2017 Florida Legislative Session

The 2017 Florida Legislative Session concluded May 8. Two veteran-related bills were signed into law, while the remainder died in various House and Senate subcommittees or did not come up for a floor vote before “Sine Die.” Any signed legislation coming from the 2017 Florida Legislative Session generally takes effect July 1, 2017.

Gov. Rick Scott signed Senate Bill 7008 into law April 5. The bill saves the Florida Veterans Foundation, the Florida Department of Veterans’ Affairs direct-support organization, from scheduled repeal. The Foundation, established as a non-profit organization by the legislature in 2008, provides emergency financial assistance for veterans and their families during times of serious financial need. The bill also enables the Foundation to continue to fund and administer projects and activities such as the Florida Veterans’ Walk of Honor, the Florida Veterans’ Memorial Garden and the Florida Veterans’ Hall of Fame without an appropriation of state funds. Learn more about the Foundation at www.FloridaVeteransFoundation.org.

Governor Scott signed House Bill 401 into law May 9. The bill expands the list of forms of identification that a notary public may rely on when notarizing a signature on a document to include a veteran health identification card issued by the U.S. Department of Veterans Affairs.

For more information or to discuss future legislation, please contact FDVA Legislative and Cabinet Affairs Director Roy Clark at ClarkR@fdva.state.fl.us or FDVA Deputy Legislative and Cabinet Affairs Director Jessica Kraynak at KraynakJ2@fdva.state.fl.us. They can be reached at (850) 487-1533.

News

- **Veterans’ Hall of Fame Nominee Deadline Closes in Two Weeks:** Nominations are being accepted through May 31 for potential inductees in the Class of 2017 Florida Veterans’ Hall of Fame. The Florida Veterans’ Hall of Fame recognizes and honors those military veterans who, through their works and lives during or after military service, have made a significant contribution to the state of Florida through civic, business, public service or other pursuits. It is not a traditional military hall of fame, as it focuses on post-military contributions to the State of Florida. The Florida Veterans’ Hall of Fame Council transmits its recommended list of nominees to
the Florida Department of Veterans’ Affairs, which submits the nominations to the Governor and Cabinet, who select the nominees to be inducted. For more information, visit http://floridavets.org/our-veterans/florida-veterans-hall-of-fame/.

- **Fourth Annual State of Florida Women Veterans’ Conference:** The Florida Department of Veterans’ Affairs will host the Fourth Annual State of Florida Women Veterans’ Conference at the Orlando VA Medical Center at Lake Nona, June 9-10. For more information, call (727) 319-7418.

- **World War I Commemoration Begins:** The Florida Capitol Museum is sponsoring an exhibit entitled, “Over Here and Over There: The United States, Florida, and World War I.” The traveling exhibit will be on display at the Old Capitol in Tallahassee until Sunday, May 21. A total of 42,030 Floridians served in the war, according to the museum. The enlistment numbers in Florida were significant for a state with fewer than one million residents. More than 116,000 Americans were killed in the war, including 1,134 Floridians. Countless others performed their patriotic duty by purchasing liberty bonds, volunteering with service organizations, and conserving food and raw materials. The state’s climate and abundance of land made it an ideal location for military training, technological development and agricultural production.

**Key Upcoming Events**
- May is Military Appreciation Month
- May is Florida Military Spouse Appreciation Month
- May is Asian Pacific American Heritage Month
- May 20 – Armed Forces Day
- May 20 – Honor Flight Tallahassee
- May 23 – Cabinet Meeting, Tallahassee (Presentation of annual Memorial Day Resolution)
- May 29 – Memorial Day
- May 31 – Governor’s Veterans Service Award Presentation, Brooksville National Guard Armory, 16386 Spring Hill Drive, Brooksville, FL 34604. Registration begins at 7:30 a.m. with the ceremony beginning at 9 a.m.
- June 6 – D-Day (1944)
Veterans Affairs facing $1 billion shortfall because of unexpected Choice program costs

WASHINGTON (AP) — The Department of Veterans Affairs was scolded by both parties over its budget Wednesday as lawmakers scurried to find a fix to an unexpected shortfall of more than $1 billion that would threaten medical care for thousands of veterans in the coming months. Under repeated questioning, VA Secretary David Shulkin acknowledged the department may need emergency funds.

"We would like to work with you," Shulkin told a Senate appropriations panel. "We need to do this quickly."

At the hearing, lawmakers pressed Shulkin about the department's financial management after it significantly underestimated costs for its Choice program, which offers veterans federally paid medical care outside the VA. Several questioned Shulkin's claim that the VA can fill the budget gap simply by shifting funds — without an emergency infusion of new money — without hurting veterans' care.

"The department's stewardship of funds is the real issue at hand," said Sen. Jerry Moran, R-Kan., chair of the Appropriations panel overseeing the VA. He faulted VA for a "precarious situation" requiring a congressional bailout.

Shulkin cited unexpectedly high demand for Choice and defended President Donald Trump's 2018 budget request as adequate, but allowed that more money may be needed.

"On financial projections, we have to do better," he said. "We do not want to see veterans impacted at all by our inability to manage budgets."

Shulkin made the surprise revelation last week, urgently asking Congress for help. He said VA needed legal authority to shift money from other VA programs.

His disclosure came just weeks after lawmakers were still being assured that Choice was under budget, with $1.1 billion estimated to be left over on Aug. 7. Shulkin now says that money will dry up by mid-August. He cited excessive use of Choice beyond its original intent of using private doctors only when veterans must wait more than 30 days for a VA appointment or drive more than 40 miles to a facility.

Skeptical senators on Wednesday signaled they may need to move forward on a financial bailout.

In a letter Wednesday to the VA, Moran joined three other GOP senators, including John McCain, in demanding more detailed information from VA on what fix is needed.

"Unless Congress appropriates emergency funding to continue the Veterans Choice Program, hundreds of thousands of veterans who now rely on the Choice Card will be sent back to a VA that cannot effectively manage or coordinate their care," the senators said. "We cannot send our veterans back to the pre-scandal days in which veterans were subjected to unacceptable wait-times."

