From: VA Media Analysis
Sent: Sat, 6 Sep 2025 09:01:34 +0000
To: VA Media Analysis (Artemis ARC)
Subject: [EXTERNAL] 06 September Veterans Affairs Media Summary and News Clips
Attachments: 250906_Veterans Affairs Media Summary and News Clips.docx

Good morning,

Please find the attached Veterans Affairs Media Clips.

If you wish to be added to or removed from the distribution list, please contact vapublicaffairs@va.gov. Thank you.

VA Media Analysis

Veterans Affairs Media Summary and News Clips

6 September 2025

The Department of Veterans Affairs has contracted for the following curated collection of articles involving Veterans and VA solely to increase visibility of these issues within the Administrations and Staff Offices. In doing so, VA is better positioned to address Veteran concerns, improve access, and otherwise further VA's mission to care for Veterans.

VA recognizes that articles in the collection may express positive and negative remarks about VA, Veterans, and groups of people (i.e.: demographic generalizations) – even when the sentiments expressed in the articles do not live up to our core values at VA. These articles are not in any way included as an endorsement, but instead to raise awareness of the public dialogue regarding VA policy and Veterans – and to assist VA leaders and staff in addressing that dialogue so we can better serve Veterans, their families, caregivers, and survivors.

Please notify the Office of Public and Intergovernmental Affairs (OPIA) if any article fails to meet the stated objective. Additionally, you may opt out of the clips at any time if you would prefer not to receive them.

1. Top Stories

1.1 - The Joe Pags Show (Audio): **Trump's Dept. of War Move & Sec. Doug Collins on Vets, Suicide & Psychedelics** (4 September, San Antonio, TX)
Forty-four-minute audio: Pags dives into a major shake-up — the Trump administration's decision to rename the Department of Defense as the Department of War. […] Then, Secretary Doug Collins joins the show for a powerful, wide-ranging interview. In Military City USA, Pags asks the questions veterans and taxpayers want answered — from the tragic rise in veteran suicides to the debate over psychotropic and psychedelic drugs in treatment.

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1.2 - Los Angeles Times: **Trump's veterans housing plan in West L.A. advances behind a wall of secrecy** (5 September, Doug Smith, 11M uvm; El Segundo, CA)
President Trump's executive order calling for a National Center for Warrior Independence to house thousands of veterans in West Los Angeles has gained widespread support, including among his political opposition. […] Trump's executive order has added a new dimension to a more than decade-long court battle over the VA's failure to provide veteran housing on the property which was deeded to the government in 1888 as a home for disabled soldiers.

Hyperlink to Above

1.3 - Task & Purpose: **VA may have sent 35,000 veterans 'erroneous' warnings about home foreclosure** (5 September, Patty Nieberg, 1.3M uvm; New York City, NY)
Thousands of veterans who own their homes with mortgages backed by the Department of Veterans Affairs were stunned recently by a letter from the VA telling them they were at risk of foreclosure, according to members of Congress. […] Democrats on the House Veterans Affairs Committee sent a letter this week to VA Secretary Doug Collins asking for an explanation of the "erroneous letters."

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1.4 - HousingWire: **VA partial claim program still shrouded in uncertainty** (5 September, Flávia Furlan Nunes, 350k uvm; Dallas, TX)
While the mortgage industry has applauded the Trump administration's push to restore a partial claim option for U.S. Department of Veterans Affairs (VA) loans, many experts warn it may arrive too late to help thousands of struggling borrowers. […] In statement given to

HousingWire, press secretary Pete Kasperowicz said the "VA is working to implement the VA Home Loan Program Reform Act as soon as possible in accordance with the law."

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1.5 - MeriTalk: **VA Eyes AI for Practical, Veteran-Centric Solutions** (5 September, Grace Dille, 28k uvm; Alexandria, VA)
The Department of Veterans Affairs' (VA) National AI Institute (NAII) is taking a pragmatic approach to artificial intelligence, focusing on products that deliver measurable improvements for veterans rather than chasing hype, according to Evan Carey, acting director of the NAII. Speaking at AFCEA Bethesda's Health IT Summit…on Sept. 4, Carey emphasized that AI's value lies not in the technology itself, but in how it solves real-world problems for veterans.

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2. **Benefit Inequity**

3. **PACT Act**

4. **Improving Customer Service**

4.1 - Roll Call: **Why Rep. Kelly Morrison thinks about her patients 'every single day'** (5 September, Nina Heller, 562k uvm; Washington, DC)
Dismantling the VA, making steps increasingly to privatize the VA, is not what most veterans want, and it's a really concerning direction. The politicization of the VA that this administration is doing by dismantling people from marginalized communities and women's access to care is really concerning. Medical training and important medical research also occurs at VAs, and of course, their whole founding mantra is to care for our veterans when they come home.

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4.2 - Becker's Hospital Review: **529 top hospitals for nurse communication** (5 September, Mariah Taylor, 557k uvm; Chicago, IL)
Becker's compiled a list of hospitals that were rated 5 stars for nurse communication in each state, according to CMS' Hospital Consumer Assessment of Healthcare Providers and Systems data. CMS shares 10 HCAHPS star ratings based on publicly reported HCAHPS measures. For nurse communication, data from HCAHPS survey questions are used.

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4.3 - Daily Citizen: **VA Moves to Rescind Taxpayer-Funded Abortions for Veterans** (5 September, Emily Washburn, 300k uvm; Colorado Springs, CO)
The Department of Veterans Affairs (VA) has moved to rescind a 2022 policy that expanded veterans' medical benefits to include elective abortions. The proposed rule change, which the department introduced on August 4, would prevent veterans and their families from getting elective abortions on taxpayers' dime. […] Until 2022, the VA only covered abortions when a pregnancy threatened the life of the mother.

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4.4 - Times of San Diego: **Veterans hold rally in La Jolla to push back against Trump cuts to VA system** (5 September, Jennifer Vigil, 279k uvm; San Diego, CA)
Veterans and their supporters gathered in La Jolla Friday to protest cuts to hospitals here and across the country that provide care to those who have served in the military. For Navy veteran Yusef Miller, the costs of Veterans Affairs cutbacks far outweigh the benefits. “This is a crime against the service members who are serving today and have served in the past and that will serve in the future,” said Miller, who held a flag aloft as motorists honked to show their support.

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4.5 - Must Read Alaska: **Trump signs Sullivan’s VA accountability bill into law** (5 September, Suzanne Downing, 92k uvm; Homer, AK)
President Donald Trump this week signed into law the Protecting Regular Order (PRO) for Veterans Act, legislation authored by US Sen. Dan Sullivan, which tightens oversight and accountability at the Department of Veterans Affairs after calamitous failures of the Biden Administration. The new law is a response to events like the historic $15 billion budget shortfall in 2024 that was followed just two months later by a multi-billion-dollar surplus.

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4.6 - Context: **Abortion wars deepen as Trump admin restricts veterans' access** (5 September, David Sherfinski, 73k uvm; New York City, NY)
The Trump administration wants to limit abortion access at the Department of Veterans Affairs (VA), raising fears among advocates for reproductive rights that the president will use his second term to enact "extreme" new restrictions. Last month, the VA moved to roll back benefits for department healthcare beneficiaries that include access to abortions and abortion counseling.

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4.7 - WBUP (ABC-10): **Federal agency rates Oscar G. Johnson VA Medical Center five stars** (5 September, Alexandria Bournonville, 52k uvm; Marquette, MI)
The Oscar G. Johnson VA Medical Center (OGJVAMC) has earned a five-star rating as part of the Centers for Medicare and Medicaid Services (CMS) 2025 hospital quality ratings. […]
"These ratings highlight the excellent care OGJVAMC provides,” said Dr. John P. Shealey, medical center director.

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4.8 - Odessa American: **Cornyn bill to formally establish VA’s veteran customer service office signed into law** (5 September, 41k uvm; Odessa, TX)
U.S. Senator John Cornyn (R-TX) released the following statement Friday in response to President Trump signing into law his Improving Veteran Experience Act, which will make permanent the Veterans Experience Office (VEO) within the Department of Veterans Affairs (VA), ensuring it can continue to provide consistent and quality care for veterans in Texas and throughout the country.

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4.9 - Sonoma Valley Sun: **Veterans Can Now Receive Acupuncture Care in Sonoma Through the VA** (5 September, 23k uvm; Sonoma, CA)

Veterans with VA health benefits can now receive acupuncture treatment at Valley Acupuncture & Integrative Medicine in Sonoma. These services are covered by the VA Community Care Program, which has been in place since 2014. The VA is presently supporting increased services outside of the VAMC and has streamlined the process, making care more accessible.

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4.10 - Erie Times-News: **Hundreds of volunteers help veterans receive care at Erie VAMC and its medical offices** (5 September, David Bruce, 21k uvm; Erie, PA)
Don Bauer misses talking with World War II veterans as he drove them to medical appointments all over Erie. Bauer, a 74-year-old Army veteran, has volunteered at the Erie Veterans Affairs Medical Center for the past 15 years. […] Bauer is one of about 320 people who volunteer at the Erie VAMC, including 110 drivers, said Karen O'Neal, who oversees the volunteers at the hospital and VA medical offices in the region.

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4.11 - Fairmont Sentinel: **Lakeview partners with VA for long-term care** (6 September, Brooke Wohlrabe, 19k uvm; Fairmont, MN)
In an effort to better serve all people in the community, Lakeview Methodist Healthcare Center in Fairmont recently entered into an agreement with the VA (U.S. Department of Veterans Affairs) in Sioux Falls to accept veterans with VA coverage for long-term care. Lakeview just admitted its first veteran this past week.

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4.12 - Central Penn Business Journal: **VA Lebanon gains top scores in hospital ratings** (5 September, Ed Gruver, 12k uvm; Harrisburg, PA)
VA Lebanon Healthcare System has announced that it earned a five-star rating as part of the Centers for Medicare and Medicaid Services 2025 hospital quality ratings. CMS's hospital ratings are based on five categories: mortality, safety of care, readmission, patient experience and timely and effective care.

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4.13 - DAV: **Credit where it's due: Accurately reporting volunteer hours shows DAV's full impact** (5 September, John Kleindienst, 12k uvm; Washington, DC)
Last year, DAV volunteers reported serving 584,661 hours with the VA through our VA Voluntary Services (VAVS) program. That's an economic value of over $19 million and represents so many veterans helped. But I believe those hours are way off, and the real number is much, much higher. Collectively, we're not accurately reporting our hours through VAVS and our Local Veterans Assistance Program (LVAP).

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4.14 - WFIR (AM-960): **Salem VA Health Care System receives top scores in latest CMS hospital ratings** (5 September, Clark Palmer, 7k uvm; Cave Spring, VA)
The Salem VA Health Care System announced today it has earned the highest possible rating, five-stars, as part of the Centers for Medicare and Medicaid Services 2025 hospital quality ratings for the third year in a row. CMS hospital ratings are based on five categories: mortality,

safety of care, readmission, patient experience and timely and effective care. A higher star rating indicates better performance on these quality measures.

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4.15 - Baptist Press: **Pro-life lawmakers join call for VA abortion rule change** (5 September, Laura Erlanson, 700 uvm; Nashville, TN)
The Department of Veterans Affairs appears likely to rescind a Biden-era rule promoting abortion services at VA facilities. In an email to Baptist Press, a VA spokesperson called the Biden Administration's 2022 rule change "politically motivated" and a violation of "longstanding precedent." The spokesperson also affirmed that any proposed rule change would not outlaw necessary care for pregnant women in life-threatening situations.

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4.16 - KVVP (FM- 105.7): **Alexandria VA Medical Center Leaders Visited BJACH on Fort Polk** (5 September, Leesville, LA)
Bayne-Jones Army Community Hospital welcomed leadership from the Alexandria VA Medical Center to continue strengthening our partnership in support of Soldiers, Veterans, and Families across Central Louisiana. Together, we toured clinical areas and discussed opportunities to expand behavioral health, surgical, and specialty services through resource sharing and collaboration.

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5. Business Transformation

5.1 - WHAS (ABC-11, Video): **Fear over federal layoffs as new VA hospital opens soon** (5 September, Clarice Scheele, 783k uvm; Louisville, KY)
The Department of Veterans Affairs announced in July the cut of 30,000 workers by Sept. 30. "It's devastating because being a vet myself, and a vet who serves vet, I know what that means," said navy veteran, John Hetzel. […] This concerns him as the new hospital, totaling $930 million, is built on Brownsboro Road. Senator Mitch McConnell pushed for the new hospital to drastically improve healthcare for veterans.

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

7. Suicide Prevention

7.1 - WXIN (FOX-59, Video): **VA Medical Center Postvention Awareness Event** (5 September, David Gay, 2.9M uvm; Indianapolis, IN)
September is National Suicide Awareness Month. Because of this, the Richard L. Roudebush VA Medical Center is hosting a post-vention awareness event to honor those veterans who have lost their lives because of suicide. The event will be at 1 p.m. on Wednesday at the center, located at 1481 W 10th St. in Indianapolis. On Friday, Caitlin Dukie with the center joined the FOX59 Morning News to talk about the event, the critical support available and what the goal of the event is.

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7.2 - Altoona Mirror: Van Zandt event focuses on suicide prevention (6 September, William Kibler, 14k uvm; Altoona, PA)
Friday's event was intended to raise awareness and reduce the stigma over mental health issues, said hospital spokeswoman Rachel Prichard. The VA has developed a suicide prevention program involving coordinators at the hospital who develop county-based "coalitions" that include not only VA and state Department of Military and Veterans Affairs personnel and willing veterans, but also representatives of social service agencies and medical providers.

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7.3 - WTAJ (CBS-10, Video): Altoona VA hosts walk to raise awareness for veteran suicide (5 September, Olivia Bosar, 1k uvm; Altoona, PA)
Staff at the James E. Van Zandt VA Medical Center laced up their shoes to show support for veterans that are fighting a different type of battle. On Friday, the hospital held a suicide prevention walk, to call awareness to veteran suicide and to the resources available to help prevent it. "You're not alone," is a message the staff at the hospital hope will resonate with veterans battling depression and suicidal thoughts.

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8. Women Veterans / Homelessness / Benefits / Cemeteries

8.1 - KOCO (ABC-5, Video): Sooner Stand Down aims to help homeless veterans in Oklahoma City metro (5 September, Jonathan Greco, 1.5M uvm; Oklahoma City, OK)
Veterans experiencing homelessness in the Oklahoma City metro can take part in an event that will help provide resources. Sooner Stand Down is being held until 3 p.m. Friday at The Homeless Alliance's West Town Campus on Northwest Third Street in Oklahoma City. […] The Department of Veterans Affairs also will provide shuttle services to the event.

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8.2 - Baraboo News Republic: Veterans Affairs host benefits fair (4 September, 323k uvm; Madison, WI)
Baraboo Veteran Benefits Fair from 11 a.m. to 3 p.m. Wednesday at Baraboo American Legion Post 26, 113 Second St., Baraboo. Veterans and their family members will learn about federal, state, local and tribal resources; one on one benefits assistance; Badger Honor Flight information; Sauk County Veteran service officer; caregiver support; suicide prevention. Brats will be provided by Baraboo American Legion Post 26.

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8.3 - Dubois County Free Press: Finding purpose after service, Speedy is helping fellow veterans (5 September, Matthew Crane, 16k uvm; Dubois, IN)
Kenneth Speedy LeFevre walks with a limp and six metal fletchettes in his wallet. […] Last Thursday, he helped 17 veterans or veteran family members with VA paperwork at a special event held at the American Legion. More of these events are being planned for the other American Legions in Dubois County in efforts to bring his services closer to veterans' homes and with extra hours outside of his office hours.

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9. **Afghanistan Veterans / Veterans Crisis Line**

10. **Other**

10.1 - Newsmax: **Rep. Van Orden to Sen. Ossoff: Vets 'Not Political Props'** (5 September, Nicole Weatherholtz, 4.5M uvm; West Palm Beach, FL)
Rep. Derrick Van Orden, R-Wis., lashed out at Sen. Jon Ossoff, D-Ga., on Friday for a social media post Ossoff made indicating he was instrumental in passing the VA Home Loan Reform Act. "This is a bald faced LIE," Van Orden wrote on X. "@SenOssoff had absolutely nothing to do with this bill, and I mean nothing. He did not even VOTE for it, it passed by UC [unanimous consent]." "This disgusting and shameful behavior must stop. Veterans are not political props."

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10.2 - Breitbart: **GOP Lawmakers Slam Sen. Jon Ossoff for Claiming Credit on Veterans Bill Signed by Trump** (5 September, Jasmyn Jordan, 3.2M uvm; Los Angeles, CA)
Sen. Jon Ossoff (D-GA) is facing backlash from Rep. Derrick Van Orden (R-WI), Georgia Republicans, and the National Republican Senatorial Committee (NRSC) after his office promoted the recently signed VA Home Loan Reform Act as legislation he claimed to have “championed”, despite records showing he did not sponsor, cosponsor, or vote on the bill, which passed the Senate by unanimous consent.

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10.3 - Just the News: **Van Orden: Ossoff lying about support for VA Home Loan Reform Act** (5 September, Natalia Mittelstadt, 887k uvm; Washington, DC)
Wisconsin GOP Rep. Derrick Van Orden criticized Georgia Democratic Sen. Jon Ossoff on Friday for allegedly lying about supporting the VA Home Loan Reform Act. Ossoff's office posted on X on Wednesday a news clip about "his bipartisan bill" that President Donald Trump signed into law in July, according to the TV reporter in the video. […] "This is a bald faced LIE," Van Orden posted on X in response to Ossoff.

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10.4 - WCTV (CBS-6): **Tallahassee man charged, accused of stealing Department of Veterans Affairs funds** (5 September, Jamiya Coleman, 145k uvm; Tallahassee, FL)
A Tallahassee man was indicted this week after being accused of stealing funds from the Department of Veterans Affairs, according to the Northern District of Florida U.S. Attorney’s Office. Anthony Brewer, 47, was charged with theft of government property, the attorney’s office wrote in a press release Friday morning.

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10.5 - KCPQ (FOX-13): **SILVER Alert activated for man who left Seattle VA Hospital** (5 September, Will Wixey, 52k uvm; Seattle, WA)
The Washington State Patrol has activated a SILVER Alert for a missing man who was last seen leaving the VA Hospital in Seattle. Dennis Markey, 76, was last seen around 1 p.m. on Thursday near the VA Hospital on South Columbian Way. WSP says Markey has diminished decision-making capacity and may not be able to return to safety without assistance.

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1. **Top Stories**

1.1 - The Joe Pags Show (Audio): **Trump's Dept. of War Move & Sec. Doug Collins on Vets, Suicide & Psychedelics** (4 September, San Antonio, TX)

Forty-four-minute audio: Pags dives into a major shake-up — the Trump administration's decision to rename the Department of Defense as the Department of War. Joe breaks down why he fully agrees with the move and what it signals for America's military posture. Then, Secretary Doug Collins joins the show for a powerful, wide-ranging interview. In Military City USA, Pags asks the questions veterans and taxpayers want answered — from the tragic rise in veteran suicides to the debate over psychotropic and psychedelic drugs in treatment. It's an honest, fact-packed conversation that veterans and their families won't want to miss.

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1.2 - Los Angeles Times: **Trump's veterans housing plan in West L.A. advances behind a wall of secrecy** (5 September, Doug Smith, 11M uvm; El Segundo, CA)

President Trump's executive order calling for a National Center for Warrior Independence to house thousands of veterans in West Los Angeles has gained widespread support, including among his political opposition.

But as a deadline approaches for an action plan to be submitted to the president, supporters of the order have become alarmed that potentially radical change for land donated as a home for disabled veterans more than a century ago is being drafted behind a wall of secrecy.

The Department of Veterans Affairs has required everyone associated with the planning — employees, contractors and other government officials — to sign nondisclosure agreements, and has denied both congressional staffers and veterans and their advocates the opportunity to review or comment on the plan, they say.

"I am thankful for President Trump's executive order," said Iraq war veteran Rob Reynolds, speaking at a roundtable on the executive order last week. "This is the first time I've seen or read anything where the president of the United States has taken a position that this is a Soldiers' Home."

But Reynolds, who has become an unofficial advocate for veterans trying to obtain housing and services on the West L.A. campus, said the VA has blown an opportunity to build trust with veterans.

"I've seen over the years how it goes when you have meetings behind closed doors and you don't consult with people affected by the plan," he said. "There's going to be problems with that plan."

The three-hour session in the Bob Hope Patriotic Hall near downtown was convened by Rep. Mark Takano (D-Riverside), ranking member of the House Committee on Veterans' Affairs.

“Although I disagree with the president on almost everything, I am as eager as he is to see the Soldiers’ Home become a community for veterans and to see us establish a Center for Warrior Independence in West L.A.,” Takano said.

Takano framed the event as a roundtable, rather than congressional hearing, after the VA declined to send any staff to answer questions and no Republicans on the committee agreed to attend.

“I do want everyone to know they were invited,” Takano said in leading the session off. “I am particularly frustrated by the lack of transparency VA has shown Congress, the public and veterans about its plans for West L.A.”

Two other House members, Brad Sherman (D-Porter Ranch), whose district includes the West L.A. campus, and Sydney Kamlager-Dove (D-Los Angeles), attended, as did Los Angeles County Supervisor Lindsey Horvath.

Trump issued the order May 9, giving the VA 120 days to return with a plan “to house up to 6,000 homeless veterans” by Jan. 1, 2028.

That number — three times greater than the housing currently planned on the 388-acre property — led to speculation about what kind of housing was intended, where it would go, what it would cost and where the money would come from.

The VA has included $530 million for construction on the West L.A. campus in its current budget request, but it’s unclear whether that amount will be approved by Congress, Sherman said.

He said the House has passed a $1.75-billion appropriation covering all construction of VA hospitals, clinics, housing and even cemeteries across the nation.

There is no indication a third or a quarter of that money will be spent in L.A., and the Senate version of the bill earmarks only $53 million for West L.A., Sherman said.

In response to a request for comment, VA Press Secretary Pete Kasperowicz said in a statement that “the VA recently announced $818 million in grants to fight Veteran homelessness across the country, of which more than $138 million will benefit Veterans in California.”

