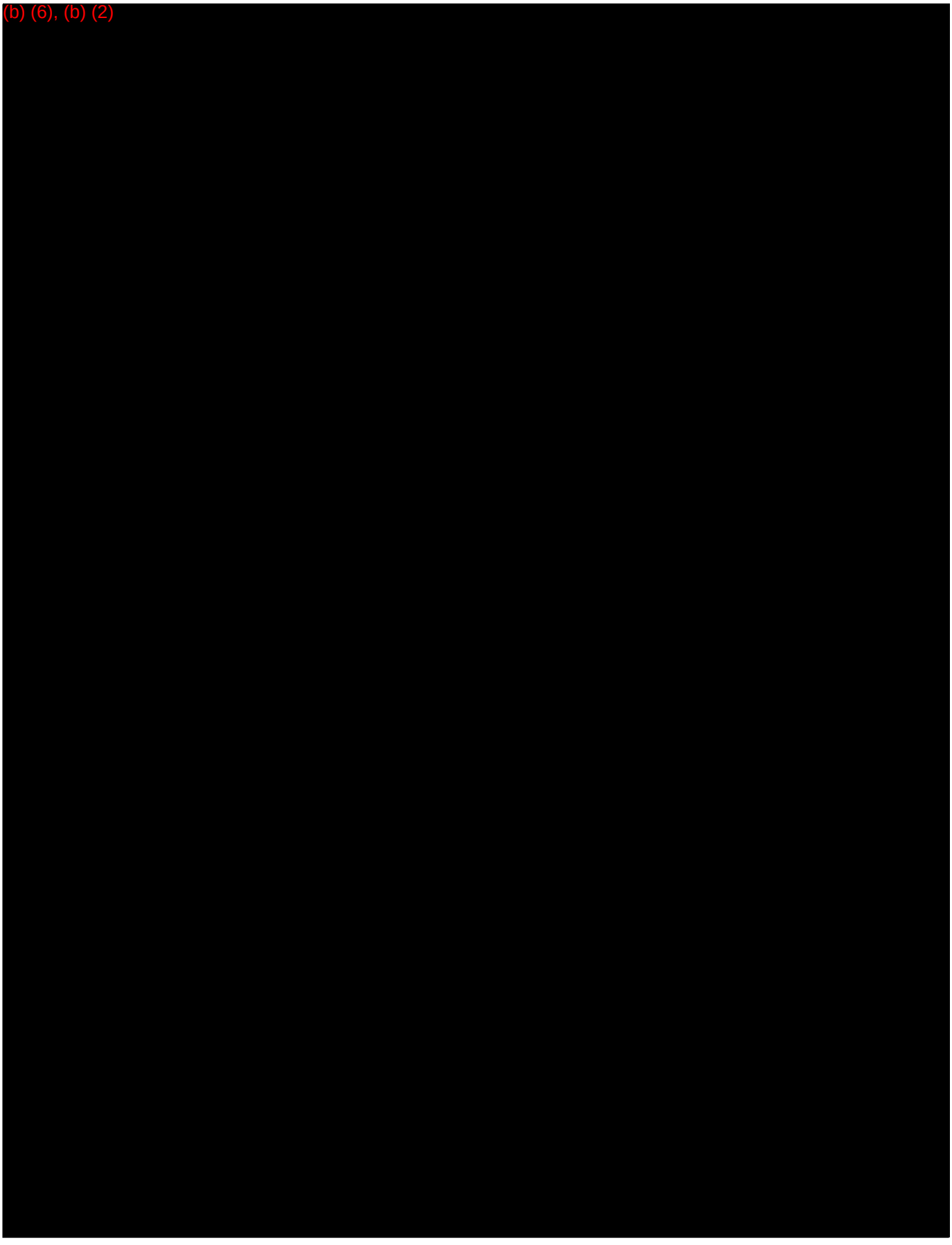

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(b) (6), (b) (2)

[redacted]

Update: decision to resign:

(b) (6), (b) (2)

[redacted]

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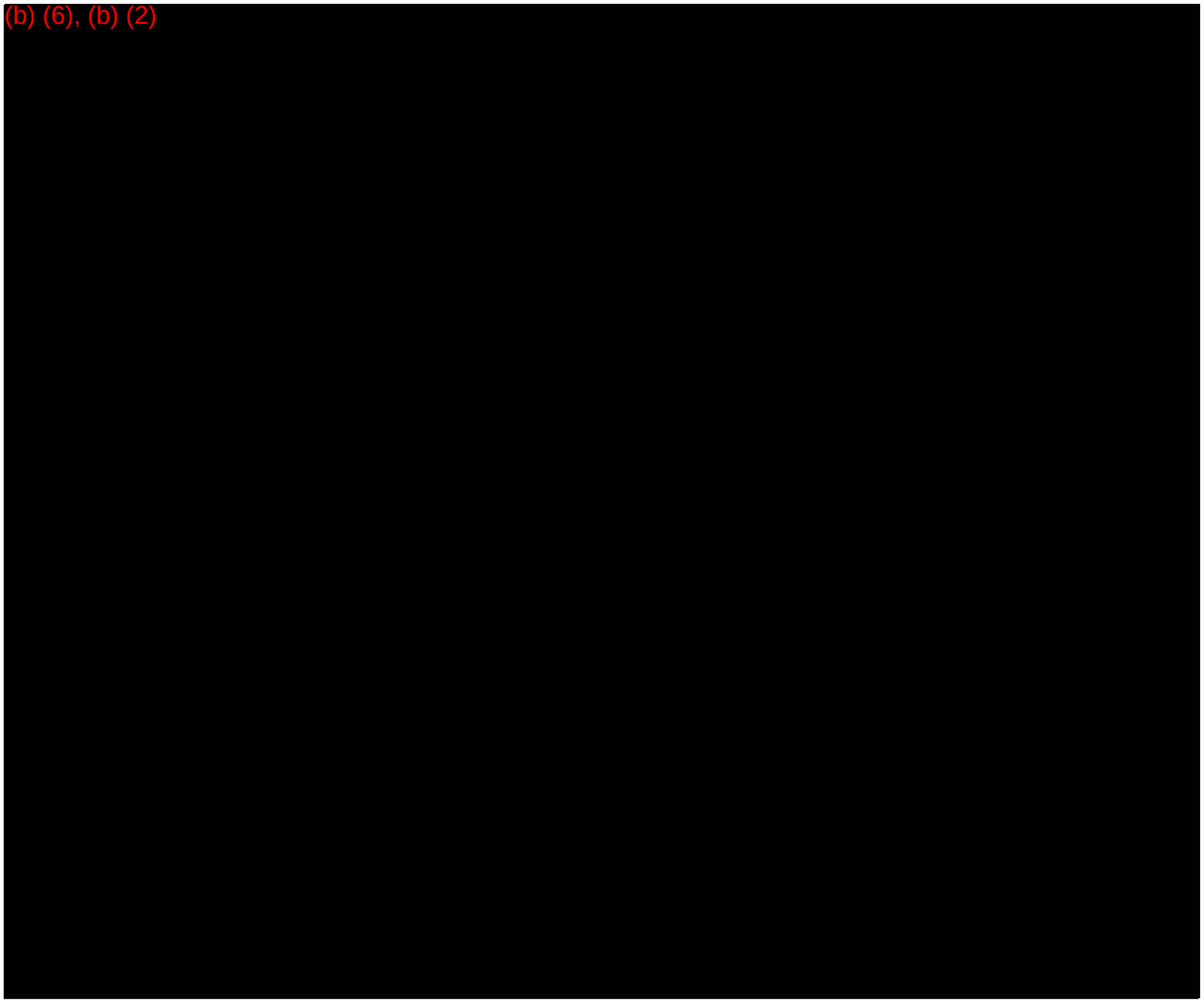

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