VA is already instructing its medical centers to limit the number of veterans sent to private doctors. Some veterans were being sent to Defense Department hospitals, VA facilities located farther away, or other alternative locations "when care is not offered in VA." It also was asking field offices to hold off on spending for certain medical equipment to help cover costs.
Congressional Democrats on VA oversight committees have also sharply criticized the proposed 2018 budget. Shulkin, for instance, says he intends to tap other parts of the VA budget to cover the shortfall, including $620 million in carryover money that had been designated for use in the next fiscal year beginning Oct. 1.

The budget proposal also seeks to cover rising costs of Choice in part by reducing disability benefits for thousands of veterans once they reach retirement age, drawing an outcry from major veterans' organizations who said veterans heavily rely on the payments.

Shulkin has since backed off the plan to reduce disability benefits but has not indicated what other areas may be cut.

Sen. Patty Murray, D-Wash., told Shulkin that it sure sounded like VA needed money.
"You're defending this budget, but your job is to defend veterans," she said. "It seems to me if the administration makes the request, it will be better served."

The VA's faulty budget estimates were a primary reason that Congress passed legislation in March to extend the Choice program beyond its Aug. 7 expiration date until the money ran out, which VA said would happen early next year. At the bill-signing ceremony with veterans' groups, Trump said the legislation would ensure veterans will continue to be able to see "the doctor of their choice."

The department is now more closely restricting use of Choice to its 30-day, 40-mile requirements.

The unexpectedly high Choice costs are also raising questions about the amount of money needed in future years as VA seeks to expand the program.

Earlier this month, Shulkin described the outlines of an overhaul, dubbed Veterans CARE, which would replace Choice and its 30-day, 40-mile restrictions to give veterans even wider access to private doctors. He is asking Congress to approve that plan by this fall.
Governor’s Veterans Service Award
You’re Invited!
Brevard County ceremony honoring Florida’s Veterans

EVEN T DETAILS

Veterans & Military Personnel are strongly encouraged to RSVP online:

If you would like to attend please click the link to RSVP: https://www.surveymonkey.com/r/GVSA

Questions:
(727) 518-3202, Ext. 5572
or (850) 487-1533

The Governor’s Veterans Service Award

Cocoa

WHERE: National Guard Armory
308 N. Fiske Boulevard
Cocoa, FL 32922

WHEN: Friday, July 7, 2017
9:00 a.m.

REGISTRATION: 7:30 a.m. – 9:00 a.m.

Note: Veterans must provide some form of identification that validates their veteran status.

Includes: DD-214, VA ID Card, Retirement ID, Military ID, “V” for Veteran designation on your Florida Driver License, etc...

Honorably discharged Veterans of all ages are welcome to attend. Wearing of Veteran-related headgear is encouraged.

To honor the Sunshine State’s more than 1.5 million honorably discharged Veterans.
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.”
Eligible veterans can attend Mitchell Hamline for free starting in the fall

Posted: June 7, 2017
Starting this fall semester, veterans eligible for the Post 9/11 G.I. Bill® Yellow Ribbon Program will have their Mitchell Hamline School of Law education paid for in full.

Veterans who served at least three years in active duty since Sept. 11, 2001, and who attend law school full time, can have their tuition and fees fully covered by a combination of funds from the Department of Veterans Affairs, the VA’s Yellow Ribbon Program, and Mitchell Hamline.

There is no limit to the number of qualifying students who can take advantage of the program.

In the past, the VA paid a portion of an eligible veteran’s Mitchell Hamline tuition, the school paid $1,000, and the Yellow Ribbon Program matched that contribution. Veterans paid the remainder of each semester’s tuition bill. Under the new system, the Yellow Ribbon Program and Mitchell Hamline will fully cover the portion of tuition and fees not provided through the Post-9/11 G.I. Bill for eligible veterans.

President and Dean Mark C. Gordon says Mitchell Hamline is pleased to be able increase its support for veterans.

“We all owe a great debt to everyone serving our country,” Gordon says. “This is a small way to help in showing our gratitude.”

Sarah Hogfoss of Fargo, N.D., served in the U.S. Army from 2009 to 2012. When Hogfoss, 35, starts her second year at Mitchell Hamline this fall, her tuition and fees will be paid for.

“I’m really happy with this change,” Hogfoss says. “I won’t have to take out additional student loans to cover the remaining balance of my tuition, and I won’t have to pay out-of-pocket tuition for J-term and summer courses.”

According to Mitchell Hamline Assistant Director of Financial Aid Nick Anderson, this arrangement is available to any eligible full-time student veteran. While other private law schools around the country offer to match VA funds to pay veterans’ full tuition and fees, many restrict how many students are eligible.

“Many schools have a cap on the number of students they will offer this to,” Anderson says. “Some also have an application process that is first-come, first-served, so only early
applicants get the benefit. We want to maximize every eligible student's benefit, since it is a benefit they have earned.”

During the 2016-17 academic year, 10 Mitchell Hamline students qualified for the Yellow Ribbon Program.

More information on Mitchell Hamline’s participation in the Yellow Ribbon Program can be found on the school’s website [http://mitchellhamline.edu/financial-aid/va-education-benefits/].

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For years, Veterans of different military conflicts, including the Gulf War, have had concerns about whether or not health effects related to their military service could be passed on to future generations. To help address these concerns, the Health and Medicine Division (HMD), formerly known as the Institute of Medicine (IOM), of the National Academies of Science, Engineering, and Medicine, is reviewing research findings on possible intergenerational effects of military deployments, with a focus on Veterans of the first Gulf War. HMD plans to announce findings from the review in 2019.

HMD serves as an independent advisor for VA and other government agencies and organizations. VA is required by law to contract with HMD to review evidence for possible connections between Gulf War Veterans’ illnesses and exposure to environmental agents or preventive medicine during military service.

HMD has assembled a multidisciplinary, expert committee to review published research on the children of individuals with toxic exposure, including studies on the health of populations and research conducted in controlled laboratory settings. The committee will identify areas that need further scientific

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study. The committee will also determine the methods needed to conduct adequate scientific research on the descendants of individuals with hazardous exposures.