Kasperowicz declined The Times’ request to interview the VA’s Veterans Experience Officer Lynda Davis, who leads the action plan.

“That planning process is underway and additional announcements regarding implementation and budget will be made once the process is complete,” his statement said.

Trump’s executive order has added a new dimension to a more than decade-long court battle over the VA’s failure to provide veteran housing on the property which was deeded to the government in 1888 as a home for disabled soldiers. After housing as many as 4,000 veterans early in the 20th century, the Soldier’s Home was shut down in the early 1970s as the VA shifted its mission to medical treatment.

The settlement of a 2011 lawsuit requires the VA to produce 1,200 units of permanent housing on the grounds. Rather than fund and build it, the VA contracted the work to affordable housing

developers who brought outside funding through time-consuming tax credits. So far, the developers have completed 571 of those units.

A second lawsuit precipitated by that slow progress led to a judgment last year requiring the VA to quickly build 750 units of prefab housing to be occupied by veterans temporarily while it builds another 1,800 units of permanent housing.

The order, by U.S. District Court Judge David O. Carter, was stayed after the VA appealed the judgment. Nearly five months after hearing arguments, a panel of the 9th U.S. Circuit Court of Appeals has yet to issue a ruling.

In a sign of how Trump's VA order has bridged political alignments, lawyers with the Public Counsel pro bono law firm, which has sued the Trump administration over immigration policy, quoted from it extensively in a supplemental brief filed with the 9th Circuit.

"This presidential directive 'restores' the Grounds to their original purpose of "hous[ing] disabled veterans," they wrote, praising it as an endorsement of their goal of expediting new housing construction on the campus.

But the order's wording to "restore the capacity to house up to 6,000 homeless veterans" left a wide range of possibilities — whether it meant 6,000 units for permanent residency or fewer units that veterans from around the country would be shuttled through on a temporary basis.

Kasperowicz's statement said the facility would be used by veterans nationwide.

"By establishing the National Center for Warrior Independence, we will turn the campus into a beacon of hope and a destination for homeless Veterans from across the nation who can find housing and support there and start their journey back to self-sufficiency," it said.

Veterans speaking at the roundtable had diverse views on the type of housing needed.

Army veteran Rob Begland called "preposterous" the notion of 6,000 veterans from across the nation being "dumped into Los Angeles." But he also said it would be a grave mistake to view the goal merely as housing the veterans of Los Angeles.

"I believe our most general duty to veterans is to reintegrate them into society after their military service," he said, urging the Congress members to press the administration on the need for vocational training.

Some veterans say the VA policies on housing hold them back from reintegrating in other parts of life.

Air Force veteran Robert Canas said he is unable to access his vocational benefits for fear of losing his housing.

"We are being told that if we go back to school we are going to be evicted from the apartment," he said. "We are being told that if we go back to work and make too much money that we are going to be evicted from the apartment."

Anthony Allman, executive director of Vets Advocacy, a nonprofit created to monitor the the 2011 settlement, proposed a VA collaboration with the community colleges to build housing for the veterans attending them.

Sal Grammatico, who said he has been active on the campus for 20 years, said housing is also needed for patients receiving treatment at the VA hospital.

“I think it needs to be made part of the plan as to what percentage of the housing at the home is going to be transitional housing versus permanent housing versus housing for the veterans that are being treated while they are going through all their different procedures including psychological, physical and everything else,” he said.

Reynolds said there needs to be housing options more aligned to individual veterans’ needs.

The “harm reduction” model followed at the tiny home village on the campus has been valuable in getting veterans off the street who are struggling with substance abuse.

“Watching veterans from when they were out on the street come in, I do see the drug use go down,” he said. “With that, there are veterans out there that are sober and would like programs where they can be around other veterans that are sober.”

There should be areas on campus for both, he said, and also “an area for those with severe mental illness that really need case management.”

Several of the veterans described safety and security issues that need to be addressed for the housing that already exists.

Canas said lack of support services have allowed a drug den and brothel to operate in a hallway of his building leading to frequent overdoses.

“We are consistently having people die on that campus,” he said.

Following the roundtable, Takano and Sherman said they are working on legislation that would increase transparency, prohibit nondisclosure agreements and address the issues raised by veterans.

Sherman acknowledged that any plans for the VA face a philosophical dilemma that goes beyond simply getting housing built.

“You don’t want people to be disincentivized to get their life together and get their careers together,” he said in an interview. “At the same time, your Utopian brotherhood of veterans, sisterhood of veterans community would mean that if somebody founds a high-tech firm and makes $5 million they continue to live there because that’s their community.”

But practical considerations come first, he said: ‘Let’s get people indoors.”

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1.3 - Task & Purpose: **VA may have sent 35,000 veterans ‘erroneous’ warnings about home foreclosure** (5 September, Patty Nieberg, 1.3M uvm; New York City, NY)

Thousands of veterans who own their homes with mortgages backed by the Department of Veterans Affairs were stunned recently by a letter from the VA telling them they were at risk of foreclosure, according to members of Congress. Some, if not all, of the letters were sent in error, but the VA has yet to explain to the homeowners or Congress why the letters were sent.

Democrats on the House Veterans Affairs Committee sent a letter this week to VA Secretary Doug Collins asking for an explanation of the "erroneous letters." A congressional staffer told Task & Purpose that veterans who had called the VA after receiving the letter were told that as many as 35,000 homeowners with mortgages through VA Home Loan programs had received similar letters.

"For many veterans and their families, such a notice can cause significant distress, confusion, and financial hardship—even if issued in error," Democratic Reps. Mark Takano of California, Chris Pappas of New Hampshire and Nikki Budzinski of Illinois wrote to Collins.

The VA has not explained why the letters were sent or whether any veterans who received one may actually be facing foreclosure. Pete Kasperowicz, press secretary for the VA, told Task & Purpose that the agency will respond directly to the representatives' letter.

Sean Saball was one of the veterans who got a letter.

"I was thinking like, all right, well, could it be identity theft? Someone opened up a VA home loan using my info, didn't pay it, or maybe there was an issue with my escrow account. It went negative. Maybe my mortgage company screwed it up," Saball told Task & Purpose. "I was really worried about it impacting my credit."

Saball, a former Marine sergeant, served in the Reserves for six years and deployed to Central America. He separated in 2017 and took out a loan through the VA in 2018 to buy a home in Pittsburgh, Pennsylvania.

Last month, he received a letter which stated that a VA loan technician was reaching out "because your loan servicer indicated to us that you are behind on your Department of Veterans Affairs (VA) home loan payments."

The letter said that borrowers who were "current" with their payments did not need to take action, but for those who had fallen behind, the VA recommended they reach out to their loan servicer. Additional pages had links directing veterans to additional assistance.

Saball opened the letter on a Sunday when neither his bank or the VA was open. He monitored Reddit threads overnight, where he saw other veterans discussing letters they received. On Monday, he called the number on the VA letter. He didn't get through to a representative but heard a voicemail with a recorded message.

"The message was recorded, and it says something along the lines of 'if you received a letter, it was a glitch or a mistake, you can disregard it.'"

He also contacted his mortgage company, where a staffer told him they "had no idea" about the letter, but assured him he was up to date on his mortgage payments. He was relieved. He still, however, has not heard directly from the VA.

“I left a message. I have not gotten any follow-ups at all,” he said. “I’m still kind of unsure of what the next steps are and if there’s any action that they need from me.”

The congressional democrats requested an explanation from the VA of how the incident occurred, what steps have been taken to resolve the issue, and how it can be prevented in the future. They also asked that the VA contact each veteran with an explanation and give them an up-to-date summary of their mortgage status.

“In addition to understanding how such a broad error occurred, it is equally important to know whether the reverse problem may have taken place — whether some veterans who should have received accurate foreclosure notices did not receive them at all. If so, this would create a separate and equally serious risk, as veterans might be deprived of the opportunity to act in time to protect their homes,” they wrote.

Foreclosure program

The erroneous letters come after the VA ended a program put in place during the Biden Administration with the goal of helping more than 40,000 veterans avoid foreclosure and stay in their homes.

The program, called the Veterans Assistance Servicing Program, officially ended on May 1. According to a VA website, the program is no longer accepting applications, but loans approved before May 1 will still be honored. Through the program, the VA would purchase defaulted VA loans from mortgage providers and have veterans instead pay off loans with a fixed 2.5% interest rate.

In a statement to NPR about the program’s closure, the VA said it was “not set up or intended to be a mortgage loan restructuring service.”

In their letter to Secretary Collins, Democrats wrote that the “rash” decision left many veterans and families at risk of losing their homes.

“Against that backdrop, the widespread distribution of inaccurate foreclosure notices not only undermines confidence in VA’s loan servicing operations but also places undue emotional and financial strain on veterans who rely on VA for accuracy, support, and advocacy,” they wrote.

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1.4 - HousingWire: **VA partial claim program still shrouded in uncertainty** (5 September, Flávia Furlan Nunes, 350k uvm; Dallas, TX)

While the mortgage industry has applauded the Trump administration’s push to restore a partial claim option for U.S. Department of Veterans Affairs (VA) loans, many experts warn it may arrive too late to help thousands of struggling borrowers.

The program could prevent many defaults and foreclosures, but the implementation timeline is critical, they added. In statement given to HousingWire, press secretary Pete Kasperowicz said the “VA is working to implement the VA Home Loan Program Reform Act as soon as possible in accordance with the law.”

President Donald Trump signed the VA Home Loan Program Reform Act in late July, adding a partial claim option to the VA's loss-mitigation waterfall. The move brings the VA's approach closer to that of the Federal Housing Administration (FHA) and the government-sponsored enterprises (GSEs), Fannie Mae and Freddie Mac.

It replaces both a partial claim program that sunset two years ago and the Biden administration's Veterans Affairs Servicing Purchase (VASP) program, which stopped accepting new applications in May.

"When they suspended VASP, there were 73,000 VA borrowers that were 30 or more days delinquent; 40,000 of them were more than 90 days delinquent, which means they're heading to foreclosure," said Donna Schmidt, director of DLS Servicing and co-founder of Waterfall Calc. "VA foreclosures have gone up 498% since last year."

"It's definitely a risk," said Matt Tully, Sagent's chief compliance officer, when asked whether the program could arrive too late. "Obviously, you have to be thoughtful about how you set up a program, but the VA did have a partial claim in the past. It's not like unfamiliar territory for them, or you couldn't model it off FHA or even the USDA."

Servicers and vendors need time after the rules are finalized to implement the program. Schmidt noted her system would need 60 days to adapt. Tully added that while technology isn't a barrier, servicers will need to update policies, procedures and call center training — a process that also takes months.

According to Tully, the industry's top concern is to avoid unnecessary red tape — to accomplish the task through informal guidance versus formal rulemaking.

"Part of what the industry has been asking for is, 'Don't be overly rigid around the setup,'" he added.

How does it work?

Currently, the FHA, the GSEs and the U.S. Department of Agriculture (USDA) offer borrowers up to 12 months of forbearance, followed by a waterfall of options. These include repaying missed payments in a lump sum, spreading them out over several months, deferring them to the end of the loan term or modifying the mortgage to reduce the monthly payments.

VA borrowers, however, didn't have these same options. Instead, missed payments were added to the loan balance, and the mortgage was reset at the prevailing market rate — often leaving borrowers with higher monthly payments.

The new VA partial claim program changes that. It allows borrowers to defer up to 25% of their loan balance (30% if they already used a COVID-era partial claim) to the end of the mortgage term. The five-year partial claim applies to primary residences in default or at imminent risk of default.

"This approach offers significant relief for many VA borrowers who have recovered their financial footing," a team of experts from the Urban Institute wrote in a white paper released in late August.

“But the law, as currently structured, does not allow the balance of the partial claim to either reduce the principal amount or subsidize the payments over time to make a modification more affordable — providing VA borrowers less flexible repayment options than GSE and FHA programs.”

The Urban Institute recommended, among other things, that the VA roll out the program via guidance with streamlined documentation, no preapprovals, servicer compensation to cover administrative costs and a clarified definition of “one-time use.”

While help is on the way…

Harold Lewis, president and chief operating officer at BSI Financial Services — where VA loans comprise 25% to 30% of the $50 billion servicing portfolio — said that other relief options exist for struggling veterans, such as 30- or 40-year amortization modifications.

These only become attractive to borrowers in a low-rate environment. But there is a caveat, he said.

“All of the rules have not been released. But generally, if you’ve had a modification or prior partial claim, you are not allowed for a new opportunity. Now, with the new partial claim, if you have had a partial claim when they were instituted earlier back in 2022, you still could qualify for additional help,” Lewis said.

This creates challenges for servicers, according to Schmidt, since there’s no centralized database to show whether a borrower already received a partial claim from another servicer. She hopes that VA Secretary Doug Collins, who has broad authority to set program rules, will allow some principal reduction as part of the new structure.

Still, she added, “unfortunately, the VA is so closed-lipped that we don’t know what they’re going to do.”

The predecessor program, VASP, allowed the VA to buy loans from servicers and reissue them at a 2.5% rate. While the VA paid for these loans, servicers often struggled to transfer them, leaving the assets on their books without compensation.

“It was very helpful to borrowers, but it was a very poorly designed program — insanely expensive,” Schmidt said.

At BSI, executives are preparing to implement the partial claim program “post-haste,” Lewis said, despite uncertainties about the VA’s rule clarifications and potential delays due to variations among VA’s eight regional loan centers. But they emphasized the importance of liquidity and timely funding to servicers.

Christopher George, founder of California-based lender CMG Financial, said the new partial claim program is well-timed.

“If, a year from now, we see inflation getting out of control and the Fed steps in — and maybe we see a slowdown or recession — this is exactly what veterans will need,” George said. “I think we really did a good job with this as it isn’t a reactionary effort. It will already be in place when a recession hits and we need it most.”

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1.5 - MeriTalk: **VA Eyes AI for Practical, Veteran-Centric Solutions** (5 September, Grace Dille, 28k uvm; Alexandria, VA)

The Department of Veterans Affairs' (VA) National AI Institute (NAII) is taking a pragmatic approach to artificial intelligence, focusing on products that deliver measurable improvements for veterans rather than chasing hype, according to Evan Carey, acting director of the NAII.

Speaking at AFCEA Bethesda's Health IT Summit held in Washington on Sept. 4, Carey emphasized that AI's value lies not in the technology itself, but in how it solves real-world problems for veterans.

"I think the big risk here with anything in the hype cycle is that, there's some intrinsic value in AI, [but many believe,] 'Oh, AI is just valuable by itself.' It's not valuable unless we put it into a product that addresses workflow that people use, that works for them, that drives impacts for veterans," Carey said.

One of the most promising opportunities for AI integration, Carey said, is clinical decision support.

He pointed to the enormous burden clinicians face when sifting through unstructured data to make a clinical decision. Carey quoted a national program director whom he spoke with recently, who said, "We spend 80% of our time looking for information, to only spend 15 or 20% of our time making clinical decisions."

"I'd really like to move that number," Carey said. "To me, a lot of the clinical decision support we can do, especially in the AI space that's been enabled by all of these new AI tools, comes down to like just giving clinicians more time and space to process information and make decisions, as opposed to making decisions for them."

Other AI use cases that Carey is excited about include medical imaging and analysis of latent health needs such as coronary artery calcification. He also said that AI could be used to monitor veterans' treatment paths.

"Something I'm very excited about is, sort of, we know the trajectory of healthcare that should happen for veterans … based on the health conditions they have," Carey explained. "And so, I think there are huge opportunities for agentic AI solutions to basically be doing that monitoring … To say, did somebody fall off of a trajectory?"

"We support [veterans'] choice to, you know, get care in the place and time of their choosing, but we want to coordinate that care, right? And so, there's risks in care coordination that I think AI can really help us keep under control," he said.

Ultimately, Carey said, the VA's AI efforts are going to be grounded in the agency's mission. The NAII hopes to ensure AI delivers measurable improvements for both veterans and the clinicians who care for them.

"We want to stay focused on the mission. AI is so exciting, I am enamored … It's so cool, and it's so fun. But being focused on the mission of healthcare delivery for veterans and doing that

as well as we can with responsible use of resources, you know, is still the name of the game," he said. "That's what we're trying to do."

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2. **Benefit Inequity**

3. **PACT Act**

4. **Improving Customer Service**

4.1 - Roll Call: **Why Rep. Kelly Morrison thinks about her patients 'every single day'** (5 September, Nina Heller, 562k uvm; Washington, DC)

Kelly Morrison thinks more doctors should be in Congress — particularly doctors who are Democrats.

"As the complexity of our problems increases, I think it's so important that people with scientific backgrounds are at those decision-making tables," the Minnesota Democrat said.

While Republicans in the House have long had a doctors' caucus, Democrats now have enough to fill out one of their own. The Democratic Doctors Caucus formed earlier this year with a total of six members, including Morrison and two other freshmen. Wearing white coats as they rallied outside the Capitol this week, the group called for the resignation of Health and Human Services Secretary Robert F. Kennedy Jr. over his efforts to oust staff, cut health research and erode trust in vaccines.

Morrison called his direction "really, really concerning" when she sat down with Roll Call this summer. She discussed what it's like to be first OB-GYN in Congress to support abortion rights and weighed in on where the country should go next after the murder of Minnesota state legislator Melissa Hortman, who was a friend and former colleague of hers.

This interview has been edited and condensed.

Q: Before you were elected, there weren't any pro-choice OB-GYNs in Congress. How have you drawn on that background?

A: My experience of taking care of patients, knowing my patients on such an intimate and personal level, and understanding their lives, their struggles, their challenges, both health-related and life-related, just deeply informs my work. I think it gives me a particular window into the challenges that Americans face in affording their lives, being able to reach for health and wellness. And I think about my patients every single day that I'm in Congress.

Q: Much of your political career has been focused on ways to advance access to health care. What are some of your concerns with what's happening at HHS under Kennedy?

A: He is someone who has spread bad information, both dis- and misinformation, about vaccines, about supplements, about various kinds of “wellness therapies,” and has profited off of that information, and he is continuing to do that. Firing everyone on the Advisory Committee on Immunization Practices was profoundly concerning.

So we’re really in solidarity [on the Democratic Doctors Caucus], and have been trying to find ways to help dispel some of the bad information that is unfortunately now coming out of the American government, and finding ways to help people get good, evidence-based health information has been one of our goals.

Q: You sit on the House Veterans’ Affairs Committee, and you used to work at a VA hospital. What’s something people should know about the issues facing veterans?

A: I was one of the 70 percent of American doctors who had at least part of their training in a VA hospital. And I think that’s an important number for people to be aware of when we think about the physician shortage, the health care worker shortage that we have in our country. Dismantling our VAs not only will hurt veterans, but it will hurt all Americans.

My husband’s an Army combat veteran. He comes from a long tradition of military service. My dad and both my grandfathers served. So I have just really profound respect for people who put on the uniform, and I think we owe them. We made a contract with them that we will take care of them when they come home, and we’re really starting to fall down on that sacred compact.

Dismantling the VA, making steps increasingly to privatize the VA, is not what most veterans want, and it’s a really concerning direction. The politicization of the VA that this administration is doing by dismantling people from marginalized communities and women’s access to care is really concerning.

Medical training and important medical research also occurs at VAs, and of course, their whole founding mantra is to care for our veterans when they come home. And all three of those tenets are being harmed.

Q: Your name was on a list of elected officials made by the shooter accused of killing your former colleague from the Minnesota state Legislature. Are acts of political violence like this becoming normalized?

A: I think it’s incredibly damaging to our democracy. It has a chilling effect, potentially, on people’s willingness to run for office, and we need good people to step up and run for office more than ever.

The Jan. 6 insurrection set a bad precedent. I think President Trump pardoning the people who assaulted police officers and assaulted our democracy sends a very bad message to the American people and emboldens people like this man who killed my former colleague and friend Melissa Hortman. We’ve got to collectively stand up together and say that this is not the America that we want. We need to put a stop to it.

Q: You won the seat once held by Dean Phillips, whose primary challenge to former President Joe Biden focused on a need for generational change. How do you think the party should reconcile experience and change going forward?

A: The ultimate answer is at the ballot box. Competition is healthy, and if people want to challenge sitting representatives, I think that's OK. People have to make their case to the American people. But I do think there is an appetite for fresh, new and, in some cases, younger leadership out there.

In referencing the last question about political violence, we want to make sure that younger candidates feel safe and excited about running. I really want to see us go forward to a time where it's considered a real honor to serve in Congress, and it's a noble endeavor. It's so important that people feel empowered to participate in our system, and especially to run for office.

Quick Hits

Last book you read? "On Tyranny" by Timothy Snyder.

In politics, can the ends justify the means? My default to that question is no, because part of the reason we find ourselves in the place we're in now is because people have justified that approach. If you look at what's happening in Texas with this attempt to gerrymander the state so that Republicans can remain in power in the House, Democrats have to fight back. And while I think that's probably what needs to happen, it's really sad that this is the place we're in. Using the ends to justify the means may break our democracy.

What's the most meaningful thing you display in your office? I led a resolution on the House floor to honor Melissa Hortman and to condemn political violence, and it passed 424 to zero. So the clerk handed me that count, and I framed that and have it in my office and think about Melissa every day.

Your least popular opinion? I believe hot chocolate is a daily drink no matter the season.

Something your friends know about you that your constituents might not? I got my pilot's license before I went to medical school, which was a really cool endeavor. It has expired.

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4.2 - Becker's Hospital Review: 529 top hospitals for nurse communication (5 September, Mariah Taylor, 557k uvm; Chicago, IL)

Becker's compiled a list of hospitals that were rated 5 stars for nurse communication in each state, according to CMS' Hospital Consumer Assessment of Healthcare Providers and Systems data.

CMS shares 10 HCAHPS star ratings based on publicly reported HCAHPS measures. For nurse communication, data from HCAHPS survey questions are used. These questions summarize how well patients feel that their nurses explained things clearly, listened carefully to them, and treated them with courtesy and respect. The data was collected between October 2023 and September 2024, and released on Aug. 6.

Here are the hospitals with 5-star ratings for nurse communication.