The HMD committee will consider which hazardous exposures are known to cause adverse effects on health, including cancer, reproductive issues, and developmental issues, in Veterans and subsequent generations. The hazards they will look at include, but are not limited to, burning oil wells, pesticides, nerve agents, prophylactic agents, depleted uranium, and vaccines.

In addition, the HMD committee will provide information and advice to VA on:

1. The multigenerational effects of the toxicants in animals
2. The feasibility of conducting a long-term epidemiologic study on the generational health effects of Veterans and the resources (technological and logistical) needed for this research
3. Developing a way to monitor and study generational health effects over time, including post-exposure assessments, initial screening of Veterans and their descendants, and the frequency and duration of such screenings
4. The appropriate federal agencies or organizations that would be best suited to coordinate and/or conduct the research and screenings on an ongoing basis.

The committee plans to release a report in a book form that will also be available for free online. Although the report will focus on the effects of possible exposures during the Gulf War, the review will be broad enough to be applicable to other conflicts. HMD has produced reports in the past on a variety of issues, including long-term effects of blast exposures, treatment for chronic multisystem illness, and health effects of serving in the Gulf War. Read more about these HMD reports at https://www.publichealth.va.gov/exposures/gulfwar/reports/health-and-medicine-division.asp. Additionally, VA has asked HMD to continue its series of reviews on Agent Orange and health effects, including the intergenerational effects that may occur due to exposure to herbicides and their contaminants, especially those that might have been transmitted by fathers.
FIBROMYALGIA – WHAT YOU NEED TO KNOW

Fibromyalgia is a health condition characterized by unexplained pain throughout the body. Symptoms include:

- At least 3 months of unexplained pain in the muscles, tendons, and other soft tissues
- Points on the neck, shoulders, back, hips, arms, or legs that are tender and hurt with pressure
- Additional health problems such as sleep disturbances, headaches, memory problems, or morning muscle stiffness

**Symptoms can be managed:** Researchers and health care providers do not currently know a direct cause or cure for fibromyalgia. However, Veterans can work with their health care team to manage symptoms. Prescription drugs are available to treat fibromyalgia. If you are concerned about symptoms related to fibromyalgia and would like to learn about health care options for Gulf War Veterans, go to http://www.publichealth.va.gov/exposures/gulfwar/benefits/health-care.asp or call 1-877-222-8387. Also, you can talk to an Environmental Health Coordinator near you about your concerns http://www.publichealth.va.gov/exposures/coordinators.asp

**Fibromyalgia is a presumptive illness for Gulf War Veterans:** VA presumes that some health conditions, including fibromyalgia, were caused by military service. As a presumptive illness, Veterans do not have to prove an association between fibromyalgia and their military service. The condition must be at least 10 percent disabling and have first appeared sometime between active duty in the Southwest Asia theater of military operations and December 31, 2021. Learn more about presumptive service connection and benefits for Gulf War Veterans at http://www.publichealth.va.gov/exposures/gulfwar/benefits/index.asp or call 1-800-827-1000.

More information about fibromyalgia is available at http://www.publichealth.va.gov/exposures/gulfwar/fibromyalgia.asp

RESEARCH ROUNDUP: THE LATEST RESEARCH ON THE HEALTH OF GULF WAR VETS

VA researchers across the country are conducting studies on the health of Gulf War Veterans. Some studies are just beginning and researchers are looking for volunteers.

Timothy Connors, who served in the Persian Gulf twice between 1986 and 1991, participated in a study on Gulf War illness at the War Related Illness and Injury Study Center (WRIISC) in East Orange, New Jersey. Connors said he saw six primary providers at VA in five years for his health problems, and he was frustrated with his VA experience. “I was getting nowhere with VA. I was on 35 to 40 medications,” said Connors. As a part of the study, the researchers reviewed his health and the medications he took. They created a treatment plan for him and shared it with his providers. “It was helpful,” said Connors. “I am down to five medications now.”

Below is a sample of health studies on Gulf War Veterans that have just started or are currently underway. VA encourages Gulf War Veterans to make a difference in the health and well-being of fellow Veterans, and hopefully their own health, by participating in a research study.

**CoQ10 in Gulf War Illness:** VA researchers want to know if the antioxidant Coenzyme Q10 (CoQ10) will treat Gulf War illness. In a pilot
RESEARCH ROUNDUP: THE LATEST RESEARCH ON THE HEALTH OF GULF WAR VETS
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study, researchers found that CoQ10 improved physical function and symptoms in Veterans with Gulf War illness (learn more about the pilot at https://www.ncbi.nlm.nih.gov/pubmed/25149705). The current study builds on the pilot. This study is for Veterans with Gulf War illness and will be conducted at the VA Medical Centers in Miami, Boston, the Bronx, and Minneapolis. For more information about this study, go to https://clinicaltrials.gov/ct2/show/NCT02865460.

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Yang Chen, PhD extracts DNA for analysis in a WRIIS C study to see whether mitochondria are damaged and/or not properly functioning in Veterans with Gulf War illness.

Complementary and Alternative Medicine (CAM) for Sleep, Health Functioning, and Quality of Life in Veterans with Gulf War Veterans’ Illnesses: This is an ongoing clinical study at the WRIISC at the Washington DC VA Medical Center to find out if CAM approaches can improve Gulf War Veterans’ illnesses. Participants will be randomly assigned to one of two different consecutive eight-week groups: one group will receive health education classes that provide resources and promote wellness, and the other group will attend iRest yoga meditation and auricular (ear) acupuncture classes. In order to be eligible for the study, Gulf War Veterans must have been deployed between 1990-1991 and must have two out of three of the following symptoms: fatigue, pain, and/or self-reported cognitive difficulties. To learn more, contact the study team at 1-800-722-8340 or go to http://www.warrelatedillness.va.gov/warrelatedillness/research/volunteer/dc-wriisc.asp.

Post-Exertional Malaise in Gulf War Illness: Brain, Autonomic and Behavioral Interactions: Researchers are using brain imaging and ultrasound techniques to examine different aspects of the nervous and immune systems, and how their functions are affected by exercise. This study is for Veterans who deployed to the Gulf War, and Veterans who served, but were not deployed, between 1989 and 1994. Participants will visit either the VA Medical Center in Madison, WI, or East Orange, NJ, for a total of three visits. Learn more by calling 1-800-248-8005, or visit http://www.warrelatedillness.va.gov/research/volunteer/nj-wriisc.asp#post-exertional-malaise.