[…]

Fayetteville VA Medical Center

[…]

Grand Junction VA Medical Center

[…]

VA Eastern Colorado Healthcare System (Aurora)

[…]

Tampa VA Medical Center

[…]

Boise VA Medical Center

[…]

Marion VA Medical Center

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VA Central Iowa Healthcare System (Des Moines)

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VA Eastern Kansas Healthcare System (Topeka)

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Lexington VA Medical Center

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Togus VA Medical Center (Augusta)

[…]

VA Boston Healthcare System-Jamaica Plain

[…]

VA Ann Arbor Healthcare System

[…]

VA Gulf Coast Healthcare System (Biloxi)

[…]

Columbia Mo. VA Medical Center

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VA Montana Healthcare System (Fort Harrison)

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VA Hudson Valley Healthcare System (Montrose)

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Asheville-Oteen VA Medical Center

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Fargo VA Medical Center

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Muskogee VA Medical Center

[…]

James E. Van Zandt VA Medical Center (Altoona)

Lebanon VA Medical Center

[…]

Wilkes-Barre VA Medical Center

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Providence VA Medical Center

[…]

Columbia VA Medical Center

[…]

Sioux Falls VA Medical Center

VA Black Hills Healthcare System (Fort Meade)

[…]

Mountain Home VA Medical Center

[…]

Temple VA Medical Center

[…]

VA Salt Lake City Healthcare-George E. Wahlen VA Medical Center

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White River Junction VA Medical Center

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Salem VA Medical Center

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Spokane VA Medical Center

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Beckley VA Medical Center

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Clarksburg VA Medical Center

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Huntington VA Medical Center

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Martinsburg VA Medical Center

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Madison VA Medical Center

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Milwaukee VA Medical Center

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Cheyenne VA Medical Center

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4.3 - Daily Citizen: VA Moves to Rescind Taxpayer-Funded Abortions for Veterans (5 September, Emily Washburn, 300k uvm; Colorado Springs, CO)

The Department of Veterans Affairs (VA) has moved to rescind a 2022 policy that expanded veterans' medical benefits to include elective abortions.

The proposed rule change, which the department introduced on August 4, would prevent veterans and their families from getting elective abortions on taxpayers' dime.

The VA provides medical services to veterans and their spouses, children, survivors and caregivers. Like all federal programs, it must comply with Hyde Amendment, which prohibits taxes from funding elective abortions.

Until 2022, the VA only covered abortions when a pregnancy threatened the life of the mother. But when the Supreme Court overturned Roe v. Wade, the VA expanded its abortion coverage to include abortions of pregnancies:

- Endangering the health of the mother.
- Resulting from rape or incest.

VA's medical coverage guidelines include "quality of life" and "quality of daily functional level" as measurements health. Under this definition, the department could provide an abortion to a woman who believed a baby decreased her quality of life.

The 2022 expansion of VA abortion coverage coincided with the Department of Defense's (DOD) decision to pay active servicemembers and their families to take time off and travel to get an abortion.

The DOD rescinded the policy in January for violating the Hyde Amendment. The VA argues its 2022 abortion rules should be rescinded on the same grounds.

"The [2022 rule change] contradicted decades of Federal policy against forced taxpayer funding for abortion," it notes in a filing defending the proposed revisions.

Misuse of tax-payer money is just part of the puzzle. The VA also claims its 2022 rule change improperly leveraged federal power against the judiciary.

In 2022, the VA freely admitted it expanded abortion coverage to meet "an anticipated rise in demand as a result of the [Supreme Court's overturn of Roe v. Wade].

This line of reasoning betrays the VA's intention to circumvent the Supreme Court's decision reestablishing state control over abortion policy. In doing so, the VA writes:

The last administration created a purported Federal entitlement to abortion for veterans where none had existed before and without regard to state law.

The public comment period for the VA's proposed revisions closed on September 3. If approved, the VA would return to its previous medical coverage guidelines.

“Treatment for ectopic pregnancies or miscarriages were covered under the VA’s medical benefits package prior to the 2022 [expansion],” the VA emphasizes.

“No State law prohibits treatment of ectopic pregnancies or miscarriages to save the life of a mother.”

The Daily Citizen applauds the VA for complying with federal law and addressing misuse of government power. Taxpayers should never be forced to fund elective abortions.

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4.4 - Times of San Diego: Veterans hold rally in La Jolla to push back against Trump cuts to VA system (5 September, Jennifer Vigil, 279k uvm; San Diego, CA)

Veterans and their supporters gathered in La Jolla Friday to protest cuts to hospitals here and across the country that provide care to those who have served in the military.

For Navy veteran Yusef Miller, the costs of Veterans Affairs cutbacks far outweigh the benefits.

“This is a crime against the service members who are serving today and have served in the past and that will serve in the future,” said Miller, who held a flag aloft as motorists honked to show their support. “Their healthcare should never be in jeopardy. There are people that can’t survive without the healthcare of the VA.”

Miller was one of the people who joined San Diego Veterans for Peace and Veterans of Foreign Wars Post 7420, which hosted a rally and press conference Friday afternoon in front of La Jolla’s Veterans Affairs Medical Center.

The Trump administration is seeking to cut VA staffing by 30,000 jobs. While that’s significantly less than the initial plan – to slash 80,000 positions, according to the Associated Press – it’s enough for veterans to question how the losses will affect the quality of care at VA centers.

In the fiscal year that ends Sept. 30, according to an August report from the VA’s Office of Inspector General, VA medical facilities reported a total of 4,434 “severe occupational staffing shortages,” a 50 percent increase from FY 2024.

Another veteran, retired U.S. Army Master Sergeant Livier “Livy” Lazaro, cited shortages across the board, from doctors and nurses to medical assistants and social workers.

“Every one of these losses means a veteran is waiting longer for surgery, a mental health appointment or life-saving care,” she said. “These aren’t just figures. They’re lives.”

The groups lifted banners to make their point, one urging backers to help them “Save Our VA” and another that read, “Veterans Healthcare Under Assault.”

“To cut any of these programs is going to diminish our way to move forward,” said James Miller, a U.S. Marine Corps vet.

Lazaro has a message both for the Trump administration and other elected officials.

“We held up our oath,” Lazaro said. “We need you to do the same.”

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4.5 - Must Read Alaska: Trump signs Sullivan’s VA accountability bill into law (5 September, Suzanne Downing, 92k uvm; Homer, AK)

President Donald Trump this week signed into law the Protecting Regular Order (PRO) for Veterans Act, legislation authored by US Sen. Dan Sullivan, which tightens oversight and accountability at the Department of Veterans Affairs after calamitous failures of the Biden Administration.

The new law is a response to events like the historic $15 billion budget shortfall in 2024 that was followed just two months later by a multi-billion-dollar surplus.

The PRO Vets Act is not a critique of the current VA administration but will ensure that n the future, regardless of who is in charge, the VA delivers quarterly, in-person budget reports to Congress for three years, and withholds bonuses for senior VA and Office of Management and Budget leaders in the event of fiscal mismanagement.

Sullivan, a member of the Senate Veterans Affairs Committee, said the law is designed to restore confidence in an agency that exists to serve America’s veterans.

“America’s veterans, who’ve served and sacrificed greatly for our country, deserve a Department of Veterans Affairs that is held to the highest possible standard of accountability,” Sullivan said. “The shocking budget debacle last year made clear that this agency was falling short of the standards our veterans deserve.”

Other Senate Republicans who supported the measure said the law ensures transparency and prevents VA leaders from rewarding themselves amid financial mismanagement. Sen. Roger Marshall (R-Kan.) pointed to the Biden-era shortfall and subsequent bonuses as a “slap in the face” to veterans and taxpayers, while Sen. Joni Ernst (R-Iowa) said the VA should be held to the same standards as working families who must balance their own budgets.

The legislation had broad GOP backing, with cosponsors including Sens. Tommy Tuberville of Alabama, Steve Daines of Montana, Marsha Blackburn of Tennessee, Chuck Grassley of Iowa, as well as Sen. Lisa Murkowski.

The timeline for the new requirements started in 2024:

Summer 2024 – Veterans Benefits Administration announced $15 billion shortfall, seeks $3 billion to cover immediate needs.

July 31, 2024 – Sullivan and Sen. Kevin Cramer of North Dakota demanded an immediate hearing.

September 18, 2024 – Senate Veterans Affairs Committee held a hearing; Sullivan introduced the PRO Vets Act.

September 19, 2024 – Sullivan attempted to add the bill to a VA funding package; Senate Democrats blocked it.

November 18, 2024 – Sullivan and 15 colleagues demanded more VA accountability in a formal letter.

February 5, 2025 – Sullivan reintroduced the PRO Vets Act with 10 cosponsors.

April 10, 2025 – Senate passed the PRO Vets Act.

July 22, 2025 – House passed the bill.

September 2025 – Trump signed it into law.

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4.6 - Context: **Abortion wars deepen as Trump admin restricts veterans' access** (5 September, David Sherfinski, 73k uvm; New York City, NY)

RICHMOND, Virginia - The Trump administration wants to limit abortion access at the Department of Veterans Affairs (VA), raising fears among advocates for reproductive rights that the president will use his second term to enact "extreme" new restrictions.

Last month, the VA moved to roll back benefits for department healthcare beneficiaries that include access to abortions and abortion counseling.

The department said a Biden-era rule that had extended coverage - announced after the Supreme Court overturned a woman's constitutional right to an abortion - was "inappropriate as a matter of fact" and "legally questionable".

The notice said there would be an exception for abortions when the life of the mother is in danger.

The Biden administration used the Supreme Court's 2022 ruling "to do the exact opposite of preventing overreach, creating a purported federal entitlement to abortion for veterans where none had existed before and without regard to state law," said the notice, approved by Secretary of Veterans Affairs Douglas A. Collins.

Reproductive rights advocates have slammed the move.

If put into effect, the proposed change "would become the most extreme abortion policy across federal agencies' health care programs," according to the National Women's Law Center.

Congressional Democrats have called the plan "reckless."

"This proposed rule seriously calls into question whether the department is putting political allegiances and culture wars ahead of its sacred obligation to deliver quality, life-saving health care to veterans," the lawmakers wrote this week.

Anti-abortion advocates hailed the move.

"The Biden-Harris Administration turned VA hospitals into abortion centres – violating longstanding law and betraying the will of the American people who strongly oppose forced taxpayer-funded abortions," said SBA Pro-Life America President Majorie Dannenfelser.

Planned parenthood

Planned Parenthood centres, which provide sexual and reproductive healthcare, have also been the focus of legal battles under the Trump administration.

In July, a federal judge blocked enforcement of a provision in Trump's enacted tax and spending bill that would deprive Planned Parenthood and its members of Medicaid funding, saying it is likely unconstitutional.

That provision - passed by Congress in July - prevented certain tax-exempt organisations and their affiliates receiving Medicaid funds if they continued to provide abortions.

That is not the only front in the U.S. abortion wars, however.

A battle over abortion pills is still percolating more than a year after the Supreme Court declined to ban them.

In May, the Trump administration asked a judge to dismiss a lawsuit from three conservative states that want the Food and Drug Administration to limit abortion medication by mail, saying they were not pursuing the case in the proper venue.

Anti-abortion activists had also eyed regulations Trump may use to further curtail access, with or without Congress.

Trump's team said during the campaign that he would not sign a national abortion ban if elected, and the Republican-controlled Congress has not mounted a serious effort at passing one yet.

But abortion rights advocates are still wary of Trump's record, after he appointed three Supreme Court justices who voted in 2022 to overturn Roe v. Wade, the 1973 ruling that recognised a constitutional right to abortion, in what was a 5-4 decision.

Foreign aid

Soon after taking office, Trump also re-imposed restrictions on U.S. aid to overseas groups that perform or promote abortions, a policy that has ping-ponged back and forth since Ronald Reagan was president in the 1980s.

During his first term, Trump went beyond past Republican presidents, expanding the pool of money subject to restrictions from about $600 million in family planning funding to the entire pot of U.S. global health assistance money – $12 billion or so.

Abortion rights advocates say the so-called global gag rule threatens to significantly disrupt reproductive health services stretching from Kenya to Nepal.

The administration said in January that it would re-join an international pact known as the Geneva Consensus Declaration, stating that there is no international right to abortion.

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4.7 - WBUP (ABC-10): Federal agency rates Oscar G. Johnson VA Medical Center five stars (5 September, Alexandria Bournonville, 52k uvm; Marquette, MI)

The Oscar G. Johnson VA Medical Center (OGJVAMC) has earned a five-star rating as part of the Centers for Medicare and Medicaid Services (CMS) 2025 hospital quality ratings.

Hospital ratings are based on five categories:

- Mortality
- Safety of care
- Re-admission
- Patient experience
- Time and effective care

A higher star rating, scored out of 5, the better.

"These ratings highlight the excellent care OGJVAMC provides," said Dr. John P. Shealey, medical center director. "Our job is to continue raising the bar for customer service and convenience throughout the department, so OGJVAMC works better for the Veterans, families, caregivers and survivors we are charged with serving."

Staff credit the achievement to some of the recently implemented changes, including:

- A stepped discharge process in Home Based Primary Care that led to reduced re-admission rates
- A partnership with Madison VA to provide comprehensive TVI evaluations for veterans who screen positive
- Increased utilization of the Pain Management Clinical Resource Hub to lower wait times
- Expanded telehealth services for rural veterans

As part of CMS' 2025 ratings, 77% of VA hospitals rated received 4 or 5 starts, with none receiving a one-star rating.

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4.8 - Odessa American: Cornyn bill to formally establish VA's veteran customer service office signed into law (5 September, 41k uvm; Odessa, TX)

WASHINGTON U.S. Senator John Cornyn (R-TX) released the following statement Friday in response to President Trump signing into law his Improving Veteran Experience Act, which will make permanent the Veterans Experience Office (VEO) within the Department of Veterans Affairs (VA), ensuring it can continue to provide consistent and quality care for veterans in Texas and throughout the country:

“The brave men and women who have selflessly served our country deserve the highest-quality health care, services, and benefits,” said Sen. Cornyn. “The Veterans Experience Office helps the VA deliver tailored, efficient customer service to our veterans, and I’m glad this legislation has been signed into law to make it permanent.”

This legislation was also led by Senator Angus King (I-ME).

Background:

Established in 2015, the VEO collects veterans’ feedback through surveys and uses that data to continuously improve the VA’s website and other resources used by veterans interacting with the VA.

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4.9 - Sonoma Valley Sun: **Veterans Can Now Receive Acupuncture Care in Sonoma Through the VA** (5 September, 23k uvm; Sonoma, CA)

Veterans with VA health benefits can now receive acupuncture treatment at Valley Acupuncture & Integrative Medicine in Sonoma. These services are covered by the VA Community Care Program, which has been in place since 2014. The VA is presently supporting increased services outside of the VAMC and has streamlined the process, making care more accessible. The VA commonly refers veterans for pain, PTSD, insomnia, anxiety, IBS, and a wide range of other conditions.

For more information or support in obtaining authorization for care in Sonoma through the VA Community Care Program, call the clinic at: 707-991- 8738.

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4.10 - Erie Times-News: **Hundreds of volunteers help veterans receive care at Erie VAMC and its medical offices** (5 September, David Bruce, 21k uvm; Erie, PA)

Don Bauer misses talking with World War II veterans as he drove them to medical appointments all over Erie.

Bauer, a 74-year-old Army veteran, has volunteered at the Erie Veterans Affairs Medical Center for the past 15 years.

"I like driving the veterans, especially the World War II vets," Bauer said. "I wasn't supposed to ask them questions about their service, just ask them how they are doing. But sometimes they volunteered information."

Nearly all of those who served during World War II are gone but Bauer keeps busy helping other veterans. He drives them to appointments on Wednesdays and escorts them around the Erie hospital on Fridays.

Bauer is one of about 320 people who volunteer at the Erie VAMC, including 110 drivers, said Karen O'Neal, who oversees the volunteers at the hospital and VA medical offices in the region.

"We have been gradually increasing our number of volunteers since COVID," O'Neal said. "We had close to 500 before we had to almost shut down during the pandemic. We used only a few volunteers for driving."

One area where O'Neal could use more volunteers is for recreational therapy. Those volunteers plan and host activities for veterans who live on campus.

She has helped other VA hospitals who have experienced difficulties recruiting volunteers. She has mentored hospitals in Colorado and West Virginia, and is currently mentoring the Pittsburgh VAMC.

"It's mostly about transportation, which is the most complex volunteer assignment," O'Neal said. "There are lots of requirements and it's a bigger risk factor than other volunteer assignments. You have to make sure the drivers have up-to-date licenses and insurance, and we do annual training."

Bauer likes helping other veterans receive medical care

Bauer learned about the volunteer program when he talked to the Erie VAMC's transportation coordinator during a hospital visit.

She convinced Bauer to drive veterans to their medical appointments one day a week, usually from their homes to either the hospital or a medical office.

He and other drivers use vehicles provided by the Disabled American Veterans nonprofit organization.

"I come here for my medical care, so if I can help anyone else get care I will do that," said Bauer, a retired linesman for GTE and Verizon. "I just enjoy coming here and doing what I can."

How you can become an Erie VAMC volunteer

People can volunteer by applying on the hospital's website or by calling 814-860-2024. You don't have to be a veteran to volunteer.

Benefits include lunch for those who work at least four hours, as well as possible mileage and tax benefits.

"They're always looking for help, especially drivers who can make the runs to Pittsburgh," Bauer said.

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4.11 - Fairmont Sentinel: **Lakeview partners with VA for long-term care** (6 September, Brooke Wohlrabe, 19k uvm; Fairmont, MN)

FAIRMONT– In an effort to better serve all people in the community, Lakeview Methodist Healthcare Center in Fairmont recently entered into an agreement with the VA (U.S. Department of Veterans Affairs) in Sioux Falls to accept veterans with VA coverage for long-term care.

Lakeview just admitted its first veteran this past week.

“We’ve always been able to give them skilled short-term care, this new agreement we have is to give them long-term care,” said Lakeview Administrator, Deb Barnes.

As for how it came to be, Barnes said that Doug Landsteiner and Tam Plumhoff with the Martin County Veterans Service Office let her know that the VA was looking for nursing homes to contract with so that veterans could stay in their own communities and not have to travel so far for long-term care.

“Deb did a tremendous amount of paperwork,” Landsteiner said.

“We started the long, long process about a year and a half ago,” Barnes said. “In August we found out that they were awarding us a long-term care agreement so now veterans can come to our nursing home and the VA will pay for their care or a portion of their care. That hat was never available before until we went through the process to be accepted by the VA in Sioux Falls.”

Kayla Green, Director of Nursing at Lakeview, added that Lakeview has always been able to take veterans, but hasn’t been able to use their veteran benefits.

Landsteiner explained that certain veterans are more eligible than others for free skilled nursing care.

“Any veteran that has a combined total disability, VA adjudicated disability percentage of 70 percent or more, and need care, they can become residents and get their care here at no cost to them,” Landsteiner said.

He added that the determination would have come previous to applying for residency at Lakeview and that the disability would need to be service-connected.

“The disability would be something that incurred on active duty or was aggravated or was caused by active duty,” Landsteiner said.

While Lakeview will not have a say in which veterans qualify, it can become home to those locally who do.

“They could come here but would always have to pay privately, but if they could get that coverage at a VA facility somewhere else, obviously they mostly chose to leave the community and go where they didn’t have to pay. Now the VA recognizes us and we can admit these people for long-term care,” Barnes said.

Prior to Lakeview entering into this agreement with the VA, veterans from the area who qualified to have their long-term care covered would go to homes in Luverne, Sioux Falls or Blue Earth, which is the nearest to Fairmont.

“If they’re a Fairmont resident and they want to stay in Fairmont where their family is or their spouse is buried, keeping them local where their grandkids can visit them, they have all the benefits of anyone else at Lakeview,” Green said.

According to Landsteiner, there are more than 80 veterans in Martin County that would be eligible if they need it.

“If you add in the counties around Martin, you’re looking at a whole lot more. Jackson County or Watonwan County veterans might find this is a closer place, too,” Landsteiner said.

He said that a veteran won’t have to trade off their monthly award from the VA in order to get the VA to cover their care at Lakeview. They’ll get both.

“The city of Fairmont has a skilled nursing facility that has a contract agreement with the Sioux Falls VA medical center so that those eligible veterans can get a very nice VA benefit locally,” Landsteiner said.

Those in his office and at Lakeview alike are excited about what this means for those in the local area.

“Now our veterans in the community that are eligible for long-term care get to stay in a brand new facility and can stay close to home,” Green said.

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4.12 - Central Penn Business Journal: VA Lebanon gains top scores in hospital ratings (5 September, Ed Gruver, 12k uvm; Harrisburg, PA)

VA Lebanon Healthcare System has announced that it earned a five-star rating as part of the Centers for Medicare and Medicaid Services 2025 hospital quality ratings.

CMS’s hospital ratings are based on five categories: mortality, safety of care, readmission, patient experience and timely and effective care. A higher star rating, out of 5, indicates better performance on these quality measures.

“These ratings highlight the excellent care VA Lebanon provides,” Medical Center Director Jeffrey A. Beiler II said in a statement. “Our job is to continue raising the bar for customer service and convenience throughout the department so that VA Lebanon works better for the Veterans, families, caregivers and survivors we are charged with serving.

“It is also a testament to the employees of VA Lebanon who provide that service to Veterans and help VA Lebanon to continue to earn a Veteran Trust score of 95.7%, ranking us in the top 5 VA medical centers across the country with the highest Veteran Trust Scores.”

Within the last year, VA Lebanon has instituted several improvements to better serve Veterans, according to a release. Improvements include opening a 16-bed medical/surgical center, renovating behavioral health space, expanding the York Community Clinic by 8,500 square feet, and by expanding services while implementing novel approaches to care, including pharmacogenomics.

Some 77% of VA hospitals that received an Overall Hospital Quality Star Rating received 4 or 5 stars as part of CMS's 2025 ratings, and no VA hospitals received a one-star rating. Over 90% of VA hospitals with ratings maintained or improved their star rating from 2024.

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4.13 - DAV: **Credit where it's due: Accurately reporting volunteer hours shows DAV's full impact** (5 September, John Kleindienst, 12k uvm; Washington, DC)

I'd like to do a small thought exercise. Imagine you're in widget sales and make your living on commission. The more you sell, the more you make. It's the end of the month, so you turn in your invoices, and your company hands you a $10,000 check.

You've done OK.

But as you look at that number, something doesn't seem right. You know you worked hard that month, and many people bought widgets from you. You feel you didn't just do OK; you did great. So you dig around in your briefcase, the glovebox of your car, your desk drawer—all over the place—and you find a bunch of invoices you never turned in. You add them up and realize you shorted yourself another $10,000.

Discovering your check was only for half of what you actually earned would be frustrating. You'd try to fix the error right away and probably set up a better system to prevent it from happening again.

At DAV, we aren't in the business of making money, but our volunteers serve in roles that provide immense value every month to the veterans they help. That value comes from veterans having an improved quality of life, feeling supported, receiving assistance and being connected to other people.

In many cases, though, there's also an economic value—a dollar amount—that can be assigned to the work volunteers do. The Department of Veterans Affairs says it's currently $33.49 an hour.

Last year, DAV volunteers reported serving 584,661 hours with the VA through our VA Voluntary Services (VAVS) program. That's an economic value of over $19 million and represents so many veterans helped.

But I believe those hours are way off, and the real number is much, much higher. Collectively, we're not accurately reporting our hours through VAVS and our Local Veterans Assistance Program (LVAP). That means the economic value is underreported and volunteers are not fully recognized, but more importantly, our credibility could be called into question.

The volunteer hours we publish each year aren't vanity statistics. We report these numbers to Congress, charity watchdog groups, our donors, our members and the VA. Accurate hours also affect volunteers themselves, which I'll come back to in a moment.

Our volunteer hours show lawmakers we're invested in the veterans we advocate for and in fulfilling our mission. Charity watchdogs look to see if we're using our resources responsibly. Donors want to see tangible results from their contributions. Our members want to know they're

a part of an organization that is active and committed. And when the VA sees the hours we contribute, it helps us maintain our presence to continue sharing DAV's programs and services with veterans and educating student volunteers about our scholarship opportunities.

For the longevity, relevance and credibility of our organization, proper reporting matters.

It means a lot to our volunteers, too. While people don't give of their time expecting something in return, we always want to ensure they know they're seen and appreciated. We do this in many ways, including recognizing them with small gifts and awards when they hit certain hour milestones, which we can't do if their hours aren't accurately reported. I strongly believe in never missing an opportunity to thank our volunteers.

Last year, past national commander and Department of Florida Adjutant Andy Marshall challenged his department to improve the accuracy of its volunteer hour reporting. It took effort, but the results were impressive. In 2023, before the challenge, Florida reported just over 202,000 LVAP volunteer hours. After the one-year challenge, that number grew to over 413,000 hours—an increase of nearly 105%.

Like the widget salesperson example, the department doubled its "paycheck." It now has a system in place to help prevent missed hours going forward.

In 2024, DAV reported nearly 4 million total volunteer hours across VAVS, LVAP and the DAV Transportation Network. Like Florida, I encourage each of you responsible for collecting and reporting hours to commit to asking, teaching, auditing and following up with your volunteer coordinators, volunteers and members to make sure the hours you send to Voluntary Services are as accurate as possible.

I look forward to seeing the results.

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4.14 - WFIR (AM-960): **Salem VA Health Care System receives top scores in latest CMS hospital ratings** (5 September, Clark Palmer, 7k uvm; Cave Spring, VA)

The Salem VA Health Care System announced today it has earned the highest possible rating, five-stars, as part of the Centers for Medicare and Medicaid Services 2025 hospital quality ratings for the third year in a row.

CMS hospital ratings are based on five categories: mortality, safety of care, readmission, patient experience and timely and effective care. A higher star rating indicates better performance on these quality measures.

This year, the Salem VA Health Care System has increased availability of specialty services at our Community Based Outpatient Clinics, increased appointment opportunities to reduce wait times, and expanded mental health coverage through Behavioral Health Interdisciplinary Program teams.

The Salem VA Health Care System has also been recognized for establishing best practices for community care consultation management. The Salem VA created the first Consult Management Team in VA. This interdisciplinary team manages each step of Veteran

consultations from point of placement to point of care, ensuring coordination of VA and community-based care remains seamless for Veterans and their families.

In addition to receiving a five-star rating from CMS this year, 93% of Veterans surveyed since January 2025 reported that they trust the Salem VA Health Care System for their healthcare services. “These ratings highlight the excellent care the Salem VA Health Care System provides,” said Dr. Rebecca Stackhouse, Executive Director of the Salem VA Health Care System. “Our job is to continue raising the bar for customer service and convenience throughout the department, so the Salem VA Health Care System works better for the Veterans, families, caregivers and survivors we are charged with serving.”

As part of CMS’s 2025 ratings, 77% of VA hospitals that received an Overall Hospital Quality Star Rating received 4 or 5 stars, and no VA hospitals received a one-star rating. More than 90% of VA hospitals with ratings maintained or improved their 2024-star rating.

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4.15 - Baptist Press: Pro-life lawmakers join call for VA abortion rule change (5 September, Laura Erlanson, 700 uvm; Nashville, TN)

WASHINGTON (BP) – The Department of Veterans Affairs appears likely to rescind a Biden-era rule promoting abortion services at VA facilities.

In an email to Baptist Press, a VA spokesperson called the Biden Administration’s 2022 rule change “politically motivated” and a violation of “longstanding precedent.” The spokesperson also affirmed that any proposed rule change would not outlaw necessary care for pregnant women in life-threatening situations. The Biden Administration justified its rule change by claiming it was to prevent death.

The following background information was provided to Baptist Press from the VA spokesperson:

- “In passing the Veterans Health Care Act of 1992, Congress mandated that VA is not to provide abortions in most instances.
- “Starting in 1999, VA’s medical benefits package expressly excluded abortions and abortion counseling in most instances.
- “The infrequency with which VA has been performing the procedure since the Biden Administration’s VA abortion mandate was instituted in 2022 has raised safety concerns, contributing to VA leaders’ decision to revert to the department’s longstanding pre-Biden bipartisan policy regarding abortion and abortion counseling.
- “VA’s new policy will not prevent the department from providing care to pregnant women in life-threatening circumstances.”

The Southern Baptist Ethics & Religious Liberty Commission filed comments earlier this week urging the VA to revert back to pre-Biden rules regarding abortion.

On Thursday (Sept. 4), 71 pro-life members of Congress, led by Mississippi Sen. Cindy Hyde-Smith, chair of the Senate’s Pro-Life Caucus, issued a letter urging the same.

“Congress mandated the VA adhere to abortion funding restrictions within the Veterans Healthcare Act of 1992, which have been in place for over the last two decades,” the letter said. “Returning VA practices to following the law in 38 CFR 17.38 is the proper course of action for this law-abiding Administration under President Donald J. Trump.”

The pro-life lawmakers echoed the VA spokesperson in assuring that any rule change would not result in a lack of care when women’s lives are at stake.

“… [N]o state law prohibits the performance of an abortion when deemed necessary to save the mother’s life …,” the letter said.

“It has long been recognized that lifesaving care for ectopic pregnancy and miscarriage management do not fall under the definition of abortion. Other potentially life-threatening complications and situations are clearly outlined using reasonable medical judgment. … These heartbreaking circumstances may require the separation of mother and child, but they should never be used under a false light to push the pro-abortion agenda over genuine health care.”

The letter from lawmakers also criticized other aspects of VA abortion practices during the previous administration.

“The abortion training that VA health care providers received imposed a manipulative and dehumanizing approach to engaging with mother-patients about their ‘options’ in handling a pregnancy,” it said. “VA caregivers were instructed to never use the words ‘baby, unborn child,’ or ‘mother.’ Instead, they must use ‘fetus, embryo,’ and ‘pregnancy capable person.’ They were also trained to discuss pregnancy in a dangerous light, framing it as a medical condition that is ‘most certainly not benign’ and describing the impact of pregnancy on chronic health conditions. Further discussion of pregnancy options required providing information that emphasized studies from pro-abortion sources, such as the Guttmacher Institute and American College of Obstetricians and Gynecologists, claiming that abortion is ten times safer than carrying a pregnancy to term. This guidance is dangerously misleading and does not prioritize the health of pregnant veterans.”

In addition to Hyde-Smith, other Senate signatories included U.S. Senators James Lankford (R-Okla.), Roger Wicker (R-Miss.), John Cornyn (R-Texas), Ted Budd (R-N.C.), Todd Young (R-Ind.), Mike Crapo (R-Idaho), Kevin Cramer (R-N.D.), Steve Daines (R-Mont.), Lindsey Graham (R-S.C.), Marsha Blackburn (R-Tenn.), and Bill Hagerty (R-Tenn.).

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4.16 - KVVP (FM- 105.7): Alexandria VA Medical Center Leaders Visited BJACH on Fort Polk (5 September, Leesville, LA)

The following was released by Bayne-Jones Army Community Hospital:

Bayne-Jones Army Community Hospital welcomed leadership from the Alexandria VA Medical Center to continue strengthening our partnership in support of Soldiers, Veterans, and Families across Central Louisiana.

Together, we toured clinical areas and discussed opportunities to expand behavioral health, surgical, and specialty services through resource sharing and collaboration.

This collaboration embodies the core priorities of both systems: boosting capacity, strengthening partnerships, and expanding community options in support of readiness and timely, trusted Veteran-focused services.

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5. Business Transformation

5.1 - WHAS (ABC-11, Video): Fear over federal layoffs as new VA hospital opens soon (5 September, Clarice Scheele, 783k uvm; Louisville, KY)

LOUISVILLE, Ky. — On the front lawn of the Mazzoli Federal Building on West Chestnut Street, federal workers representing different agencies raised their voices about cuts in their departments.

One was Anice Chenault who has worked with the U.S. Department of Housing and Urban Development (HUD) for 23 years. Chenault said HUD has received staff cuts.

"We're being asked to do all the same work, plus actually we're being asked to do so much more because there's lots of hoops that have been added and checks and double checks," Chenault said.

She said they have also been directed to cut all support to languages other than English, including their website.

This is among other ongoing federal cuts, ordered by the Trump Administration.

According to the United States Bureau of Labor Statistics, through the Department of Labor, the national unemployment rate is now 4.3% which ABC News reported is the highest since 2021.

Government jobs have among the highest layoffs, along with manufacturing and professional and business services.

The Department of Veterans Affairs announced in July the cut of 30,000 workers by Sept. 30.

"It's devastating because being a vet myself, and a vet who serves vet, I know what that means," said navy veteran, John Hetzel.

He is also the president of the local union for federal workers at the VA Hospital in Louisville, AFGE local 1133. Hetzel said the hospital is already understaffed and overcrowded.

This concerns him as the new hospital, totaling $930 million, is built on Brownsboro Road. Senator Mitch McConnell pushed for the new hospital to drastically improve healthcare for veterans.

The building is expected to be complete in 2026.

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

7. Suicide Prevention

7.1 - WXIN (FOX-59, Video): VA Medical Center Postvention Awareness Event (5 September, David Gay, 2.9M uvm; Indianapolis, IN)

September is National Suicide Awareness Month.

Because of this, the Richard L. Roudebush VA Medical Center is hosting a post-vention awareness event to honor those veterans who have lost their lives because of suicide. The event will be at 1 p.m. on Wednesday at the center, located at 1481 W 10th St. in Indianapolis.

On Friday, Caitlin Dukie with the center joined the FOX59 Morning News to talk about the event, the critical support available and what the goal of the event is.

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7.2 - Altoona Mirror: Van Zandt event focuses on suicide prevention (6 September, William Kibler, 14k uvm; Altoona, PA)

In 2009 in Iraq, Van Zandt VA Medical Center social worker Matt Gibbons lost his right eye to an antitank grenade, which also damaged his arm and hand.

Gibbons' subsequent evacuation took him away from his soldier teammates, cutting him off from their protective camaraderie and triggering years of anxiety and anger, during which he believed that family members, friends, fellow service members and medical providers couldn't understand how he felt — and didn't care to understand.

Considering himself abandoned, thinking dark thoughts, hiding from people he thought were doing him injustice, struggling to figure out what to make of himself, Gibbons would travel up and down I-99 between State College and Altoona, planning where to turn off the highway, undo his seatbelt, go through an opening in the guardrail, plunge down into the woods and "lights out," he said Friday, working at a table near the Vietnam War memorial as part of the hospital's annual Suicide Prevention Walk and resource fair.

Gibbons, though, had responsibilities and those helped keep him on the roadway. He eventually got help at the hospital where he now works, from people who did what he does now — social workers who encouraged him to realize that if he became more vocal about his feelings, others would open up, and that his anger and resentment of them had been keeping him from experiencing their understanding — an understanding that neutralized his bad feelings.

Gibbons now uses his struggles to help the people he counsels, and sometimes it helps them.

"(But) if it fails, try something else," he said. "Tomorrow, we can work on feeling different."

It took him a long time to learn, Gibbons said.

At 26, newly wounded, he was virtually a “baby,” trying to work out what for him was a crazy and catastrophic experience, he said.

Friday’s event was intended to raise awareness and reduce the stigma over mental health issues, said hospital spokeswoman Rachel Prichard.

The VA has developed a suicide prevention program involving coordinators at the hospital who develop county-based “coalitions” that include not only VA and state Department of Military and Veterans Affairs personnel and willing veterans, but also representatives of social service agencies and medical providers.

Impetus for the program was the realization that two-thirds of those veterans dying from suicide were not enrolled at VA hospitals, said Leah Hmel, community engagement and partnerships coordinator for the hospital.

The program holds community education events at facilities run by veterans organizations, conducts trainings and promotes practices like safe storage of firearms, according to Kate Gavin, one of seven suicide prevention coordinators at Van Zandt, which serves a 14-county area.

The program attempts to meet veterans “where they’re at,” said hospital spokeswoman Rachel Prichard.

Individuals in need encountered by the program are directed to the VA if they qualify for help there and to community professional care if they do not.

That can include nonveterans.

Mirror Staff Writer William Kibler is at 814-949-7038.

Lifelines

The National Suicide Prevention Lifeline is 988.

A Blair County lifeline is 814-946-2141.

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7.3 - WTAJ (CBS-10, Video): Altoona VA hosts walk to raise awareness for veteran suicide (5 September, Olivia Bosar, 1k uvm; Altoona, PA)

Staff at the James E. Van Zandt VA Medical Center laced up their shoes to show support for veterans that are fighting a different type of battle.

On Friday, the hospital held a suicide prevention walk, to call awareness to veteran suicide and to the resources available to help prevent it.

"You're not alone," is a message the staff at the hospital hope will resonate with veterans battling depression and suicidal thoughts. According to the VA, it's a battle around 17 veterans lose each day. It's why they shined a light on the resources that are here to help, even at a moment's notice.

"We have an urgent care clinic that is open 24/7. So if our veterans are feeling like they're having a suicidal crisis or even just need help with their mental health or even medical issues, we have that at our Altoona campus," said Kate Gavin, Suicide Prevention Coordinator at the James E. Van Zandt VA Medical Center.

The VA also works to build community coalitions to bring mental health resources to veterans wherever they are.

"One of the reasons is we go out to them and you know we are reaching veterans where they live, work and play, so that it really makes the difference," said Olivia Luzier, Community Engagement and Partnership Coordinator at the James E. Van Zandt VA Medical Center.

They said that even when veterans know resources are available, for many, reaching out can be the hardest part because of the stigma around anxiety and depression.

"We know that that can be hard, but we also know our veterans can do hard things," Gavin said.

The staff said they hope walks like this show everyone that they're not alone.

If you need help, dial 988 and select option "1". You will be connected with a responder trained to help veterans.

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8. Women Veterans / Homelessness / Benefits / Cemeteries

8.1 - KOCO (ABC-5, Video): Sooner Stand Down aims to help homeless veterans in Oklahoma City metro (5 September, Jonathan Greco, 1.5M uvm; Oklahoma City, OK)

Veterans experiencing homelessness in the Oklahoma City metro can take part in an event that will help provide resources.

Sooner Stand Down is being held until 3 p.m. Friday at The Homeless Alliance's West Town Campus on Northwest Third Street in Oklahoma City.

Along with serving food, the event offers the following services:

- VA Registration
- VBA
- VSO's
- Housing
- Employment Assistance
- Haircuts/Styling
- Healthcare

- Women's Care
- Dental Care
- Breakfast and Lunch
- Non-Perishable Food Items
- Personal Care Items
- Reading Glasses
- Veterinarian Services from 10am-2pm (vaccines and microchips provided)
- Drug and Alcohol Treatment Information
- Vocational Rehabilitation Services
- Chaplain Services
- Mental Health and Recovery Services
- Legal Assistance
- SNAP Benefits
- Native American Services

The Department of Veterans Affairs also will provide shuttle services to the event.

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8.2 - Baraboo News Republic: Veterans Affairs host benefits fair (4 September, 323k uvm; Madison, WI)

Baraboo Veteran Benefits Fair from 11 a.m. to 3 p.m. Wednesday at Baraboo American Legion Post 26, 113 Second St., Baraboo.

Veterans and their family members will learn about federal, state, local and tribal resources; one on one benefits assistance; Badger Honor Flight information; Sauk County Veteran service officer; caregiver support; suicide prevention. Brats will be provided by Baraboo American Legion Post 26.

For more information, contact Matthew Jones, community relations, U.S. Department of Veterans Affairs, at 608-280-7030 or matthew.jones@va.gov.

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8.3 - Dubois County Free Press: Finding purpose after service, Speedy is helping fellow veterans (5 September, Matthew Crane, 16k uvm; Dubois, IN)

Kenneth Speedy LeFevre walks with a limp and six metal fletchettes in his wallet.

Both come from an IED that hit the convoy he was travelling in while deployed to Syria.

"It was a 30-vehicle convoy, and the vehicle in front of us hit an IED, and we suffered repercussions as a result," he said matter-of-factly.

Four servicemembers died along with Speedy's service dog, Karma.

Thousands of fletchettes were embedded in his back, neck, and leg, “quite a few in my shoulder,” he added, including the ones in his wallet.

He lost the entire use of his left side from the explosion. They originally told him he’d never walk again, but he was able to relearn and now gets around with a brace that extends from his hip down to his foot.

He was able to watch the drone footage of the attack later. “It’s pretty crazy when you see yourself flying through the air and then lying on the ground,” he said.

He had planned on doing 20 years in the Corps, but nine months after the attack, he was medically retired as a lance corporal and returned to Dubois County.

He spent a couple of years doing different jobs and volunteered with the Civil Air Patrol. Last year, he was approached by Steve Lindauer, a fellow veteran and member of the Marine Corps League, about the county’s need for a new Veterans Service Officer.

“He told me he thought I’d be perfect for the role,” Speedy said.

Though Speedy had his doubts, he applied anyway and was hired in November. He is now honored to be serving the estimated 3,400 veterans in Dubois County.

The position comes with moments of joy, as well as deep sadness and even anger, as Speedy navigates the Veterans Affairs bureaucracy and the limitations of his office.

Moments of joy, like finding a lost DD 214 — paperwork that proves a person’s service and is necessary for any veteran benefits — through the happenstance connections to other veterans willing to look through dusty storage boxes in barns.

Or reconnecting two best friends who served together over a framed drawing donated to his office.

The drawing originated from a veteran who stated that his best friend in the military had created it, and he couldn’t find a suitable home for it. He didn’t want it to be thrown away. Speedy told the vet he’d be honored to hang it up in his office.

“About three weeks later, another guy comes in…he saw the picture and said, ‘where’d you get that,'” Speedy said.

He told him about the donation and the story behind the image. Well that’s really cool. I drew that, the veteran responded.

So Speedy called up the other veteran who donated it and helped reunite the two friends. “First time they’d seen each other since Vietnam,” he said.

But some break his heart.

Like when someone calls and says their father is in the hospital and he’s got about six months to live, and the family is trying to get him what he deserves finally.

“And my earliest (available appointment) is February,” Speedy said.

Or when someone misses an appointment and he can't reschedule them for months down the road. He tries to keep Friday afternoons available for those appointments. However, with the high demand and the time it takes to work on a VA claim, rescheduling appointments can be challenging.

He meets with veterans and their family members four days a week during office hours, Tuesday through Friday, from 9 a.m. to 4 p.m., and works outside those hours to continue helping as much as possible. The stack of files, including claims and paperwork, exceeds the 28 hours he has been allotted by the county to support its veterans' needs.

While veterans who visit want to talk to him about their service, sharing stories, Speedy tries to keep them on track for the reason they are visiting him. Even so, an appointment can take an hour and a half, and between the paperwork submission, resubmission and appeals process with the VA, a single case can take up to seven hours of work on his part.

"A lot of times the veterans don't know what they are there for," Speedy said. "They know they have cancer. But there are a bunch of secondary conditions that go along with that."

He spends time helping them navigate the system to ensure they get all the benefits they qualify for, and for the sake of efficiency and service to the other veterans he has to help, he sometimes has to keep them on track rather than spending time reminiscing on their service, no matter how much he loves hearing their stories.

But, knowing that veterans need to be heard, Speedy helped create a Thursday breakfast at Cranberries open to all veterans. It started with about three and now exceeds twenty veterans meeting around a meal at the restaurant. State Senator Daryl Schmitt and U.S. Senator Mark Messmer have also dropped in to meet with the veterans on Thursdays.

He is also collaborating with other organizations and veterans to establish a supportive community for local veterans, regardless of when or how they served.

Last Thursday, he helped 17 veterans or veteran family members with VA paperwork at a special event held at the American Legion. More of these events are being planned for the other American Legions in Dubois County in efforts to bring his services closer to veterans' homes and with extra hours outside of his office hours.

He is also helping to plan the first Veterans Oktoberfest. The new event is designed to fundraise to support mental health initiatives for Dubois County veterans. It is set to take place on October 18 and will feature traditional Oktoberfest festivities at the River Center and Thyen-Clark Cultural Center.

Speedy loves what he's doing. He understands that veterans have a need to be part of something greater than themselves. He is honored to be helping them navigate the complex system that enables them to be part of their community.

"By and large, veterans are good people, and if you take care of them, they're going to stick around," he explained.

They joined the military because they wanted to give back to the nation, "and I don't generally see them lose that when they are out of uniform. They still want to serve."

He still wants to serve.