Problem-Solving Treatment for Gulf War Veterans with Gulf War Illness: This study is for Gulf War Veterans with Gulf War illness. Study participants will be assigned to receive 12 weeks of either problem-solving therapy (a form of cognitive rehabilitation) or health education. Researchers want to understand which treatment better helps Veterans with Gulf War illness with trouble concentrating or thinking clearly. Both treatments will be delivered over the phone, so Veterans across the nation can participate in this study. To learn more, call 1-800-248-8005, or visit http://www.warrelatedillness.va.gov/research/volunteer/nj-wriisc.asp#wriisc-model-cmi.

Development of Dietary Polyphenol Preparations for Treating Veterans with Gulf War Illness: This study is for Gulf War Veterans who have symptoms of Gulf War illness. Participants will enroll in a 24-week study to test the effectiveness of daily Concord grape juice consumption in improving fatigue and thinking ability. Participants will make regular bi-weekly visits to the VA Medical Center in East Orange, NJ, to fill out short surveys and restock on grape juice, in addition to three longer sessions occurring at the baseline, week 12, and week 24 of the study. For more information call 1-800-248-8005, or go to http://www.warrelatedillness.va.gov/research/volunteer/nj-wriisc.asp#grape-juice-study.

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WRIISC as a Model of Care for Chronic Multi-Symptom Illness:
All three WRIISC sites are conducting a study to learn how health care providers and Gulf War Veterans think and talk about Gulf War illness. The goal is to better understand the factors that lead to better relationships between Veterans and their providers and how to improve outcomes of care. Researchers are recruiting Gulf War Veterans with Gulf War illness to participate at the WRIISCs within the Veterans Affairs Medical Centers in Palo Alto, CA; Washington, DC; and East Orange, NJ. Interested Veterans can call 1-800-248-8005 or visit http://www.warrelatedillness.va.gov/research/volunteer/nj-wriisc.asp#wriisc-model-cmi to learn more.

Gulf War Era Cohort and Biorepository (GWECB):
Researchers have collected information and blood samples from more than 1,270 Veterans who served during the 1990-1991 Gulf War era. Now the team is making the information and the collected blood samples available to approved researchers who want to study and learn more about the health of Veterans of this era. Study researchers are also conducting group discussions and interviews with Veterans to learn more about what would motivate them to enroll in research projects, what concerns Veterans have, and how research projects can better meet Veterans’ needs. Researchers are currently enrolling Veterans from select areas for this study. To learn more, visit www.research.va.gov/programs/csp/585

VA researchers are conducting many more studies on Gulf War Veterans. Learn about more VA research studies that are currently underway, now recruiting participants, or announcing findings:

Office of Research and Development, VA research on Gulf War Veterans http://www.research.va.gov/topics/gulfwar.cfm


War Related Illness and Injury Study Center, research on Gulf War Veterans http://www.warrelatedillness.va.gov/research/research-studies.asp#gulf

Search “Gulf War” on https://clinicaltrials.gov/

GULF WAR REGISTRY HEALTH EXAM

The Gulf War Registry health exam is a free evaluation for Veterans who served in the Gulf during Operations Desert Shield, Desert Storm, Iraqi Freedom, or New Dawn. Veterans can learn about possible health problems related to environmental exposures during military service. Participants receive a comprehensive health exam, including an exposure and medical history, laboratory tests if needed, and a physical exam. Follow-up evaluations are available if a Veteran has a new health concern or a change in their health status.

Are you interested in having a Gulf War Registry health exam? Veterans do not need to be enrolled in VA health care to participate. Contact your local VA Environmental Health Coordinator http://www.publichealth.va.gov/exposures/coordinators.asp and find out more at http://www.publichealth.va.gov/exposures/gulfwar/benefits/registry-exam.asp

HOW MANY GULF WAR REGISTRY EXAMS WERE CONDUCTED?
Initial exam: 181,914
Follow-up exams: 1,472
Total (initial + follow-up): 183,386 as of 12/31/2016

The WRIISC has many state-of-the-art assessments for Veterans with airborne hazard exposures. One of these methods is complete pulmonary function testing (PFT) which includes assessment of spirometry, lung volume, and lung diffusing capacity.
JOIN THE AIRBORNE HAZARDS & OPEN BURN PIT REGISTRY, VA’S FASTEST GROWING REGISTRY

The Airborne Hazards and Open Burn Pit Registry now includes more than 100,000 participants, making it the fastest growing registry ever offered by VA. Between February 10, 2017, and the launch of the registry in June 2014, 101,012 Veterans and Servicemembers have joined, including Veterans of the Gulf War who served again in Southwest Asia. An estimated three million Veterans and Servicemembers are eligible to participate in the registry.

The burn pit registry was designed to address Veterans’ health concerns about burn pit exposure. Veterans and Servicemembers can voluntarily document their exposures and report their health concerns by filling out a survey online.

Veterans who served in the Southwest Asia theater of operations after August 2, 1990, or in Afghanistan or Djibouti, Africa, after September 11, 2001, can enroll in the burn pit registry at https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/. Participants will be asked to complete a questionnaire on where the Veteran has lived; what type of work they have done; and their exposures, health care use, and hobbies.

The benefits of participating in the burn pit registry are:

• Veterans can obtain a free health evaluation from a VA provider.
• Veterans can discuss their completed questionnaire with a health care provider to gain better health awareness.
• VA can better understand the long-term health effects of being exposed to burn pits and other airborne hazards.
• Information from the registry can help VA plan for needed services for Veterans.


VA ANNOUNCES PRESUMPTIVE CONDITIONS FOR CAMP LEJEUNE VETERANS

VA recently established a presumption of service connection for certain diseases associated with contaminants found in the early 1980’s at Camp Lejeune, the Marine Corps Base in Lejeune, NC. Two on-base water supply systems were contaminated with the volatile organic compounds trichloroethylene (TCE), a metal degreaser; perchloroethylene (PCE), a dry cleaning agent; benzene; and vinyl chloride.