In the early hours of the morning, when he can't sleep because of his post-traumatic stress disorder or the traumatic brain injury he sustained, Speedy has been writing about his own experiences as well as those he learns about from the veterans he helps.

These interactions are woven into a manuscript that flows from his own struggles and thoughts about service and war, to stories shared with him by the veterans. Feelings of inadequacy and duty juxtaposed with small victories or special moments spent with service members who want to be seen and heard.

He asks them if it's okay to share their stories, but changes the names to respect their privacy. Writing from about 2 to 5:30 a.m., he's got about 20,000 words down, as much about them as it is about his own healing.

Someday, it will be a book, he hopes.

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9. Afghanistan Veterans / Veterans Crisis Line

10. Other

10.1 - Newsmax: **Rep. Van Orden to Sen. Ossoff: Vets 'Not Political Props'** (5 September, Nicole Weatherholtz, 4.5M uvm; West Palm Beach, FL)

Rep. Derrick Van Orden, R-Wis., lashed out at Sen. Jon Ossoff, D-Ga., on Friday for a social media post Ossoff made indicating he was instrumental in passing the VA Home Loan Reform Act.

"This is a bald faced LIE," Van Orden wrote on X. "@SenOssoff had absolutely nothing to do with this bill, and I mean nothing. He did not even VOTE for it, it passed by UC [unanimous consent]."

"This disgusting and shameful behavior must stop. Veterans are not political props."

Van Orden, a retired Navy SEAL, tagged the accounts of the Veterans of Foreign Wars, American Legion and Disabled American Veterans, as well as fellow retired SEAL Robert O'Neill.

Ossoff's office on Wednesday posted a clip of a WTVM 9 broadcast that framed the measure as "his bipartisan bill" and featured the senator touting the legislation flanked by local leaders and veterans.

The VA Home Loan Reform Act, introduced by Van Orden in the House in March, will help veterans who have fallen behind on their mortgage payments by moving any missed payments

to the back of their loan term. The bill was signed into law by President Donald Trump on July 30.

"This law helps fulfill a promise to those who protected us with their service and continue to do so today by providing a path to maintain homeownership," Van Orden said in a statement at the time. "I am very proud of our legislation and thankful to President Trump for signing it into law."

Newsmax reached out to Ossoff's press office for comment.

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10.2 - Breitbart: **GOP Lawmakers Slam Sen. Jon Ossoff for Claiming Credit on Veterans Bill Signed by Trump** (5 September, Jasmyn Jordan, 3.2M uvm; Los Angeles, CA)

Sen. Jon Ossoff (D-GA) is facing backlash from Rep. Derrick Van Orden (R-WI), Georgia Republicans, and the National Republican Senatorial Committee (NRSC) after his office promoted the recently signed VA Home Loan Reform Act as legislation he claimed to have "championed", despite records showing he did not sponsor, cosponsor, or vote on the bill, which passed the Senate by unanimous consent.

On Wednesday, Sen. Ossoff's office posted a video on X touting credit for the bipartisan VA Home Loan Reform Act, legislation signed into law by President Donald Trump to help protect veterans from foreclosure. It showed Ossoff hosting a press conference in Georgia's Chattahoochee Valley, where he described the bill as "our bipartisan bill signed into law by President Trump to protect American veterans from foreclosure and prevent veteran homelessness."

The legislation allows veterans who fall behind on mortgage payments to move missed payments to the end of their loan terms. However, Ossoff's assertion of authorship was heavily disputed.

Rep. Derrick Van Orden (R-WI), who introduced the bill in the House, responded on Friday, writing on X: "This is a bald faced LIE. @SenOssoff had absolutely nothing to do with this bill, and I mean nothing. He did not even VOTE for it, it passed by UC. This disgusting and shameful behavior must stop. Veterans are not political props." In a follow-up post, Van Orden urged veterans and supporters to call Ossoff's office to express "collective disgust," sharing the senator's Washington phone number.

Rep. Mike Collins (R-GA), who is running against Ossoff in the 2026 Senate race, replied, "Amen brother! Says one thing in GA, does another in DC." Rep. Buddy Carter (R-GA), who is also seeking to unseat Ossoff, called Ossoff's contentions "pathetic, disgusting lies," adding, "Congrats on showing Georgians you're not above using veterans as props for your press stunts. Your empty suit gimmicks spit in the face of people you claim to serve. How about spending less time on hair and makeup and more time actually working for Georgia?"

Derek Dooley, another Republican challenger, through his campaign's War Room said, "Jon Ossoff trying to take credit for a bill he had nothing to do with is the definition of a typical politician. He didn't cast a vote. He didn't do any work. He just saw a chance for a headline. Stop using veterans as props."

Several Georgia outlets, including WSB Radio, WSB-TV, Fox5, and WRBL, reported that Ossoff co-sponsored or backed the legislation, citing his office's statements, even though the bill was introduced by Rep. Derrick Van Orden (R-WI) without a Senate companion. Ossoff was not a co-sponsor, he does not serve on the Senate Veterans' Affairs Committee that discharged it, and he neither spoke nor offered amendments when it passed the Senate by unanimous consent in July.

NRSC Chairman Sen. Tim Scott (R-SC) criticized Ossoff, calling his narrative "hogwash" and saying, "Georgia deserves so much better." Sen. Tommy Tuberville (R-AL) agreed with the sentiment, remarking, "This is why Americans hate politicians. Jon Ossoff had NOTHING to do with this bill. Our veterans are not your political prop." Georgia Insurance Commissioner John King added that Ossoff "Didn't have a single thing to do with this bill, but here he is taking credit for it."

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10.3 - Just the News: **Van Orden: Ossoff lying about support for VA Home Loan Reform Act** (5 September, Natalia Mittelstadt, 887k uvm; Washington, DC)

Wisconsin GOP Rep. Derrick Van Orden criticized Georgia Democratic Sen. Jon Ossoff on Friday for allegedly lying about supporting the VA Home Loan Reform Act.

Ossoff's office posted on X on Wednesday a news clip about "his bipartisan bill" that President Donald Trump signed into law in July, according to the TV reporter in the video.

"Today I am here to celebrate that President Trump has signed our bipartisan bill into law to protect American veterans from foreclosure and prevent veteran homelessness," Ossoff said in the video clip.

"The bipartisan VA Home Loan Reform Act championed by Sen. Ossoff to protect veterans facing foreclosure and homelessness has been signed into law," Ossoff's office captioned the X post.

The VA Home Loan Reform Act was introduced in the House of Representatives by Van Orden and passed the Senate by a voice vote.

"This is a bald faced LIE," Van Orden posted on X in response to Ossoff. "@SenOssoff had absolutely nothing to do with this bill, and I mean nothing. He did not even VOTE for it, it passed by [unanimous consent]. This disgusting and shameful behavior must stop. Veterans are not political props."

Van Orden also called out the Democratic Senatorial Campaign Committee, posting on X, "[W]hat is going on over there with your lyin' colleague, @SenOssoff? He had zero to do with passing my bill to help veteran homelessness. If he had, I would have publicly praised him because I refuse to politicize vet issues. Garbage."

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10.4 - WCTV (CBS-6): **Tallahassee man charged, accused of stealing Department of Veterans Affairs funds** (5 September, Jamiya Coleman, 145k uvm; Tallahassee, FL)

TALLAHASSEE, Fla. (WCTV) - A Tallahassee man was indicted this week after being accused of stealing funds from the Department of Veterans Affairs, according to the Northern District of Florida U.S. Attorney's Office.

Anthony Brewer, 47, was charged with theft of government property, the attorney's office wrote in a press release Friday morning.

The 47-year-old is set to appear in federal court for his arraignment in November, according to the release.

If convicted, Brewer could face up to 10 years in prison.

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10.5 - KCPQ (FOX-13): **SILVER Alert activated for man who left Seattle VA Hospital** (5 September, Will Wixey, 52k uvm; Seattle, WA)

SEATTLE - The Washington State Patrol has activated a SILVER Alert for a missing man who was last seen leaving the VA Hospital in Seattle.

Dennis Markey, 76, was last seen around 1 p.m. on Thursday near the VA Hospital on South Columbian Way.

WSP says Markey has diminished decision-making capacity and may not be able to return to safety without assistance.

Markey is described as 5'9", 180 pounds, with gray hair and blue eyes. He was wearing a tan coat, blue button up shirt, dark pants and black shoes.

If you see Markey, please call 911.

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From: (b)(6)
Sent: Tue, 2 Sep 2025 19:12:28 +0000
To: OCLA Front Office
Cc: (b)(6) (OCLA); (b)(6)
Subject: FOR YOUR AWARENESS: Public comment letter on VA abortion rule
Attachments: 2025-09-02 Letter commenting on VA abortion rule.pdf

FYSA…Im sharing the attached letter/comments submitted to the federal registry regarding VA's proposed rule on abortion.

Best,
(b)(6)
Congressional Relations Officer
Office of Congressional & Legislative Affairs
U.S. Department of Veterans Affairs
Phone: (b)(6)

PRE-DECISIONAL & DELIBERATIVE

From: (b)(6) (Veterans Affairs) (b)(6) @vetaff.senate.gov>
Sent: Tuesday, September 2, 2025 2:58 PM
To: (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @mail.house.gov>; (b)(6) (b)(6) @mail.house.gov>
Subject: [EXTERNAL] Public comment letter on VA abortion rule

Hi all – flagging that the attached letter was just submitted to the Federal Register as a public comment to the recent proposed rule on VA abortion.

Thanks,
(b)(6)
Professional Staff Member
U.S. Senate Committee on Veterans' Affairs
U.S. SENATE COMMITTEE ON VETERANS' AFFAIRS

Congress of the United States
Washington, DC 20515

September 2, 2025

Steven L. Lieberman, MD
Acting Under Secretary for Health
Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Dear Dr. Lieberman,

We write today to comment on the Department of Veterans Affairs' (VA) proposed rule, RIN: 2900-AS31, published in the Federal Register on August 4, 2025, to reinstate a near-total ban on abortions and abortion counseling from VA's medical benefits package. This incredibly dangerous and reckless rule change will take away essential health care for veterans and beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). For the past three years, these patients have been able to obtain comprehensive pregnancy counseling, including information about abortion services, and abortion care in cases of rape, incest, or life or health endangerment. This proposed rule seriously calls into question whether the Department is putting political allegiances and culture wars ahead of its sacred obligation to deliver quality, life-saving health care to veterans, including the more than 462,000 women veterans of reproductive age enrolled in VA health care.

We reject this rule's premise that only providing a carveout for abortions in cases of life endangerment is adequate for providing "needed" health care for veterans. Evidence has shown that extreme abortion bans, like the ban this rule would create, cause chaos and confusion for providers, putting them in the impossible position of navigating laws that don't allow them to deliver the appropriate standard of care to ailing patients. Worse, such a ban would also be extremely dangerous to the health and wellbeing of veterans. As we have seen in states with extreme abortion bans, even those with "life exceptions" in place, patients have faced severe health complications and even death in cases when providers did not know if the patient's life was endangered *enough* to be covered under this exception.

Additionally, though this proposed rule claims "[n]o State law prohibits treatment for ectopic pregnancies or miscarriages to save the life of a mother," there are numerous cases of providers nationwide being unable to provide care for women with ectopic pregnancies or experiencing miscarriages, due to restrictive, ambiguous laws. As such, this rule will now require VA providers to make the impossible determination of whether a veteran is close enough to death to be covered under the "threat to life" exception before providing an abortion. VA's proposed rule presupposes that a blanket prohibition and a narrow, undefined exception will be sufficient to ensure VA can provide "needed" care to veterans and that "the lives of pregnant women will continue to be protected…" instead of trusting veterans and their providers to decide on a path forward that actually meets patients' needs and protects their lives. This is no way to treat our veterans, or VA providers.

Beyond the ban on abortion care, the prohibition on abortion counseling in this proposed rule also endangers VA's ability to provide appropriate care to veterans. Regardless of the reason a veteran chooses or needs to seek abortion care, they must be allowed to discuss all their health care options openly and honestly with their provider. In removing VA providers' ability to provide comprehensive, evidence-based pregnancy counseling, including information about abortion services, in this proposed rule, the Department is unnecessarily and detrimentally allowing the government to interfere with health care decisions that should be between a veteran and their provider. In putting forth this proposed rule, VA has decided that its political judgement and legal analysis should supplant medical care decisions that are best made by providers and the patients in their care, even in life and death situations.

Further, despite VA's argument that previous eligibility requirements for abortion care and counseling at the Department – as put in place under the Biden Administration's September 9, 2022, interim final rule – were contradictory to "decades of Federal policy against forced taxpayer funding for abortion," the Biden-era rule brought VA *more* in line with abortion coverage in other federal programs. Most federally funded health programs – including those covered under the Hyde Amendment – have carveouts for abortions in cases of rape, incest, or life endangerment. VA's rule will lead to an inequity for veterans and CHAMPVA beneficiaries when compared to their civilian counterparts, making their access to abortion care more limited than those who use almost any other federally funded health care program.

This proposed rule also claims the Biden-era rule was an act of overreach, "creating a purported Federal entitlement to abortion for veterans where none had existed before and without regard to State law." In reality, the Department has previously issued a regulation (38 CFR 17.419) confirming the ability of VA providers to practice their health care profession consistent with the scope of their VA employment, regardless of any State license, registration, certification, or other requirements that unduly interfere with their practice. Additionally, the Justice Department issued an opinion after the release of the Biden-era rule, citing the Supremacy Clause of the U.S. Constitution and its applicability to the Biden rule: "[s]tates may not impose criminal or civil liability on VA employees…who provide or facilitate abortions or related services in a manner authorized by federal law, including VA's rule." Given the applicability of VA's own regulations and the Supremacy Clause of the U.S. Constitution, we fail to see how the Department can reject the Biden-era rule on the premise of "overreach."

Finally, we find the Department's claim that "abortion is not a 'needed' service for veterans" to be insulting and ignorant. Veterans of reproductive age have high rates of chronic health conditions – many of which may be service connected, including post-traumatic stress disorder (PTSD), severe hypertension, and renal disease – that can increase the risks associated with a pregnancy. If a provider determines these conditions or others make an abortion necessary to preserve a veteran or CHAMPVA beneficiary's health, access to abortion should be considered essential health care. In addition, veterans who are forced to carry to term pregnancies resulting from rape or incest are at risk of long-lasting psychological conditions and traumatic stress, making abortion access for these veterans needed for protecting their health. It is also vital given the high incidence of military sexual trauma in the Armed Forces, and the number of veterans who already suffer from PTSD or other mental health conditions.

The concerns we raise about this cruel proposal to roll back essential health care for veterans are not ours alone – they are shared by veterans and their families nationwide. A survey conducted by Iraq and Afghanistan Veterans of America after the U.S. Supreme Court's *Dobbs v. Jackson Women's Health Organization* decision found more than two-thirds of their members surveyed *supported* both VA and the Department of Defense stepping in to ensure veterans, servicemembers, and their families have access to the reproductive care they need. Since the *Dobbs* decision, more than half of women veterans and CHAMPVA beneficiaries of reproductive age live in states that have enacted abortion bans or restrictions. Should their health be in jeopardy due to a pregnancy, or if they are raped, this rule will leave them with nowhere to turn. To finalize this rule will be a failure for our veterans, and we urge the Department to reconsider.

Thank you for your consideration of this comment.

Sincerely,

Richard Blumenthal
United States Senator

Mark Takano
Member of Congress

Charles E. Schumer
United States Senator

Hakeem Jeffries
Member of Congress

Teresa Leger Fernández
Member of Congress

Diana DeGette
Member of Congress

Ayanna Pressley
Member of Congress

Kirsten Gillibrand
United States Senator

Jim Himes
Member of Congress

Greg Casar
Member of Congress

Maxine Dexter
Member of Congress

Nikki Budzinski
Member of Congress

Angus S. King, Jr.
United States Senator

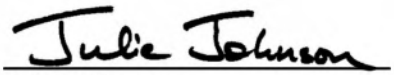
Timothy M. Kennedy
Member of Congress

Patrick Ryan
Member of Congress

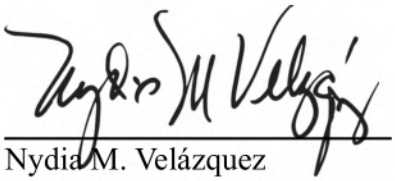
Delia C. Ramirez
Member of Congress

Judy Chu
Member of Congress

Jasmine Crockett
Member of Congress



Julie Johnson
Member of Congress



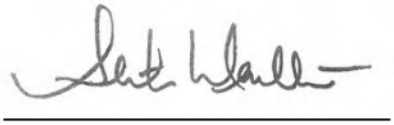
Nydia M. Velázquez
Member of Congress



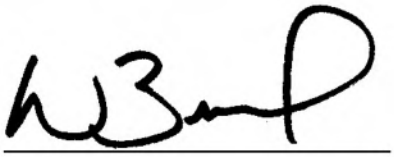
Joyce Beatty
Member of Congress



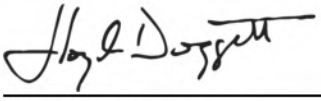
Chrissy Houlahan
Member of Congress



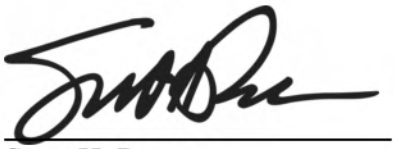
Seth Moulton
Member of Congress



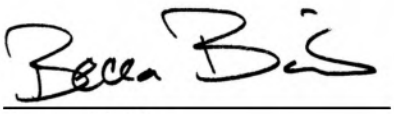
Wesley Bell
Member of Congress



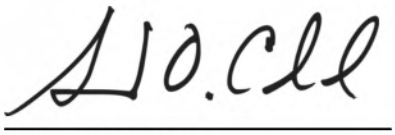
Lloyd Doggett
Member of Congress



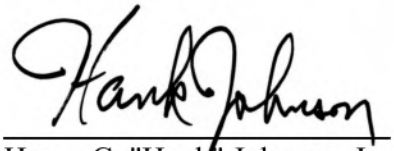
Scott H. Peters
Member of Congress



Becca Balint
Member of Congress



Salud Carbajal
Member of Congress



Henry C. "Hank" Johnson, Jr.
Member of Congress



Paul Tonko
Member of Congress

Eleanor Holmes Norton
Member of Congress

Mary Gay Scanlon
Member of Congress

Johnny Olszewski, Jr.
Member of Congress

Shontel M. Brown
Member of Congress

Yassamin Ansari
Member of Congress

Nanette Diaz Barragán
Member of Congress

Janelle S. Bynum
Member of Congress

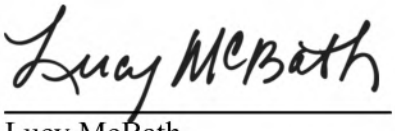
Amy Klobuchar
United States Senator

John B. Larson
Member of Congress

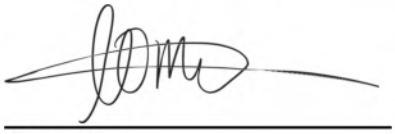
John Garamendi
Member of Congress

Raja Krishnamoorthi
Member of Congress

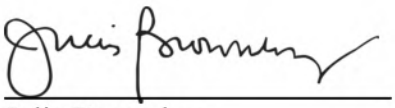
Lateefah Simon
Member of Congress



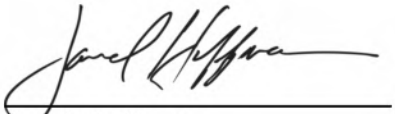
Lucy McBath
Member of Congress



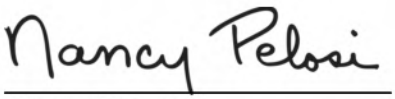
Ilhan Omar
Member of Congress



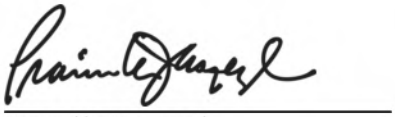
Julia Brownley
Member of Congress



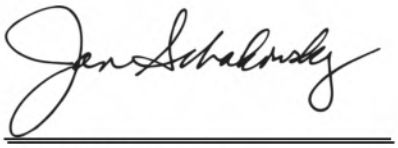
Jared Huffman
Member of Congress



Nancy Pelosi
Member of Congress



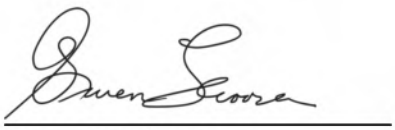
Pramila Jayapal
Member of Congress



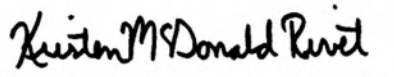
Jan Schakowsky
Member of Congress



Troy A. Carter, Sr.
Member of Congress



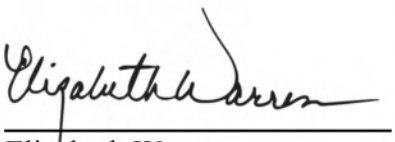
Gwen S. Moore
Member of Congress



Kristen McDonald Rivet
Member of Congress



Herbert C. Conaway, Jr.
Member of Congress



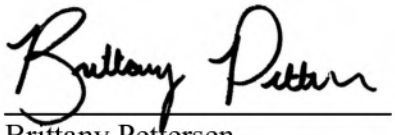
Elizabeth Warren
United States Senator



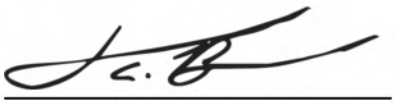
Joe Courtney
Member of Congress



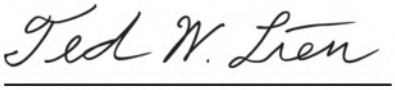
Adam B. Schiff
United States Senator



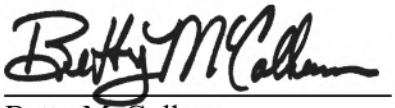
Brittany Pettersen
Member of Congress



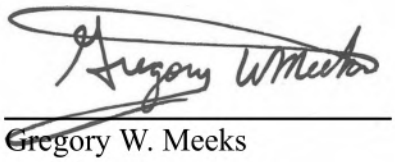
Cory A. Booker
United States Senator



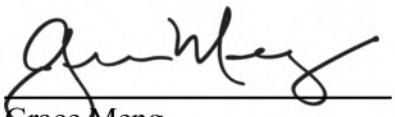
Ted W. Lieu
Member of Congress



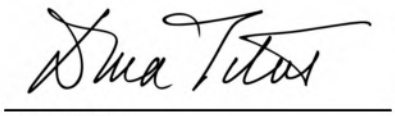
Betty McCollum
Member of Congress



Gregory W. Meeks
Member of Congress



Grace Meng
Member of Congress



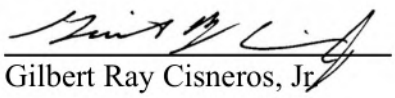
Dina Titus
Member of Congress



Debbie Dingell
Member of Congress



Robin L. Kelly
Member of Congress



Gilbert Ray Cisneros, Jr.
Member of Congress

Greg Landsman
Member of Congress

Summer L. Lee
Member of Congress

Veronica Escobar
Member of Congress

Tammy Duckworth
United States Senator

Nikema Williams
Member of Congress

Lois Frankel
Member of Congress

Jerrold Nadler
Member of Congress

Josh Gottheimer
Member of Congress

Donald S. Beyer Jr.
Member of Congress

Debbie Wasserman Schultz
Member of Congress

Jill Tokuda
Member of Congress

Sylvia R. Garcia
Member of Congress

Elissa Slotkin
United States Senator

Ritchie Torres
Member of Congress

Mike Levin
Member of Congress

Gabe Amo
Member of Congress

Jamie Raskin
Member of Congress

Rashida Tlaib
Member of Congress

Frederica S. Wilson
Member of Congress

Patty Murray
United States Senator

Bonnie Watson Coleman
Member of Congress

Chris Pappas
Member of Congress

Deborah K. Ross
Member of Congress

Jon Ossoff
United States Senator

Greg Stanton
Member of Congress

Mark DeSaulnier
Member of Congress

Sarah Elfreth
Member of Congress

Kelly Morrison
Member of Congress

Terri A. Sewell
Member of Congress

Yvette D. Clarke
Member of Congress

Bernard Sanders
United States Senator

Madeleine Dean
Member of Congress

Rosa L. DeLauro
Member of Congress

Marilyn Strickland
Member of Congress

Morgan McGarvey
Member of Congress

Ron Wyden
United States Senator

Kevin Mullin
Member of Congress

Kathy Castor
Member of Congress

Sarah McBride
Member of Congress

Haley M. Stevens
Member of Congress

Angie Craig
Member of Congress

James P. McGovern
Member of Congress

Sean Casten
Member of Congress

Maxine Waters
Member of Congress

Steven Horsford
Member of Congress

Ro Khanna
Member of Congress

Jonathan L. Jackson
Member of Congress

Eugene Simon Vindman
Member of Congress

Jacky Rosen
United States Senator

Dwight Evans
Member of Congress

Chris Deluzio
Member of Congress

Raul Ruiz, M.D.
Member of Congress

Eric Sorensen
Member of Congress

Jeanne Shaheen
United States Senator

Rick Larsen
Member of Congress

Lauren Underwood
Member of Congress

Bradley Scott Schneider
Member of Congress

Martin Heinrich
United States Senator

Shri Thanedar
Member of Congress

Eric Swalwell
Member of Congress



Mark Pocan
Member of Congress



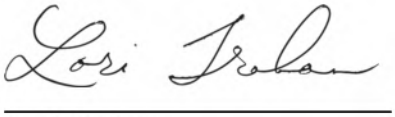
Jason Crow
Member of Congress



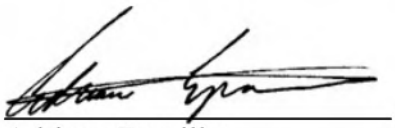
Jim Costa
Member of Congress



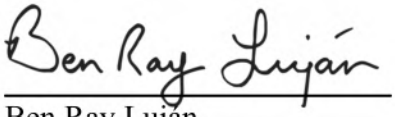
Juan Vargas
Member of Congress



Lori Trahan
Member of Congress



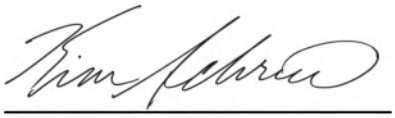
Adriano Espaillat
Member of Congress



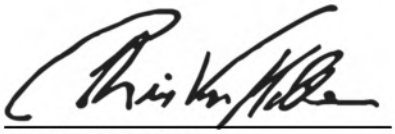
Ben Ray Luján
United States Senator



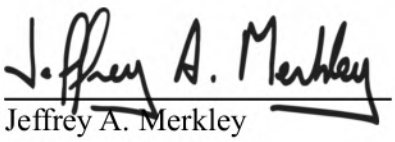
Brad Sherman
Member of Congress



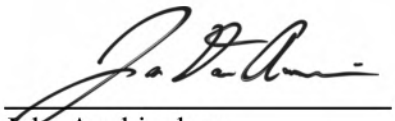
Kim Schrier, M.D.
Member of Congress



Chris Van Hollen
United States Senator



Jeffrey A. Merkley
United States Senator



Clake Auchincloss
Member of Congress

Edward J. Markey
United States Senator

Glenn Ivey
Member of Congress

Zoe Lofgren
Member of Congress

Jesús G. "Chuy" García
Member of Congress

Suzanne Bonamici
Member of Congress

Joseph D. Morelle
Member of Congress

David Scott
Member of Congress

Margaret Wood Hassan
United States Senator

Jahana Hayes
Member of Congress

Steve Cohen
Member of Congress

LaMonica McIver
Member of Congress

Seth Magaziner
Member of Congress

Linda T. Sánchez
Member of Congress

J. Luis Correa
Member of Congress

Sara Jacobs
Member of Congress

Sydney Kamlager-Dove
Member of Congress

Sheila Cherfilus-McCormick
Member of Congress

Danny K. Davis
Member of Congress

Stephen F. Lynch
Member of Congress

Richard E. Neal
Member of Congress

Maria Cantwell
United States Senator

Laura Friedman
Member of Congress

Ruben Gallego
United States Senator

Maxwell Alejandro Frost
Member of Congress

Mazie K. Hirono
United States Senator

Ed Case
Member of Congress

Sheldon Whitehouse
United States Senator

Doris Matsui
Member of Congress

April McClain Delaney
Member of Congress

Gabe Vasquez
Member of Congress

Suzan K. DelBene
Member of Congress

Mike Quigley
Member of Congress

Mark Kelly
United States Senator

Catherine Cortez Masto
United States Senator

Bill Foster
Member of Congress

Frank Pallone, Jr.
Member of Congress

Andrea Salinas
Member of Congress

Emanuel Cleaver, II
Member of Congress

Jennifer L. McClellan
Member of Congress

George Whitesides
Member of Congress

Dan Goldman
Member of Congress

Tammy Baldwin
United States Senator

Peter Welch
United States Senator

Richard J. Durbin
United States Senator

Norma J. Torres
Member of Congress

Robert J. Menendez
Member of Congress

Mikie Sherrill
Member of Congress

Emilia Strong Sykes
Member of Congress

Susie Lee
Member of Congress

Marcy Kaptur
Member of Congress

Mike Thompson
Member of Congress

John Fetterman
United States Senator

Hillary J. Scholten
Member of Congress

Maggie Goodlander
Member of Congress

Jack Reed
United States Senator

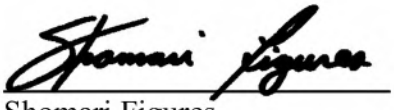
Frank J. Mrvan
Member of Congress

Chellie Pingree
Member of Congress

Suhas Subramanyam
Member of Congress

Katherine M. Clark
Member of Congress

Adam Smith
Member of Congress



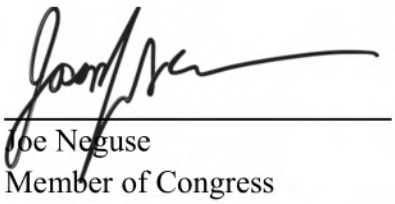
Shomari Figures
Member of Congress



Dave Min
Member of Congress



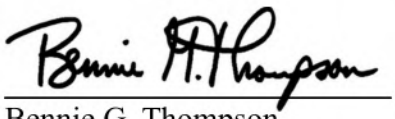
Cleo Fields
Member of Congress



Joe Neguse
Member of Congress



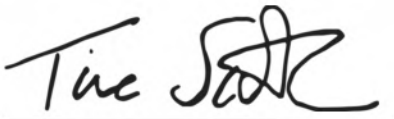
Marc A. Veasey
Member of Congress



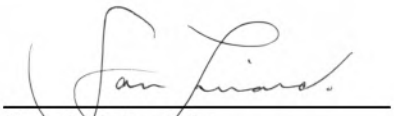
Bennie G. Thompson
Member of Congress



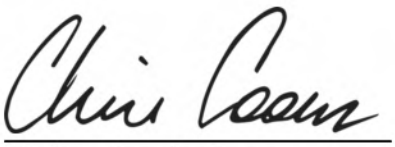
Emily Randall
Member of Congress



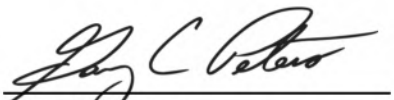
Tina Smith
United States Senator



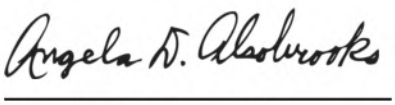
Sam T. Liccardo
Member of Congress



Christopher A. Coons
United States Senator



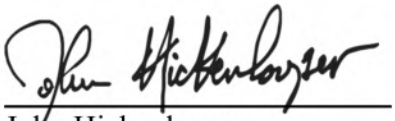
Gary C. Peters
United States Senator



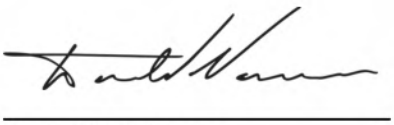
Angela D. Alsobrooks
United States Senator



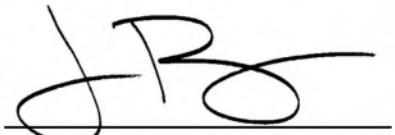
Valerie P. Foushee
Member of Congress



John Hickenlooper
United States Senator



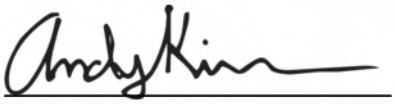
Donald Norcross
Member of Congress



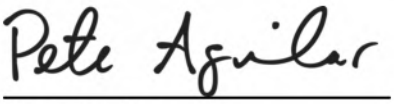
Josh Riley
Member of Congress



Robert C. "Bobby" Scott
Member of Congress



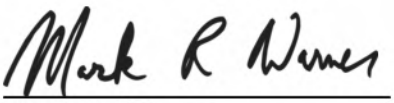
Andy Kim
United States Senator



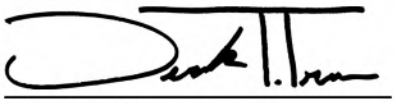
Pete Aguilar
Member of Congress



Val Hoyle
Member of Congress



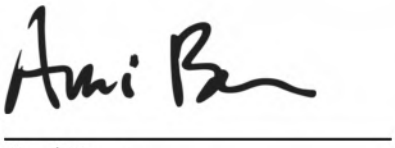
Mark R. Warner
United States Senator



Derek T. Tran
Member of Congress



Luz M. Rivas
Member of Congress



Ami Bera
Member of Congress

Steny H. Hoyer
Member of Congress

Lizzie Fletcher
Member of Congress

Christopher S. Murphy
United States Senator

Alex Padilla
United States Senator

Nellie Pou
Member of Congress

William R. Keating
Member of Congress

George Latimer
Member of Congress

Jared Golden
Member of Congress

Adam Gray
Member of Congress

From: (b)(6)
Sent: Fri, 16 May 2025 14:50:34 +0000
To: Johnson, Glenn (SES)
Cc: (b)(6)
Subject: RE: Discussion on CTRs
Attachments: FY 2025 CTR Requirements-sorted by date, 5-14-25.xlsx, CTR status - May 13 2025.pptx, VHA CTR Status Summary for OCLA - 5.14.25, 5-16-25.xlsx, OB CTR Flowchart 3-16-2021v2.pptx

Here are materials to help with the meeting

(b)(6)

From: Johnson, Glenn (SES) (b)(6) @va.gov>
Sent: Thursday, May 15, 2025 5:21 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: Discussion on CTRs

Thanks, that will work. Sending an invite now.

From: (b)(6) @va.gov>
Sent: Thursday, May 15, 2025 5:15 PM
To: Johnson, Glenn (SES) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Bergin, (b)(6) @va.gov>
Subject: RE: Discussion on CTRs

How about 11am Friday. Happy to come to your office.

(b)(6)

From: Johnson, Glenn (SES) (b)(6) @va.gov>
Sent: Thursday, May 15, 2025 3:42 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: Discussion on CTRs

*** PRE-DECISIONAL ***

(b)(6)

Good afternoon. You mentioned you had availability for tomorrow afternoon. Unfortunately, (b)(6) and myself will be at the Secretary's Principals Tabletop Exercise from 1-4pm. I'm not sure if CTRs something someone want to discuss late on a Friday afternoon. By chance, do you have any availability in the morning.

Thanks
Glenn

Glenn Johnson
Principal Deputy Assistant Secretary
Office of Congressional & Legislative Affairs (009)
U.S. Department of Veterans Affairs
Office: 202 461-5707
Cell: 202 815-9683

*** PRE-DECISIONAL ***

Summary of FY 2025 Congressional Tracking Report Requirements

Total Number of Reporting Requirements	269
Total Number of Reports Completed	32
Total Number of Reports due as of 5/14/2025	62
Total Number of Reports Completed due as of 5/14/2025	40
Percentage of Reports Completed 5/14/2025	65%
Total Number of Reports Overdue (5/14/2025)	22
Number of Reports 30 days past due or less	16
Number of Reports 30 - 60 days past due	3
Number of Reports over 60 days past due	3

Reports Submitted to Hill – 32 of 269 (12%)

Early or On-Time
Within 30 days of Due Date
Over 30 days
Total

DESCRIPTION	VIEWS #	Rec'd 041	DUE DATE TO HILL	STATUS
VHA				
OVERDUE				
Veteran Access (November)	12322044		2/10/2025	5/9/2025 - reassigned to MCT based on OCLA edits; 4/29/2025 - still with MCT; 4/21/2025 - updated report submitted to OB; 2/25/2025 - on hold until October report is submitted; 2/18/2025 - to OM/SA for approval; 2/11/2025 - with MCT for final review; 2/10/2025 - OCLA concurs
Veteran Access (December)	12353349		3/10/2025	5/9/2025 - reassigned to MCT based on OCLA edits; 4/29/2025 - still with MCT; 4/21/2025 - updated report submitted to OB; 3/11/2025 - on hold until October report is submitted
Veteran Access (January)	12504630		4/9/2025	5/9/2025 - reassigned to MCT based on OCLA edits; 4/29/2025 - still with MCT; 4/21/2025 - updated report submitted to OB; 4/15/2025 - on hold until October report is submitted
Congressional Oversight of VA's Actions on Abortion	12918126		4/14/2025	5/14/2025 - not received
Office of Rural Health Operating Plan	12918152		4/14/2025	5/5/2025 - VHA concurs; 4/23/2025 - to OCLA/VHA for concurrence; 4/9/2025 - to VHA for edit recon; 4/2/2025 - received in OB
Medical Facilities Spend Plan	12918283		4/14/2025	5/5/2025 - with SD for review; 5/5/2025 - VHA concurs; 4/29/2025 - still with VHA for concurrence; 4/22/2025 - waiting for VHA concurrence; 4/15/2025 - OCLA concurs; 4/8/2025 - to VHA/OCLA for concurrence; 3/31/2025 - received in OB
Signing of Veteran Death Certificates	12918315		4/29/2025	5/14/2024 - not received
Veteran Access (February)	12505167		5/9/2025	5/9/2025 - reassigned to MCT based on OCLA edits
VBA				
Equitable Relief	12498042		4/1/2025	5/14/2025 - waiting on CMR submission
OVERDUE				
NCA				
OVERDUE				
INFORMATION TECH				
OVERDUE				
508 Accessibility	12499379		4/29/2025	4/30/2025 - to OB ADAS; 4/29/2025 - OCLA concurs; 4/14/2025 - to OCLA for concurrence
IT Expenditure Report	12499581		5/1/2025	5/2/2025 - to OM/SA for approval
OEHRM				
OVERDUE				
Veterans Electronic Health Record (1st Qtr.)	12353315		3/7/2025	5/14/2025 - waiting on CMR submission
BVA				
OVERDUE				
General Admin				
OVERDUE				

Report Required

Summary of FY 2025 Congressional Tracking Report Requirements

Sent to Hill	House Report 118-528
Overdue	Senate Report 118-191
HVAC/SVAC and HAC/SAC	Joint Explanatory Statement (JES)
Additional Review	P.L. 119-4
Uploaded to VIEWS	
Send to Meghan for review before submission	
Send to OIG (Heather's email)	

	VIEWS #	Responsible Organization	Responsible Office	Responsible Official	Due Date to 041	Due Date to Committee	CTR Page	Received in 041	To 009 for Concur	009 Concur Received	To DAS for Budget	To OM/SA for Approval	OM/SA Approval Received	Signed by DAS for Budget	Date to Comm.	Additional Review	Additional Review Comments	Commnets
Congressional Oversight of VA's Actions on Abortion **-** The bill prohibits funding to implement, administer, or otherwise carry out the Department's illegal actions in the interim final rule published September 9, 2022. The interim final rule clearly violated Section 106 of the Veterans Health Care Act of 1992 (P.L. 102–585; Title 38 U.S.C. 1710 note). **The Committee directs the Department to provide a report within 30 days of enactment, and every 180 days thereafter, to the Committee on Appropriations of the United States House of Representatives and the Committee on Appropriations of the United States Senate containing the following information, disaggregated by State: (1) the number of abortions the Department has provided in VA facilities since September 9, 2022; (2) the number of abortions performed elsewhere and funded by the Department since September 9, 2022; (3) under which exception each abortion provided or funded by the Department has qualified; (4) the total amount expended on each abortion; and (5) the criteria used and documentation required by the Department to determine when an exception allowing for an abortion applies.**	12918126	VHA			4/4/2025	4/14/2025	HAC Pg. 21											
Office of Rural Health Operating Plan **- The Committee directs the Office of Rural Health to submit no later than 30 days after enactment of this Act an operating plan for fiscal year 2025 funding, as well as for the fiscal year 2026 funding provided in advance by this Act.**	12918152	VHA			3/31/2025	4/14/2025	HAC Pg. 45	4/2/2025	4/23/2025									
Medical Facilities Spend Plan **- The Committee expects VA to provide, no later than 30 days after enactment of this Act, an expenditure plan detailing the planned use of the funds provided. The Committee understands that some of the projects planned for fiscal year 2025 may not be ready within that timeframe, requiring an adjustment to the spending plan. The Committee requests a quarterly update of the plan if the funding for any single project changes by more than $3,000,000 during that time period.**	12918283	VHA	19SS	(b)(6)	3/31/2025	4/14/2025	HAC Pg. 53	3/31/2025	4/8/2025	4/15/2025								
Sexual Harassment and Sexual Assault Protections for VA Beneficiaries and Employees **-** Eliminating sexual harassment and assault at VA is critical to creating a safe and welcoming environment for veterans, their families, caregivers, and survivors, as well as VA employees. The Committee notes that VA has published a handbook with comprehensive policy guidance and instructions addressing harassment and sexual assault and directs VA to ensure that these policies are fully communicated and complied with. **The Committee appreciates the Department's efforts to better address harassment and sexual assault and requests an updated report** annually **on its approach.**	12499353	OSVA	ORMDI		4/1/2025	4/15/2025	HAC 118-122 Pg. 20	4/7/2025	4/8/2025	4/29/2025	4/30/2025	5/5/2025						
508 Accessibility - The agreement directs the Secretary to review VA's 508 accessibility compliance and Information and Communication Technology accessibility, report findings to the Committees within 90 days after enactment of this Act, and continue to report on the progress of 508 accessibility compliance annually **for 3 years after enactment.** The agreement urges the Department to maintain open lines of communication with VSOs, particularly the Blinded Veterans Association, during the ongoing effort to improve accessibility.	12499379	OIT	CRR	(b)(6)	4/15/2025	4/29/2025	JES P.L. 117-328 Pg. 59	4/14/2025	4/14/2025	4/29/2025	4/30/2025							

Report Required

Summary of FY 2025 Congressional Tracking Report Requirements

Sent to Hill	House Report 118-528
Overdue	Senate Report 118-191
HVAC/SVAC and HAC/SAC	Joint Explanatory Statement (JES)
Additional Review	P.L. 119-4
Uploaded to VIEWS	
Send to Meghan for review before submission	
Send to OIG (Heather's email)	

	VIEWS #	Responsible Organization	Responsible Office	Responsible Official	Due Date to 041	Due Date to Committee	CTR Page	Received in 041	To 009 for Concur	009 Concur Received	To DAS for Budget	To OM/SA for Approval	OM/SA Approval Received	Signed by DAS for Budget	Date to Comm.	Additional Review	Additional Review Comments	Commnets
Community-Based Outpatient Clinic in Bakersfield, California - The Committee remains disappointed that the new Bakersfield CBOC remains unbuilt more than a decade after Congress authorized this facility in fiscal year 2010 through Public Law 111–82. The Committee directs the Secretary to expeditiously execute Lease No. 36C10F20L0008 and, unless prevented by an order issued by a federal or state court, commence construction of the CBOC by no later than September 30, 2025, as provided in the lease. **Furthermore, the Committee directs the Secretary to provide monthly reports to the Committees on Appropriations of both Houses of Congress on the CBOC 's progress until completion and activation.**	12563244	OALC	CFM	(b)(6)	9/18/2025	10/2/2025 (Aug. Report)	HAC Pg. 53									No		
Veteran Access - **The Department is directed to provide to the Committees on Appropriations of both Houses of Congress monthly updates, by facility, on the average number of days it takes for veterans to receive appointments at VA and in the community, from file entry date to first scheduled and file entry date to appointment, beginning 30 days after enactment of this act.**	12563257	VHA			9/11/2025	10/9/2025 (July)	SAC Pg. 49											
Medical Facilities Spend Plan - **The Committee expects VA to provide, no later than 30 days after enactment of this Act, an expenditure plan detailing the planned use of the funds provided. The Committee understands that some of the projects planned for fiscal year 2025 may not be ready within that timeframe, requiring an adjustment to the spending plan. The Committee requests a quarterly update of the plan if the funding for any single project changes by more than $3,000,000 during that time period.**	12945022	VHA	19SS	(b)(6)	9/16/2025	10/14/2025 (Quarterly)	HAC Pg. 53											
Congressional Oversight of VA's Actions on Abortion - The bill prohibits funding to implement, administer, or otherwise carry out the Department's illegal actions in the interim final rule published September 9, 2022. The interim final rule clearly violated Section 106 of the Veterans Health Care Act of 1992 (P.L. 102–585; Title 38 U.S.C. 1710 note). **The Committee directs the Department to provide a report within 30 days of enactment, and every 180 days thereafter, to the Committee on Appropriations of the United States House of Representatives and the Committee on Appropriations of the United States Senate containing the following information, disaggregated by State: (1) the number of abortions the Department has provided in VA facilities since September 9, 2022; (2) the number of abortions performed elsewhere and funded by the Department since September 9, 2022; (3) under which exception each abortion provided or funded by the Department has qualified; (4) the total amount expended on each abortion; and (5) the criteria used and documentation required by the Department to determine when an exception allowing for an abortion applies.**	12945038	VHA			9/16/2025	10/14/2025	HAC Pg. 21											
CARES ACT - SEC. 20002. **For all of the funds appropriated in this title the Secretary of Veterans Affairs shall submit to the Committees on Appropriations of both Houses of Congress monthly reports detailing obligations, expenditures, and planned activities.**	12563282	OM	OB	(b)(6)	10/17/2025	10/31/2025 (Data thru 9/30/2025)	P.L. 116-136 Pg. 305									No		
November 2025																		

From: (b)(6)
Sent: Thu, 3 Apr 2025 18:01:33 +0000
To: (b)(6)
OPIA Media Reviews
Cc: (b)(6)
Subject: RE: [EXTERNAL] reporter asking about abortion policy

Hold on this for now, thanks

From: (b)(6)@va.gov>
Sent: Thursday, April 3, 2025 2:00 PM
To: VHA 10BCOM2 Media Relations Action <(b)(6)@va.gov>; OCLA Leaders (b)(6)@va.gov>; OGC - OPIA Media Reviews (b)(6)@va.gov>
Cc: (b)(6)@va.gov>; (b)(6)@va.gov>
Subject: RE: [EXTERNAL] reporter asking about abortion policy

All – Whose camp would this question fall into? Can you provide some input I can share with (b)(6) before we ponder our next steps?