Some Gulf War Veterans may have been stationed at Camp Lejeune. To be eligible for a presumptive service connection, Veterans must have served at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987, and later developed one of the following eight conditions:

• Adult leukemia
• Aplastic anemia and other myelodysplastic syndromes

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VA ANNOUNCES PRESUMPTIVE CONDITIONS FOR CAMP LEJEUNE VETERANS
continued from page 6

- Bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin’s lymphoma
- Parkinson’s disease

Veterans eligible for presumptive service connection include former Reservists and National Guard members who were discharged on conditions other than dishonorable.

There are several ways for Veterans to seek benefits:

- Apply online using eBenefits. File under one of the presumed Camp Lejeune illnesses in the application. The application should include evidence of service at Camp Lejeune during the required timeframe, and medical evidence showing a diagnosis. [https://www.ebenefits.va.gov/ebenefits/homepage](https://www.ebenefits.va.gov/ebenefits/homepage)


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**WAR RELATED ILLNESS AND INJURY STUDY CENTER (WRIISC)—HELPING VETERANS LIVE BETTER**

The War Related Illness and Injury Study Center (WRIISC), a national VA post-deployment health resource, is dedicated to Veterans’ unique post-deployment health concerns, including the health concerns of Gulf War Veterans. The WRIISC develops and provides post-deployment health expertise to Veterans and their health care providers through clinical care, research, education, and risk communication.

To best serve Veterans and better equip their providers, the WRIISC updated its consult management process so that all referred Veterans would receive a thorough medical record review and recommendations for next steps in their care plan. Referred to as an eConsult, when a VA provider submits a referral to the WRIISC for a Veteran, a thorough chart review is conducted by the WRIISC team to determine whether the Veteran’s concerns have been thoroughly evaluated by their home VA and primary care provider. This results in personalized recommendations for next steps given directly to a Veteran’s provider. These recommendations may also include additional WRIISC clinical services.

WRIISC e-consults impact the lives of referred Veterans individually, but also support referring healthcare providers in their mission to provide better care to all Veterans with similar deployment-related concerns. For more information on how to obtain a WRIISC referral visit the WRIISC website at [http://www.warrelatedillness.va.gov/clinical/index.asp](http://www.warrelatedillness.va.gov/clinical/index.asp)

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**MY HEALTHEVET: VETERAN CARE MADE EASY**

My HealtheVet, VA’s online personal health record, is a free tool to help all Veterans, including Gulf War Veterans, take charge of their health care. “It’s a great tool,” said Gulf War Veteran Timothy Connors. Connors uses MyHealtheVet to help him remember the medicines he takes, reorder medicines, and check appointments.

MyHealtheVet allows Veterans to:

**Access and manage medical records:** Veterans can quickly access and manage their VA medical records online and keep track of test results. Veterans can also record their health history, including allergies, immunization history, medical events, family health history, and military history.

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Refill prescriptions and track delivery: My HealtheVet’s prescription refill feature allows Veterans to request a refill online and track prescription deliveries. Veterans can also find a history of their VA prescriptions and detailed information on active medications.

Communicate with VA health care providers and view appointments: My HealtheVet’s Secure Messaging feature gives Veterans a safe and convenient way to communicate online with their VA health care provider between appointments. Veterans can talk about their health, follow-up care instructions, medications, lab results, and other routine questions. Veterans can also view upcoming VA appointments.

Focus on health: MyHealthevet offers the healtheliving assessment, an online test that estimates a Veteran’s health age based on responses about their medical history and health choices. It also provides tips on ways to improve their health. Veterans can also keep a food and activity journal on MyHealtheVet, and store vitals including blood pressure, heart rate, body weight, temperature, and pain level.

Not a My HealtheVet User? Register today at www.myhealth.va.gov

ADDRESS CHANGES
If this newsletter has your old address, please use this form to update our mailing list.

Send the completed form to:
Gulf War Newsletter
Department of Veterans Affairs-AITC
ATTN: Mailing list update (005OP6.2.1.10A)
1615 Woodward Street
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New VA Initiative Focuses on Combating Fraud, Waste and Abuse

WASHINGTON — Today, the Department of Veterans Affairs’ (VA) announced it will launch the “Seek to Prevent Fraud, Waste and Abuse (STOP FWA)” initiative that will capitalize on existing departmental activities that prevent or identify FWA, as well as ensure a consistent approach to FWA risk management as a way to centralize organizational resources.

“VA will create an organizational culture that is committed to STOP FWA,” said VA Secretary Dr. David J. Shulkin. “The initiative will protect the resources that deliver services and benefits our nation’s Veterans have earned.”

Historically, VA has had a decentralized approach to identifying, responding and preventing FWA. For example, VA’s three administrations — Health, Benefits and Cemetery — as well as its various staff offices all had separate budgets and programs dedicated to preventing FWA.

Under the decentralized approach, VA’s Office of Community Care prevented $27 million of potentially fraudulent payments in fiscal year 2016 and VA’s Debt Management Center referred more than $11 million in potentially fraudulent activity, so far in this fiscal year.

STOP FWA’s centralized approach will consolidate VA’s resources under one organization to achieve even greater success. The department-wide effort will eliminate duplicative activities and explore potential partnerships with other federal agencies to capitalize on their successes in detecting fraud, waste and abuse.

Finally, VA will establish a Prevention of Fraud Waste and Abuse Advisory Committee by July 2017. Secretary Shulkin is developing a list of potential co-chairs and committee members, and the department will also seek committee members through the Federal Register.

The committee will provide insight into lessons learned and private-sector practices; identify analytical tools that can be used at VA to prevent FWA; and leverage a deep wealth of experience in building mature, effective STOP FWA programs that protect VA’s resources.

# # #
FOR IMMEDIATE RELEASE
June 2, 2017

New VA Online Tool Helps Veterans Learn About and Compare Effective PTSD Treatments

WASHINGTON — The Department of Veterans Affairs (VA) launched a new online tool this week that will help Veterans compare various treatment options for post-traumatic stress disorder (PTSD).