Thanks,

(b)(6)

From: Wilkerson, John (b)(6)@statnews.com>
Sent: Thursday, April 3, 2025 12:22 PM
To: VA Public Affairs <(b)(6)@va.gov>
Subject: [EXTERNAL] reporter asking about abortion policy

I'm a reporter at the health and science publication STAT, owned by the Boston Globe.

The VA is working on an interim final rule, titled Reproductive Health Services and with the RIN: 2900-AS31.

That was also the title of both an interim final and final rule that allowed the VA to provide abortions in certain circumstances. Does the new interim final rule reverse the current abortion policy or seek to amend it in some way?

Thank you for considering my request.

--

(b)(6)
Washington Correspondent
Pronouns: he/him
Twitter:
Mobile: (b)(6)

Reporting from the frontiers of health and medicine
Try STAT+ today

From: VA Media Analysis
Sent: Wed, 22 Jan 2025 10:02:17 +0000
To: VA Media Analysis (Artemis ARC)
Subject: [EXTERNAL] 22 January Veterans Affairs Media Clips
Attachments: 250122_Veterans Affairs Media Summary and News Clips.docx

Good morning,

Please find the attached Veterans Affairs Media Clips.

If you wish to be added to or removed from the distribution list, please contact vapublicaffairs@va.gov. Thank you.

VA Media Analysis

Veterans Affairs Media Summary and News Clips

22 January 2025

The Department of Veterans Affairs has contracted for the following curated collection of articles involving Veterans and VA solely to increase visibility of these issues within the Administrations and Staff Offices. In doing so, VA is better positioned to address Veteran concerns, improve access, and otherwise further VA's mission to care for Veterans.

VA recognizes that articles in the collection may express positive and negative remarks about VA, Veterans, and groups of people (i.e.: demographic generalizations) – even when the sentiments expressed in the articles do not live up to our core values at VA. These articles are not in any way included as an endorsement, but instead to raise awareness of the public dialogue regarding VA policy and Veterans – and to assist VA leaders and staff in addressing that dialogue so we can better serve Veterans, their families, caregivers, and survivors.

Please notify the Office of Public and Intergovernmental Affairs (OPIA) if any article fails to meet the stated objective. Additionally, you may opt out of the clips at any time if you would prefer not to receive them.

1. Top Stories

1.1 - C-SPAN (Video): VA Secretary Nominee Doug Collins Testifies at Confirmation Hearing (21 January, 1.5M uvm; Washington, DC)
Two-hour-forty-eight-minute video: "America's the greatest nation on Earth. It's the greatest nation I believe because of the men and women who serve … they earned the benefits of being in our great veterans' system, and the VA is there for them," said former Rep. Doug Collins (R-GA), President-elect Donald Trump's nominee to be secretary of the Veterans Affairs Department.

Hyperlink to Above

1.2 - The New York Times: Trump's V.A. Pick Says He'll Protect Veterans' Ability to Seek Outside Care (21 January, Noah Weiland, 185M uvm; New York, NY)
Former Representative Doug Collins, President Trump's nominee to lead the Veterans Affairs Department, told lawmakers in a confirmation hearing on Tuesday that he would defend a program that allows veterans to seek health services outside the V.A. medical system. That program, introduced in Mr. Trump's first term, allows more veterans who would need to travel longer distances to a V.A. facility to receive primary care and mental health services outside the agency's system, a major shift.

Hyperlink to Above

1.3 - Federal News Network: Trump's VA pick defends hiring freeze amid staffing concerns (21 January, Jory Heckman, 1.1M uvm; Chevy Chase, MD)
President Donald Trump's pick to run the Department of Veterans Affairs says his plan to remove poor-performing VA employees would boost morale for the rest of the workforce. Former Rep. Doug Collins (R-Ga.), an Iraq War veteran and Air Force Reserve chaplain, told members of the Senate VA Committee that he also supports expanding veterans' options for health care outside the VA.

Hyperlink to Above

1.4 - The Epoch Times: 5 Takeaways From Collins' Confirmation Hearing For VA Secretary (21 January, Ryan Morgan, 6.9M uvm; New York, NY)
Doug Collins, President Donald Trump's nominee to lead the Department of Veterans Affairs (VA), faced questions from the Senate Veterans Affairs Committee on Jan. 21. Collins, a former Republican congressman from Georgia, was originally slated to sit for a confirmation hearing

last week, but the hearing was delayed to provide the FBI more time to complete his background check.

Hyperlink to Above

1.5 - Stars and Stripes: **'The mission is veterans': Nominee for VA secretary pledges to protect vets benefits from possible spending cuts** (21 January, Rose L. Thayer, 857k uvm; Washington, DC)
President Donald Trump's nominee to run the Department of Veterans Affairs pledged Tuesday to protect veterans benefits from potential funding cuts as PACT Act enrollments and increased emphasis on health care from private doctor's drive spending. "All I was told by the president is to take care of our veterans," Doug Collins told the Senate Veterans' Affairs Committee during his confirmation hearing.

Hyperlink to Above

1.6 - WANF (CBS-46, AP, Video): **VA can't provide abortions but he'll 'reexamine' law, Georgia's Doug Collins says in confirmation hearing** (21 January, 776k uvm; Atlanta, GA)
Former Georgia congressman Doug Collins told the U.S. Senate Veterans Affairs Committee on Tuesday he'll reexamine whether the Department of Veterans Affairs (VA) should provide abortions. Collins, tapped by President Donald Trump to lead the VA, repeatedly said in his confirmation hearing he believes a 1992 law bans the VA from performing abortions.

Hyperlink to Above

1.7 - The National Desk: **Trump nominee for VA secretary vows not to assist with migrant healthcare** (21 January, Jackson Walker, 403k uvm; Arlington, VA)
Doug Collins, President Trump's nominee to lead the U.S. Department of Veterans Affairs, promised Tuesday that the agency would not assist with migrant healthcare under his leadership. The former Georgia congressman appeared before the Senate Veterans' Affairs Committee for a confirmation hearing Tuesday after being nominated to lead the agency by President Donald Trump.

Hyperlink to Above

1.8 - Discover: **Ozempic and Other GLP-1s May Have Broader Health Benefits but Greater Risks** (21 January, Monica Cull, 824k uvm; Waukesha, WI)
Glucagon-like peptide-1 receptor agonists (GLP-1RA) drugs like Ozempic and Wegovy are called "miracle drugs" by some pharmacists for their ability to help those with diabetes to lose weight. […] Researchers from the Washington University School of Medicine in St. Louis and the Veterans Affairs (VA) St. Louis Health Care System have compiled data from over two million patients with diabetes who are using a GLP-1 as treatment.

Hyperlink to Above

2. **Benefit Inequity**

3. **PACT Act**

4. Improving Customer Service

4.1 - FOX News: **A look at President Trump's first full day in the White House** (21 January, 56.1M uvm; New York, NY)
VA nominee Collins vows not to allow agency to assist with migrant healthcare. Veterans Affairs secretary nominee Doug Collins promised the agency he's been tapped to lead would not be involved in migrant healthcare, after reports it had been doing just that. "In 2023 it was reported to us the VA specialty care system was funding illegal aliens health care would you please look into that?" Sen. Tommy Tuberville, R-Ala., asked.

Hyperlink to Above

4.2 - Reuters: **What can Trump do to stop federal employees from working remotely?** (21 January, Daniel Wiessner, 39.9M uvm; New York, NY)
President Donald Trump on Monday signed an executive order requiring most federal employees to return to work in person full time, a move that is likely to spark backlash and legal challenges from unions. […] The U.S. Department of Defense and Department of Veterans Affairs, which have far more employees than other agencies, have the most remote workers, along with the Department of Health and Human Services.

Hyperlink to Above

4.3 - Politico: **Democrats press VA secretary nominee on abortion, Project 2025** (21 January, Ben Leonard, 23.2M uvm; Arlington, VA)
Abortion politics took center stage at the Tuesday morning confirmation hearing for President Donald Trump's pick to run the Department of Veterans Affairs. VA Secretary nominee Doug Collins, a former Republican congressman from Georgia, was asked more than once by Senate Veterans' Affairs Committee Democrats whether he would roll back a Biden administration rule allowing the agency to provide abortion counseling and, in some cases, the procedure itself.

Hyperlink to Above

4.4 - The Hill (Nexstar, Video): **VA secretary nominee promises expanded care options amid worries of ballooning costs** (21 January, Ellen Mitchell, 20.6M uvm; Washington, DC)
Former Georgia Rep. Doug Collins, President Trump's pick to lead the Department of Veterans Affairs, on Tuesday hinted at an expanded health care delivery system after years of pressure to bring down costs and lower wait times for care for former service members. "At the end of the day, the veteran is getting taken care of. VA care is going to happen. . . [but] there's different expressions of how we make it better…"

Hyperlink to Above

4.5 - Military.com: **VA Secretary Nominee Pledges to Modernize Hospital Infrastructure, Promote Community Care** (21 January, Patricia Kime, 4M uvm; Weston, MA)
Doug Collins, President Donald Trump's nominee for secretary of Veterans Affairs, pledged to preserve the VA's health care system but also improve medical services for veterans through community care and other programs. Collins, an Air Force Reserve chaplain and former Republican congressman from Georgia, told members of the Senate Veterans Affairs Committee on Tuesday that "there will always be a VA health care system for the veteran," with community care providing specialty care and treatment for veterans who don't have ready access to a VA facility.

Hyperlink to Above

4.6 - UPI: **VA secretary nominee Collins says he wants to update, improve services for vets** (21 January, Mike Heuer, 1.5M uvm; Washington, DC)
Former Rep. Doug Collins of Georgia is a veteran of the U.S. Navy, a former Air Force Reserve chaplain, a veteran of the Iraq War and says he wants to improve veterans' services. As President Donald Trump's nominee for secretary of the Department of Veterans Affairs, Collins underwent a confirmation hearing before the Senate Veterans' Affairs Committee on Tuesday.

Hyperlink to Above

4.7 - WXIN (FOX-59, Nexstar, Video): **Senators question Trump's nominee for VA secretary** (21 January, Jessi Turnure, 1.2M uvm; Indianapolis, IN)
Senators grilled President Donald Trump's choice to lead the U.S. Department of Veterans Affairs Tuesday. Former U.S. Rep. Doug Collins (R-Ga.) promised to be veterans' biggest advocate if confirmed as the VA secretary.

Hyperlink to Above

4.8 - Military Times: **VA secretary nominee promises more medical care options and upgrades** (21 January, Leo Shane III, 1M uvm; Vienna, VA)
Veterans Affairs Secretary nominee Doug Collins on Tuesday pledged to be a fierce defender of the department's workforce and operations if confirmed to the department leadership role, but also said health care delivery must evolve for the agency to stay relevant for veterans in the future. "Veterans will always be able to use the health care system, the issue is how we make it better," he said.

Hyperlink to Above

4.9 - KSNW (NBC-3): **Thousands of Kansas veteran passwords expiring in 10 days** (21 January, Laura McMillan, 642k uvm; Wichita, KS)
The Department of Veterans Affairs is making a security change that requires veterans to get new log-in credentials for their VA health care accounts. The deadline is 10 days away. Veterans who fail to update their sign-in options may lose access on Jan. 31. The VA says about 4,800 Kansas veterans still need to make the change. These are veterans who are enrolled at the Dole VA Medical Center and its outpatient clinics around the state.

Hyperlink to Above

4.10 - Government Executive: **VA secretary nominee rejects privatization but wants more employee firings** (21 January, Eric Katz, 382k uvm; Washington, DC)
The Veterans Affairs Department's workforce will have a advocate in its next secretary, President Trump's pick to lead the agency told lawmakers on Tuesday, though it can also expect a crackdown to hold bad actors accountable. Former Rep. Doug Collins, R-Ga., defended VA's mission and eschewed any effort to privatize the department during his confirmation hearing before the Senate Veterans Affairs Committee, suggesting the nation's largest health care network would always exist for veterans.

Hyperlink to Above

4.11 - WSIL (ABC-3): **Marion VA enhances security, encourages veterans to make switch before end of January** (21 January, Mike Mohundro, 108k uvm; Carterville, IL)

The Marion VA Health Care System has enhanced security when signing in and encourages veterans to switch over before the end of January. The My HealtheVet site which veterans use to sign in at will be changing soon. Nearly 6,000 veterans in the Marion VA Health Care System may be impacted with signing in soon.

Hyperlink to Above

4.12 - Healthcare IT News: **VA prescribers exempt from DEA's special telehealth registration** (21 January, Andrea Fox, 60k uvm; Chicago, IL)
For veterans that have had an in-person visit with Veterans Affairs' providers, the Drug Enforcement Administration is extending those provider-patient relationships to all VA practitioners engaging in telemedicine with the patient, DEA said in a statement Friday. Jointly released with the Department of Justice, the Substance Abuse and Mental Health Services Administration and the Department of Health and Human Services, the new final rule says VA telehealth prescribers do not have to take part in a new Special Registration for controlled substances prescribed in virtual care.

Hyperlink to Above

4.13 - The News-Review: **UCC and VA collaborate in nursing program** (21 January, Drew Winkelmaier, 43k uvm; Roseburg, OR)
Umpqua Community College nursing students are gaining hands-on experience at the Roseburg VA Medical Center as part of a new partnership aimed at training future healthcare professionals. Nursing students began the program Monday, starting an 11-week term that will rotate them through various departments at the medical center.

Hyperlink to Above

4.14 - FEDmanager: **OPM Sets Appeals Process for VA Employees Ordered to Pay Back Bonuses** (21 January)
Some employees of the Department of Veterans Affairs (VA) were ordered to pay back awards and bonuses, after being accused of poor performance. Now the federal government is putting words on paper to help employees appeal those decisions. The Office of Personnel Management (OPM) published an interim final rule that sets procedures for current and former VA employees to file an appeal to get the money back.

Hyperlink to Above

4.15 - American Postal Workers Union: **This is a 'Code Red Alert' to APWU Veterans** (21 January, Washington, DC)
The APWU launched our “Hands Off Our Veterans’ Healthcare and Disability Benefits” initiative in January 2024. Now, with the re-election of Donald Trump as President, 2025 could spell the end of the Department of Veterans’ Affairs (VA) healthcare.

Hyperlink to Above

5. Business Transformation

5.1 - RedstoneRocket: **Enhanced health care clinic opens for Shoals veterans** (22 January, Marian Accardi, 10k uvm; Decatur, AL)

Construction of the new Shoals VA Clinic, part of the Birmingham VA Health Care System, is complete, and the first patients were going to be seen at the new facility starting Jan. 21. A ribbon-cutting ceremony was held Jan. 16, and Shannon Arledge, the system's communications director, said patients continued to receive care at the former clinic through the end of last week.

Hyperlink to Above

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

6.1 - Nextgov/FCW: Trump's VA pick voices support for continued EHR deployment (21 January, Edward Graham, 76k uvm; Washington, DC)
President Donald Trump's pick to lead the Department of Veterans Affairs told lawmakers that he would prioritize efforts to improve VA's rollout of its troubled electronic health record system if confirmed to the post. Former Rep. Doug Collins, R-Ga., told members of the Senate Veterans' Affairs Committee on Tuesday that he was committed to looking at the Oracle Cerner software's beleaguered deployment with fresh eyes and that "there's no reason in the world we cannot get this done."

Hyperlink to Above

7. Suicide Prevention

8. Women Veterans / Homelessness / Benefits / Cemeteries

8.1 - WJOL (AM-1340): Volunteers Remove 27,000 Wreaths From Graves At Abraham Lincoln National Cemetery (21 January, 31k uvm; Crest Hill, IL)
Saturday's wreath removal at Abraham Lincoln National Cemetery was a success. Volunteer turn-out was excellent, according to organizers. Students from Joliet Central and Lincoln Way High Schools participated, and organizers said, "It was great to see these young men and woman supporting this event."

Hyperlink to Above

8.2 - MyChesCo: Preserve Your Legacy: Veterans Empowered to Share Their Stories for Future Generations! (21 January, Maryann Pugh, 24k uvm; PA)
The Department of Veterans Affairs (VA) has introduced a groundbreaking feature to its Veterans Legacy Memorial (VLM), the nation's largest digital platform commemorating the lives of Veterans and service members. The new addition, titled "Your Story, Your Legacy," enables Veterans to craft their personal narratives while they are still alive, offering a remarkable way to preserve their history and contributions for future generations.

Hyperlink to Above

8.3 - Clearance Jobs: The VA's Efforts to Take Care of Woman Veterans (21 January, Aaron Knowles, Urbandale, IA)
My mother is a proud veteran. She served more than seven years in the Air Force during the 80's and has felt the impacts throughout her life. She has fought for benefits, and for her rating, and even more so for her health care. On Dec. 6, 2024, the VA posted a release on their website stating that they are raising the bar on care for women veterans.

Hyperlink to Above

9. Afghanistan Veterans / Veterans Crisis Line

10. Other

10.1 - New York Post (Video): Massive new study finds drugs like Ozempic affect 175 conditions — including a few surprises (21 January, Reda Wigle, 53.3M uvm; New York, NY)
A comprehensive new study confirmed that GLP-1 medications such as Ozempic and Mounjaro have myriad health benefits — even more than previously thought. Analyzing the medical records of roughly 2.5 million patients within the VA system, researchers at the Department of Veterans Affairs found that GLP-1 weight-loss drugs have an impact on a whopping 175 diseases and conditions.

Hyperlink to Above

10.2 - Arizona Republic: 'We are deeply saddened by this tragedy': Woman killed in Gilbert VA parking lot (21 January, Rey Covarrubias Jr., 4.3M uvm; Phoenix, AZ)
Gilbert police have confirmed an 85-year-old woman was hit and killed by a vehicle in a Veterans Affairs clinic parking lot. At about 11:15 a.m. on Jan. 17, the Gilbert Police Department responded to reports of a fatal vehicle crash at the clinic near Val Vista Drive and Pecos Road, where officers found Lenora Turnbull, according to Brenda Carrasco, police spokesperson.

Hyperlink to Above

10.3 - FiercePharma: Large study of Novo, Lilly weight loss drugs shows decrease in risk of Alzheimer's (21 January, Kevin Dunleavy, 315k uvm; Washington, DC)
As evidence has mounted that new diabetes and weight loss drugs can provide a variety of health benefits, the FDA has approved Novo Nordisk's semaglutide for heart disease and Eli Lilly's tirzepatide for sleep apnea. […] "We're saying there are beneficial effects, but we're also saying they're not without risks," Ziyad Al-Aly, M.D., the leader of the study and a clinical epidemiologist and researcher at Washington University, said in a press conference last week.

Hyperlink to Above

10.4 - Washington University School of Medicine: Study identifies benefits, risks linked to popular weight-loss drugs (20 January, Kristina Sauerwein, St. Louis, MO)
Demand for weight-loss medications sold under brand names such as Ozempic and Wegovy continues to surge, with a recent study reporting one in eight Americans has taken or is currently using the drugs to treat diabetes, heart disease or obesity. […] Now, scientists at Washington University School of Medicine in St. Louis and the Veterans Affairs (VA) St. Louis Health Care System have systematically evaluated health outcomes among more than 2 million people with diabetes taking the popular weight-loss drugs.