The PTSD Treatment Decision Aid is a free, interactive online tool that helps educate patients about effective treatment options for PTSD and encourages them to participate actively in decisions about their care.

“The health and well-being of the courageous men and women who have served their country in uniform is the VA’s highest priority,” said VA Secretary Dr. David J. Shulkin. “The PTSD Treatment Decision Aid is an important step in putting Veterans in control of their health care. By helping to bridge understanding and communication between Veterans and providers about the most effective treatment options available, we are ensuring Veterans receive the treatments that best promote their healing and recovery.”

The tool includes information about evidence-based PTSD treatments, such as talk therapy and prescription medication options. It also includes useful information designed for people who have served in the military. Users can watch videos of providers explaining different treatment options and what to expect with those treatments, and hear from Veterans who have benefited from them.

Veterans can also build a chart to compare the treatments they prefer and print a personalized summary to share with their providers. All personal information is erased once the tool is closed to protect users’ privacy.

According to VA findings, approximately eight of every 100 people will experience PTSD at some point in their lifetimes, and almost 620,000 of the Veterans treated by VA have a diagnosis of PTSD.

“We know from research and our own clinical experience that Veterans can recover and improve their quality of life with the right PTSD treatment plan,” said Dr. Poonam Alaigh, VA’s Acting Under Secretary for Health. “We want our Veterans and those who care for them to have access to effective treatment options. Knowing about the latest research can help them get the best care possible.”

To learn more about PTSD visit the National Center for PTSD website at www.ptsd.va.gov. Health-care providers who have questions about the PTSD Treatment Decision Aid or other free resources can email the PTSD Consultation Program at PTSDconsult@va.gov or call 866-948-7880.

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American Legion National Commander Charles E. Schmidt issued the following statement today after VA Secretary Dr. David Shulkin’s testimony on the VA budget request for fiscal 2018:

“The American Legion applauds the President and Secretary Shulkin’s reversal on cutting funds for the Individual Unemployability program. Since the President’s FY-18 Department of Veterans Affairs budget request was submitted, we have been inundated with calls by veterans and family members who expressed alarm over the proposed cuts to their benefits and livelihoods. As Americans, we have a responsibility to care for our veterans – especially those who are disabled and unable to work due to their service-connected disabilities. We commend this Administration for coming to their senses and committing to protect the Individual Unemployability program that provides for our most vulnerable veterans and their families.

“Today, Secretary Shulkin also announced that he plans to move money from community care programs into the Choice Program. The American Legion adamantly opposes this cannibalization of services to fund the Choice Program – which was never intended to be a permanent solution to fixing VA care. Instead, we urge the President and Secretary Shulkin to consolidate and simplify the myriad out-of-system community care programs into one simple, efficient, responsive, and transparent process.

“Lastly, we applaud Secretary Shulkin for dropping the Staab lawsuit in which the Department of Veterans Affairs refused to reimburse a veteran for the costs of emergency room services he incurred. The court’s ruling is right and fair, and we thank the Secretary for doing the right thing in this case.”
FOR IMMEDIATE RELEASE
Thursday, June 1, 2017

Snoqualmie Washington Man Sentenced to Three Years in Prison for Defrauding Government Programs of More than $646,000

Invented Injuries from Rocket Attack to Falsely Claim Medals, Disability Payments and Other Benefits

A former Captain of the Idaho and Washington National Guard was sentenced today in U.S. District Court in Tacoma to three years in prison, three years of supervised release, and $646,300 in restitution for his lengthy scheme to defraud multiple government programs, announced U.S. Attorney Annette L. Hayes. DARRYL LEE WRIGHT, 48, who served as Chairman of the City of Snoqualmie Planning Commission, pleaded guilty to two counts of wire fraud in February 2016, admitting he defrauded the Veterans Administration, Social Security Disability, Washington State Employment Security, the Department of Commerce and others with his claims of being injured while serving in Iraq with the Army National Guard. In fact, WRIGHT lied about being injured in a rocket attack and submitted pictures of destruction which had no connection to his service in Iraq. At today’s sentencing hearing U.S. District Judge Benjamin H. Settle said Wright dragged “many people into a web of deceit . . . this was a complex and nefarious scam implemented over a long period of time . . . it was a continuous fraud . . . a very lucrative scheme.”

“This defendant brazenly lied about his combat history to get more than $600,000 in benefits he did not deserve,” said U. S. Attorney Annette L. Hayes. “His willingness to steal from a system meant to take care of those who have bravely served our country, or are otherwise in need, is an outrage. There is no question that the defendant earned the significant sentence he will now serve for his crimes.”

As early as 2006, WRIGHT began his scheme to defraud by submitting phony statements to the Army and to the Veterans Administration to create the false narrative that he had been injured in a rocket attack. As the scheme progressed over the years, WRIGHT made false and conflicting claims to various agencies in an effort to fraudulently obtain benefits. Government investigators estimate that WRIGHT’s frauds cost government programs some $737,539. The Army has stripped WRIGHT of his Purple Heart Medal and Combat Action Badge.
In an evidentiary hearing lasting six days, the government presented evidence that WRIGHT defrauded Veteran’s Benefit Administration of $261,719 in claiming he was disabled by a rocket attack that did not occur as he described. WRIGHT then defrauded a Veteran’s Caregiver program of $83,967 claiming he was so disabled he needed a full time caregiver even as he was traveling, playing basketball, caring for his child and serving on the Snoqualmie Planning Commission. He defrauded Social Security Disability of $181,438 claiming he was too injured to work even though at the time he was employed full time by the U.S. Department of Commerce. Later in the scheme, WRIGHT defrauded the Office of Personnel Management of some $48,226 by claiming disability from his job at the Department of Commerce. WRIGHT defrauded Washington State Employment Security by collecting $29,860 in unemployment benefits claiming he was able and willing to work while simultaneously claiming to the Social Security Administration that he was fully disabled and unable to be employed. WRIGHT further used his disability status to avoid repayment of more than $41,068 in student loans to the Department of Education. Finally, WRIGHT defrauded his employer, the Department of Commerce, by submitting fake orders claiming he was on military leave.

In all, pleadings indicate that Wright victimized 16 different federal, state, local, and private entities, including agencies, programs, organizations, individuals and benevolent institutions such as Disabled American Veterans.

“This conviction demonstrates the VA Office of Inspector General’s unwavering commitment to protect the programs intended to assist veterans that have served this nation and rightfully earned their benefits,” said Special Agent in Charge James Wahleithner, VA Office of Inspector General, Criminal Investigations Division.

“The primary mission of the Office of the Inspector General for the Social Security Administration is to investigate allegations of fraud, waste, and abuse in Social Security programs. In this charge, we are incredibly grateful for our law enforcement partnerships and for the collaborative approach to crime fighting demonstrated by the Wright investigative and prosecutorial team. The results of this powerful force-multiplier are quite evident given today’s sentencing, and will undoubtedly send a message to those who would otherwise attempt to defraud Social Security,” said Steuart G. Markley, Jr., Special Agent in Charge, SSA OIG, Seattle Field Division.

“Mr. Wright not only betrayed the trust of the American people and his fellow veterans by fraudulently accepting these military honors, he bilked Washingtonians who actually deserve this help out of nearly $30,000 in unemployment insurance benefit funds,” said Dale Peinecke, Commissioner of the state’s Employment Security Department, which administers the unemployment insurance system and serves veterans through the WorkSource system. “We are proud to help veterans with disabilities find employment and we’re pleased to be part of the team that brought this case to justice.”
“The Department of Commerce Office of Inspector General is dedicated to stopping fraudulent activities like this in programs designed to support America’s deserving veterans,” said Inspector General Peg Gustafson. “I want to thank the U.S. Attorney’s Office and our law enforcement partners for their leadership and dedication to serving Justice.”

“We will continue to work with our law enforcement partners to hold accountable brazen fraudsters such as Mr. Wright,” said U.S. General Services Administration Inspector General Carol Fortine Ochoa.

“PTSD is a serious medical condition and it is unconscionable that Mr. Wright would fake such an injury for financial gain,” said Scott Rezendes, Special Agent in Charge of Office of the Inspector General, U.S. Office of Personnel Management. “I would like to thank the OPM OIG agents who worked on this case and our law enforcement partners for their diligent efforts to safeguard OPM’s retirement programs from fraud and abuse. Our office remains committed to ensuring that OPM’s disability payments are made only to those Federal annuitants who have a right to them.”

The case was investigated by multiple agencies led by the Social Security Office of Inspector General (SSA-OIG). The Office of Inspector General of these agencies were involved in the investigation: Veterans Affairs (VA-OIG), Department of Commerce (DOC-OIG), Office of Personnel Management (OPM-OIG), and General Services Administration (GSA-OIG). Also contributing to the investigation was the FBI, U.S. Army Criminal Investigation Division, the Washington National Guard, the Washington Employment Security Department and the Washington State Department of Social and Health Services.

The case is being prosecuted by Assistant United States Attorneys David Reese Jennings and Gregory A. Gruber.
VA reverses course on health records system, opting to follow DoD's lead

Secretary of Veterans’ Affairs David Shulkin’s decision to adopt MHS Genesis as the department’s electronic health record system has brought the discussion of interoperability full circle.

Shulkin acknowledged as much in his June 5 press conference at the White House, talking about how the VA and Department of Defense have tried, failed and tried again to develop an EHR system that could transfer the medical records of active duty personnel between departments with fluid ease when they become veterans.

“And when I went back and looked at this issue very carefully since becoming secretary, I was able to trace back at least 17 years of congressional calls and commission reports requesting that the VA not only modernize its system but work closer with the Department of Defense,” he said.

“But actually, to this date, the Department of Defense and the Department of Veterans Affairs have gone separate ways. We each have separate systems, and each are supporting separate electronic systems. And while we've been able to advance interoperability at the cost of hundreds of millions of dollars to the taxpayers, today we still have separate systems that do not allow for the seamless transfer of information.”

In announcing the move, VA telegraphed its intention to abandon a standalone EHR system, a position it — and Shulkin — have held to be integral to the agency’s health care plans since 2013.

Back then, both agencies had spent millions to try and develop a shared in-house health care system, only to see the plan bog down in favor of exclusive systems that can talk to each other.

What’s the difference now? It appears to be the ease of a commercial-off-the-shelf system to manage the records can accomplish what the agencies hoped to do 17 years ago.

David Norley, communications director for the Defense Healthcare Management Systems, said that Cerner — the health information technology company operating the system — would be working on both DoD and VA adoption at the same time, aided by the same executives that helped the current stand-up of the system, without impacting the rollout.

“The big thing with it is that the data is all going to be in the same place,” he said. “MHS Genesis with the DoD and MHS Genesis with the VA should be the same substantiation.
“But more importantly, the data hosting is going to be at the same place with the same cybersecurity features that the DoD has already put in place. It’s going to be the same data source for Sgt. Or Mr. Smith going forward. So that seems to be something that knocks down a lot of the barriers that were there before.”

The DoD still plans a full rollout of MHS Genesis by 2022, while the VA’s schedule for adoption remains to be determined.

But now that the VA will be adopting the DoD’s system, what happens to the interoperability tools that agencies developed to work with their previously separate systems?

It turns out, not that much.

The Joint Legacy Viewer, the prime interoperability conduit designed to share EHR between DoD’s MHS Genesis and VA’s Veterans Information Systems and Technology Architecture — or VistA — system, doesn’t appear to be going anywhere.

“It will still be a major player in what we do, but it won’t necessarily be a major player between DoD and VA, not in the active system,” Norley said.

The JLV was implemented as a way for DoD, VA and private health providers to share EHR information through their disparate IT systems in a readable format. Agency officials have leaned on the JLV as the instrument of interoperability ever since they abandoned a shared EHR system in 2013.

MHS Genesis went live on Feb. 7 at Fairchild Air Force Base outside of Spokane, Washington, the first step in a wave rollout DHA officials have planned for 2017, with three other Washington installations set to get the system this summer.

Norley said that while MHS Genesis is currently operational through its pilot program, it communicates with both private and DoD legacy systems through the JLV, making it the prime interoperable conduit for the near future.
FOR IMMEDIATE RELEASE
June 5, 2017

VA Secretary announces decision on next-generation Electronic Health Record

Today U.S. Secretary of Veterans Affairs Dr. David J. Shulkin announced his decision on the next-generation Electronic Health Record (EHR) system for the Department of Veterans Affairs (VA) at a news briefing at VA headquarters in Washington.

Secretary Shulkin's full statement is below.

I am here today to announce my decision on the future of the VA's Electronic Health Record system, otherwise known as EHR.

I wanted to say at the outset that from the day he selected me for this position, the President made clear that we’re going to do things differently for our Veterans, to include in the area of EHR.

I had said previously that I would be making a decision on our EHR by July 1st, and I am honoring that commitment today.

The health and safety of our Veterans is one of our highest national priorities.

Having a Veteran's complete and accurate health record in a single common EHR system is critical to that care, and to improving patient safety.

Let me say at the outset that I am extremely proud of VA's longstanding history in IT innovation and in leading the country in advancing the use of EHRs.

- It was a group of courageous VA clinicians that began this groundbreaking work in the basements of VA's in the 1970's that led to the system that we have today, known as the Veterans Health Information Systems and Technology Architecture, or VistA.
- It has been this system that led to the incredible achievements made by VA clinicians and researchers and resulted in VA's ability to perform as well or better than the private sector in patient safety and quality of care.

That said, our current VistA system is in need of major modernization to keep pace with the improvements in health information technology and cybersecurity, and software development is not a core competency of VA.

I said recently to Congress that I was committed to getting VA out of the software business, that I didn't see remaining in that business as benefitting Veterans. And, because of that, we're making a decision to move towards a commercial off-the-shelf product.

I have not come to this decision on EHR lightly.

I have reviewed numerous studies, reports and commissions, on this topic, including the recent commission on care report.

- I've spent time talking with clinicians, and I use our legacy VistA system myself as a current practicing VA physician.
- We have consulted with Chief Information Officers from around the country, and I've met personally with CEO's from leading health systems to get their own thoughts on the best next-generation EHR for VA.
- We've studied reports from management consulting companies and from the GAO and the IG on VA's IT systems.
- I can count no fewer than 7 Blue Ribbon Commissions, and a large number of congressional hearings that have called for VA to modernize its approach to IT.

At VA, we know where almost all of our Veteran patients is going to come from — from the DoD, and for this reason, Congress has been urging the VA and DoD for at least 17 years — from all the way back in 2000 — to work more closely on EHR issues.

To date, VA and DoD have not adopted the same EHR system. Instead, VA and DoD have worked together for many years to advance EHR interoperability between their many separate applications — at the cost of several hundred millions of dollars — in an attempt to create a consistent and accurate view of individual medical record information.

While we have established interoperability between VA and DoD for key aspects of the health record, seamless care is fundamentally constrained by ever-changing information sharing standards, separate chains of command, complex governance, separate implementation schedules that must be coordinated to accommodate those changes from separate program offices that have separate funding appropriations, and a host of related complexities requiring constant lifecycle maintenance.

And the bottom line is we still don’t have the ability to trade information seamlessly for our Veteran patients and seamlessly execute a share plan of care with smooth handoffs.

Without improved and consistently implemented national interoperability standards, VA and DoD will continue to face significant challenges if the Departments remain on two different systems.

For these reasons, I have decided that VA will adopt the same EHR system as DoD, now known as MHS GENESIS, which at its core consists of Cerner Millennium.

VA’s adoption of the same EHR system as DoD will ultimately result in all patient data residing in one common system and enable seamless care between the Departments without the manual and electronic exchange and reconciliation of data between two separate systems.

It’s time to move forward, and as Secretary I was not willing to put this decision off any longer. When DoD went through this acquisition process in 2014 it took far too long. The entire EHR acquisition process, starting from requirements generation until contract award, took approximately 26 months.
We simply can’t afford to wait that long when it comes to the health of our Veterans.

Because of the urgency and the critical nature of this decision, I have decided that there is a public interest exception to the requirement for full and open competition in this technology acquisition.

Accordingly, under my authority as Secretary of Veterans Affairs, I have signed what is known as a “Determination and Findings,” or D&F, that is a special form of written approval by an authorized official that is required by statute or regulation as a prerequisite to taking certain contract actions.

The D&F notes that there is a public interest exception to the requirement for full and open competition, and determines that the VA may issue a solicitation directly to Cerner Corporation for the acquisition of the EHR system currently being deployed by DoD, for deployment and transition across the VA enterprise in a manner that meets VA needs, and which will enable seamless healthcare to Veterans and qualified beneficiaries.

Additionally we have looked at the need for VA to adopt significant cybersecurity enhancements, and we intend to leverage the architecture, tools and processes that have already been put in place to protect DoD data, to include both physical and virtual separation from commercial clients.

This D&F action is only done in particular circumstances when the public interest demands it, and that’s clearly the case here. Once again, for the reasons of the health and protection of our Veterans, I have decided that we can’t wait years, as DoD did in its EHR acquisition process, to get our next generation EHR in place.

Let me say what lies ahead, as this is just the beginning of the process.

• VA has unique needs and many of those are different from the DoD.
• For this reason, VA will not simply be adopting the identical EHR that DoD uses, but we intend to be on a similar Cerner platform.
• VA clinicians will be very involved in how this process moves forward and in the implementation of the system.
• In many ways VA is well ahead of DoD in clinical IT innovations and we will not discard our past work. And our work will help DoD in turn.
• Furthermore VA must obtain interoperability with DoD but also with our academic affiliates and community partners, many of whom are on different IT platforms.
• Therefore we are embarking on creating something that has not been done before — that is an integrated product that, while utilizing the DoD platform, will require a meaningful integration with other vendors to create a system that serves Veterans in the best possible way.
• This is going to take the cooperation and involvement of many companies and thought leaders, and can serve as a model for the federal government and all of healthcare.

Once again, I want to thank the President for his incredible commitment to helping our Veterans and his support for our team here at the VA as we undertake this important work.

This is an exciting new phase for VA, DOD, and for the country. Our mission is too important not to get this right and we will.

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