Hyperlink to Above

Full article text below:

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1. **Top Stories**

1.1 - C-SPAN (Video): VA Secretary Nominee Doug Collins Testifies at Confirmation Hearing (21 January, 1.5M uvm; Washington, DC)

Two-hour-forty-eight minute video: "America's the greatest nation on Earth. It's the greatest nation I believe because of the men and women who serve … they earned the benefits of being in our great veterans' system, and the VA is there for them," said former Rep. Doug Collins (R-GA), President-elect Donald Trump's nominee to be secretary of the Veterans Affairs Department. He testified during his confirmation hearing on his qualifications, support for veterans and policy beliefs before the Senate Veterans Affairs Committee. Topics included continued support and implementation of the PACT Act, workforce challenges and concerns over President Trump's recent federal workforce hiring freeze executive order, infrastructure and facility improvements, and protecting veterans' benefits. Additional topics included improving community care access, ensuring reproductive health care for female vets, and modernization efforts, such as the use of artificial intelligence and improving the electronic health records system.

Back to Top

1.2 - The New York Times: Trump's V.A. Pick Says He'll Protect Veterans' Ability to Seek Outside Care (21 January, Noah Weiland, 185M uvm; New York, NY)

Former Representative Doug Collins, President Trump's nominee to lead the Veterans Affairs Department, told lawmakers in a confirmation hearing on Tuesday that he would defend a program that allows veterans to seek health services outside the V.A. medical system.

That program, introduced in Mr. Trump's first term, allows more veterans who would need to travel longer distances to a V.A. facility to receive primary care and mental health services outside the agency's system, a major shift.

Republicans have been critical of bureaucratic procedures that they say deprive veterans of access to more convenient care outside of V.A. facilities, violating the spirit of the initiative. Mr. Collins was repeatedly pressed on his commitment to the program during his more than two-hour hearing before the Senate Veterans' Affairs Committee.

"The V.A. does not exist in and of itself. It exists for the veteran," Mr. Collins said, adding that he believed its intent "was to make sure that the delivery of services to the veteran is first and foremost."

Lawmakers also questioned Mr. Collins about how he would approach some of the department's more intractable issues, such as its severe budget constraints and the need to overhaul outdated V.A. medical facilities.

Like many of Mr. Trump's other cabinet selections, including Pete Hegseth, his nominee to oversee the Defense Department, Mr. Collins reflects the new president's priorities for agency leadership in his second term, with personal loyalty central to each selection. Mr. Collins, a fast-

talking Navy veteran, Air Force Reserve chaplain and former pastor, played a lead role defending Mr. Trump during his first impeachment investigation.

Mr. Collins is not expected to face a difficult confirmation fight, in part because of the bipartisan and apolitical nature of much of the department's work managing a sprawling health system and veterans' benefits. Mr. Collins's hearing on Tuesday lacked the partisan tensions that boiled over during recent confirmation hearings for Mr. Hegseth and some of Mr. Trump's other cabinet picks. Some Democrats on the panel said that they looked forward to working with him.

Dr. David Shulkin, the former V.A. secretary who was the lone Obama administration holdover in Mr. Trump's first-term cabinet before being pushed out of the job, said in an interview that Mr. Collins would likely inherit many parts of the agenda of his predecessor, Denis McDonough.

"Because the issues the V.A. deals with are systemic and complex, and unfortunately the same ones that were there when the last secretary was in," Dr. Shulkin said.

Mr. Collins is in some ways an unusual choice. Previous V.A. secretaries have had long military careers, or held senior roles at the Defense Department or the Veterans Affairs Department itself. In the House, Mr. Collins did not serve on the Veterans' Affairs or Armed Services Committees.

As a member of the Air Force Reserve, Mr. Collins deployed to Iraq, visiting with injured service members at Balad Air Base.

Even with his zealous defense of Mr. Trump during his first term, Mr. Collins nurtured a reputation for working with Democrats, coauthoring criminal justice reform legislation with Representative Hakeem Jeffries of New York, now the top House Democrat.

Some of Mr. Collins's duties at the Veterans Affairs Department may involve divisive health care policies. A second Trump administration may seek to reverse a Biden administration rule allowing the department to provide abortions to veterans when a pregnancy resulted from rape or incest, or when the life of a pregnant woman is at risk.

"We will look at this rule and see if it complies with the law," Mr. Collins said on Tuesday.

But much of Mr. Collins's portfolio would involve challenges that have trailed past secretaries of both Republican and Democratic administrations, including behavioral health access.

A report published by the department last month showed that there had been more than 6,400 suicides among veterans in 2022, fewer than 12 of the 14 prior years but a slight increase from the year before.

Dr. Shulkin said that atop Mr. Collins's list of priorities would be a budget deficit that has caused the department to slow hiring. That has risked the V.A.'s ability to care for the nearly 900,000 veterans brought into the system through legislation signed by Mr. Biden that expanded medical benefits for veterans exposed to toxins from burning pits of trash on military bases.

Democrats on the panel raised concerns about potential cuts to the V.A.'s budget that Congress might seek this year; how Mr. Trump's Elon Musk-led cost-slashing effort might target the agency; and what impact a federal hiring freeze ordered by Mr. Trump could have on an already overburdened work force.

“We’re not going to sacrifice the veterans’ benefits to do a budget,” Mr. Collins told Senator Elissa Slotkin, Democrat of Michigan.

Mr. Collins was repeatedly asked on Tuesday about his views of private medical care for veterans, which typically must be approved by the department. Senate Republicans had expressed concerns that under the Biden administration, some veterans were denied coverage while seeking to take advantage of that option.

They sought assurances on Tuesday from Mr. Collins that he would defend it. Senator Tim Sheehy, Republican of Montana, said that some veterans in his state faced a more than five-hour drive to reach the nearest V.A. facility.

“So I want to make sure that we actually take action to ensure that veterans can go into the community and get care they need,” he said.

Critics have said that a program that encourages veterans to go outside the V.A. system could compromise its integrity, and lead to worse outcomes.

“There’s this ‘grass is greener on the other side of the field’ sensibility to it,” Joe Plenzler, a retired Marine Corps officer and veterans’ advocate, said. “What the data show is that when veterans get care at the V.A., they’re happier with it and get better-quality care.”

Senator Bernie Sanders, a Vermont independent, said that veterans in his state usually came away satisfied with their department-administered care.

But he noted that the costs of veteran care in the community had exploded from $8 billion to more $30 billion between 2014 and 2024, meaning there was not enough money to fund both a strong V.A. health system and good health coverage outside of it.

“What the debate comes down to is not whether somebody should be able to access community care, but where are we going to put our resources?” Mr. Sanders said. “Are we going to allow the V.A. to wither on the vine?”

Like past secretaries, Mr. Collins will also need to tend to aging V.A. facilities with outdated medical equipment and record-keeping systems. Lawmakers on Tuesday noted that veterans often had to call specific V.A. clinics themselves to schedule appointments. The department oversees roughly 1,200 sites across the country that serve almost nine million veterans.

Senator Maggie Hassan, a New Hampshire Democrat, told him of pipes that had burst in a post-World War II-era Manchester, N.H., facility, causing the center to close for months, delaying surgeries.

Mr. Collins said that renovating the facilities would involve a “bureaucratic process,” with “major work just to hold the computer systems.”

“Construction issues are going to be one of our hardest,” he added.

Back to Top

1.3 - Federal News Network: Trump's VA pick defends hiring freeze amid staffing concerns (21 January, Jory Heckman, 1.1M uvm; Chevy Chase, MD)

President Donald Trump's pick to run the Department of Veterans Affairs says his plan to remove poor-performing VA employees would boost morale for the rest of the workforce.

Former Rep. Doug Collins (R-Ga.), an Iraq War veteran and Air Force Reserve chaplain, told members of the Senate VA Committee that he also supports expanding veterans' options for health care outside the VA.

"VA will not have a stronger fighter for the employees and the workforce than this secretary, if confirmed — and also one that will make sure that we're held accountable, because good work begets good work, and others need to be held accountable," Collins said Tuesday.

Members of the Senate VA Committee, however, raised concerns about a governmentwide hiring freeze impacting the VA's health care mission and whether the Trump administration would pursue cuts to its workforce.

"There will be potentially heavy pressures on you to cut and slash, to reduce access and eligibility, because the VA, frankly, is a target-rich environment for cost-cutters, and we know that there is a Department of Government Efficiency looking for those kinds of cost-cutting opportunities," Ranking Member Richard Blumenthal (D-Conn.) told Collins.

Scope of VA hiring freeze unclear
Trump signed an executive order Monday declaring a 90-day hiring freeze across the federal government. The executive order includes several exemptions, including one for veterans' benefits.

The VA made its health care workforce exempt from the first Trump administration's hiring freeze in 2017. But Collins didn't make an explicit assurance to lawmakers the department would grant those same carveouts this time around.

"President Trump, in this executive order, is to get an assessment on where we are with our employees. It is not to take away from anything that is currently there," Collins said. "We may not, at this point, bring in a new person tomorrow, unless needed, but this is where we're at."

Blumenthal pressed Collins, if confirmed, to issue guidance allowing the VA to keep staffing up its medical center and its crisis hotline during the freeze.

"This is going to be a first test of your leadership, whether you fight for an exemption in the hiring freeze for the non-veterans benefits employees who are needed to care for veterans at medical facilities and other places, including the Veterans Crisis Line," Blumenthal said.

Collins said the VA may be trying to fill positions, but many of those vacancies have gone unfilled for weeks or longer.

"No one on the veteran health care side is going to miss their health care provider because of this new hiring freeze. The president is doing a prudent step as he comes into office to make sure that we have a good handle on what we've got," Collins said.

Sen. Angus King (I-Maine) warned a hiring freeze shouldn't prevent a VA hospital from hiring a cardiologist, if staff there have spent months trying to hire one. King also raised concerns with the VA automating parts of the claims review process, adding it "will be very tempting to reduce staff and replace it with this technology."

"In many cases, staff cuts equal benefit cuts, because if there's nobody there to answer the phone, or if the process is delayed to the point where the veteran dies or just gives up, that's in effect, a benefit cut," King said.

Collins said he's open to continuing to find opportunities to use automation and AI to streamline the processing of veterans' benefits claims, adding that "there will always be a person there to oversee that process."

"I'm willing to look at any opportunity to get their veterans benefits quicker. And if that involves AI, then I'm not willing to take it off the payroll," Collins said.

VA poor-performers 'not going to have a job anymore'
Collins told the committee he'd guarantee the VA uses every tool available to remove poor-performing employees. He said the 2017 VA Accountability and Whistleblower Protection Act, which he voted for in the House, ensures "those workers who were not fulfilling their mission, they were not going to have a job anymore."

The VA, under the first Trump administration, fired thousands of employees through an expedited removal process created under that law. However, federal judges and the Merit Systems Protection Board repeatedly blocked many of the legislation's provisions from covering most VA employees.

Under the Biden administration, a top VA human resources issued a March 2023 memo stating that the department would not propose new adverse actions against VA employees using the 2017 law.

"If there is someone who is harming or in the way of our veterans and taking a veteran's benefit away, I have no problem in getting rid of that person and making sure we do it properly. And I have no problem with the legal repercussion of that, because there's no one at the VA that's going to stand in the way of a veteran getting the care properly, and if they're not doing it safely," Collins said.

Committee Chairman Jerry Moran (R-Kan.) said VA employees disciplined for a long list of "errors and mistakes" are too often reassigned or relocated, rather than fired.

"The response, ultimately, if you ever hear about what happened to that person, that employee, is we transferred them to another hospital," Moran said.

The department reinstated 120 employees — about 3% of the 4,000 employees fired under the widely challenged law paid about $134 million to other former employees the VA fired. The VA agreed to these actions, as part of a settlement it reached with the American Federation of Government Employees in July 2023. No employee fired for grievous misconduct has been rehired.

"Failing up is not an option. You don't fail up. What we will do is I'll work within any employee agreements, collective bargaining. But you're putting a veteran's health and safety at harm, I will

make sure the department will get rid of you, and we're willing to do whatever it takes to do that," Collins said. "We'll do everything within the agreements to make sure their process is followed, but I will not tolerate it."

Collins said these accountability measures would also boost the morale of VA employees who are doing their jobs.

"If I want to retain doctors, if I want to retain nurses, if we want to retain benefits people, then you've got to set a standard that says, 'I'm proud to be here,'" he said. "I want to lead an agency that works and puts our veterans first and holds accountable those that have not."

Collins said he would also hold the VA workforce accountable to Trump's demand that teleworking employees return to the office full-time. The Veterans Benefits Administration, as of last July, allowed its employees in the D.C. metro area to telework up to five days per two-week pay period.

"I do believe people need to come to work. The president's made that very clear that people need to come to work. We have a large portion of the VA workforce is unionized, and they're in contracts, but we're going to work together to get people back to work," he said.

About 80% of the VA's workforce belongs to a union.

Community care to grow, VA to remain 'backup'
Collins told senators he supports expanding veterans' access to "community care" in non-VA medical facilities. He voted for the 2018 MISSION Act, which expanded veterans' access to non-VA health care options if they lived far away from the nearest VA medical facility.

Collins said the VA under his leadership would continue to expand veterans' access to "community care" from non-VA health care providers, but vowed the VA's own network of medical facilities would remain a "backup" option.

"At the end of the day, the veteran is getting taken care of. VA care is going to happen. VA care will be there. There will always be the VA health care system for the veteran," Collins said.

"We don't do the same things 40 years ago that we can still do today. If we're wanting to stay current with what's going on, and our newer veterans deserve every access to finding care where they can," Collins said.

Sen. Bernie Sanders (I-Vt.), however, said shifting more VA dollars to pay for community care would divert funding away from direct investment in the department's health care facilities and staff.

VA's spending on community ballooned from $8 billion in 2014 to $31 billion in 2024.

"Ideally, what we could say is, 'Hey, you're a veteran, you want to go into private care? No problem. You want to go to the VA? No problem.' Have a strong VA, strong private care. You don't have enough money to do that. So, in fact, what the debate comes down to is whether somebody should be able to access community care, but where are we going to put our resources? Are we going to allow the VA to wither on the vine, so to speak?" Sanders said.

Collins, however, said the VA can continue to support both options.

“I believe you can have both. I believe you have a strong VA, as it currently exists, and have the community care aspect,” he said.

The VA still faces a $6.6 billion budget shortfall by the end of fiscal 2025. Collins said the VA is “not going to balance budgets on the back of veterans benefits.”

“We’re going to put the veteran first. And for me, that decision comes to the secretary. That’s in our budgetary oversight. That’s what I’ll be coming to you for,” Collins said.

Collins said he would ensure the VA’s Office of Legislative Affairs has “boots on the ground” on Capitol Hill to work with lawmakers, and ensure their constituents have access to VA health care and benefits. About 60% of constituent services calls, he added, involve VA health care or benefits.

“When a member of the military, a veteran, has to call our office — a congressman or a senator’s office — to get the care they’ve already earned, it is a mark of failure in our department,” he said.

Getting EHR rollout ‘done quicker’
The VA is looking to resume to rollout of its new Electronic Health Record in mid-2026, after addressing long-standing problems at facilities that were the first to move to the new system. Pre-deployment work is set to begin later this year, but Collins said he’d like to expedite that timeline.

“I’m not sure why a year would take here. I believe we can do it, and do it properly, not rushed. There’s enough information there that I believe we can actually get it done quicker, but it’s going to take looking at,” he said.

The Defense Department completed its transition to the same Oracle-Cerner EHR last year. But to date, the VA has only brought the system to five of its own sites, and one facility it jointly runs with the Navy.

Collins told lawmakers “there’s no reason in the world we cannot get this done,” but expressed frustration with delays in the project’s rollout.

“As soon as possible, in the very early stages, if confirmed, I’m going to gather together members of my staff that will be specifically tasked, to as soon as possible, within the first days of this administration, see what is the issue,” he said.

The VA under the Trump administration signed the multi-billion-dollar EHR contract in 2018, and began rolling out the new system in October 2020.

“I think President Trump and his administration, when he started this, had the right idea, and we’re going to continue that. At this point, the finger-pointing is done. It’s time to get it done,” Collins said. “The mission is the vet. It’s the veteran who has earned the benefit, and if we’re not giving the right tools for that, then the doctor, the clinician, the nurses are not able to mesh. I will not accept, ‘We can’t do it.’ I will not accept, ‘I don’t know.’ I will not accept, ‘We don’t have enough money.’”

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1.4 - The Epoch Times: 5 Takeaways From Collins' Confirmation Hearing For VA Secretary (21 January, Ryan Morgan, 6.9M uvm; New York, NY)

Doug Collins, President Donald Trump's nominee to lead the Department of Veterans Affairs (VA), faced questions from the Senate Veterans Affairs Committee on Jan. 21.

Collins, a former Republican congressman from Georgia, was originally slated to sit for a confirmation hearing last week, but the hearing was delayed to provide the FBI more time to complete his background check.

If confirmed as VA secretary, Collins would bring years of experience as a military veteran in the chaplain service. Collins served for a time in the U.S. Navy and then returned to service through the Air Force Reserve. Collins saw a deployment to Iraq in 2008 and continues to serve in the Air Force Reserve, where he holds the rank of colonel and serves as a chaplain.

In his opening remarks, Collins noted the health risks faced by veterans of recent conflicts, such as exposure to toxins from the burn pits that deployed U.S. forces used to dispose of waste in combat zones.

"I'm an Iraq war veteran. I understand burn pits because I slept next to one for many months. I understand this generation that went for time and time and again, deployment after deployment," Collins said.

Collins, who represented Georgia's Ninth Congressional District from 2013 to 2021, said he has experience working in a bipartisan fashion and intends to do so as a leader of the VA.

Senators gave Collins a mostly amicable reception at the Tuesday hearing, with jokes flowing across both sides of the aisle. Their questions mainly focused on what Collins would do to improve specific aspects of the VA's services and how he would respond to policy disputes.

1. Rural Services and Privatization

Several senators asked Collins to prioritize improving access to services in rural areas, where VA hospitals and clinics may be few and far between.

Among the measures Congress has passed to provide veterans with easier access to their health care benefits is the VA MISSION Act, which includes provisions allowing veterans to seek medical care at non-VA facilities when VA facilities aren't available.

"For me, the intent of the MISSION Act at the end of the day was about how do we make veteran care available to the veteran who needs it and not have the battles over how they get it," Collins said.

Collins said he also spoke with Sen. Tammy Duckworth (D-Ill.) about colocating the VA's community-based outpatient clinics with rural hospitals, to make it easier for veterans to access medical care.

While the MISSION Act has increased access to non-VA resources, some senators raised concerns about efforts to completely privatize the VA's role. Sen. Bernie Sanders (I-Vt.) asked Collins where he stands on the issue.

Collins said, "There'll always be a VA health system for the veteran." Still, he signaled he would continue to support private options in places and situations where VA care is lacking.

Sanders raised concern that private care is becoming a growing share of VA expenses and that continuing to lean into private options will lead the VA to play a shrinking role in administering veteran benefits.

"Are you willing to tell us that you're going to fight for a strong VA in every state in this country?" Sanders asked.

Collins replied that he believes there's room for both a strong VA, and a robust option for veterans seeking non-VA care in their communities.

2. Cost-Cutting

Collins faced other questions about what measures he might take to cut costs for VA programs. One particular issue Collins pointed to has been with implementing an electronic health records system.

"That is a program now that went too many years and cost too many billions of dollars without finding a solution, and my commitment is one of the very first priorities, if confirmed, is to get in and figure out why," he said.

Collins also raised the prospect of reforming the process for designing and constructing new VA facilities. He pointed to the VA facility in Aurora, Colorado as an example of a costly construction project. The facility saw a 144 percent project cost increase, according to a 2018 Government Accountability Office Review.

While he noted areas for potential improvement, Collins vowed he would put caring for veterans ahead of trying to implement cost-cutting measures.

"We're not going to balance budgets on the back of veterans' benefits. We're not going to do that. We're going to put the veteran first," he told the committee.

Sen. Maggie Hassan (D-N.H.) warned Collins will face pressure to perform the department's responsibilities under budget constraints.

"Cutting direct care people in a health care system, cutting people who coordinate care so that veterans can get integrated care can really, really harm veterans. So I will hold you to your statement that you will stand up for veterans in the budget discussions," she said.

3. Abortion Coverage

Several Democrats on the committee asked Collins whether the VA would continue a policy implemented by President Joe Biden's administration, to provide abortion services for VA beneficiaries.

Following the U.S. Supreme Court's 2022 decision in Dobbs v. Jackson Women's Health Organization, the Biden administration took several measures to preserve access to abortion in states enacting laws to constrain the practice. In September 2022, the VA announced an interim final rule stating it would provide abortion counseling and perform abortions in cases where the life or health of a pregnant mother is in danger, or a pregnancy arises from instances of rape or incest.

In an exchange with Sen. Mazie Hirono (D-Hawaii), Collins said the 1992 Veterans Health Care Act expressly forbid the department from performing abortions. Hirono disagreed with Collins' assessment of the law.

"There is, as you know, debate regarding what the law allows. I believe the law allows this rule to be enacted," Hirono said.

Collins told Hirono that the VA would review the 2022 rule to determine whether it does indeed comply with the 1992 law.

"As you just said in your own answer, it is a debatable issue. We're going to look at it and make sure that the VA is following the law," he said.

In another exchange, Sen. Patty Murray (D-Wash.) asked whether a veteran, who lives in a state like Texas where abortion access has been restricted, and has a pregnancy resulting from rape, would be able to get abortion care at her local VA. Collins reiterated that the VA would review the 2022 rule to determine if it is consistent with federal law.

4. Accountability

Sen. Tommy Tuberville (R-Ala.) pointed to poor VA employee performances as a key contributing factor to negative views about the department. Collins offered his commitment to hold poor-performing VA employees accountable.

"If there is someone who is harming or in the way of a veteran and taking a veteran's benefit away I have no problem in getting rid of that person and making sure we do it properly, and I have no problem with the legal repercussions," Collins said.

Collins said he would be a cheerleader for dedicated VA employees but said the key to keeping good employees will be to set high standards.

In another exchange with Chairman Jerry Moran (R-Kan.), Collins stated, "Failing up is not a concept that I abide by."

5. New Technology

During the hearing, Collins also fielded questions about technological advancements to improve the VA, including the implementation of artificial intelligence (AI) programs for more rapidly processing benefits claims.

Sen. Bill Cassidy (R-La.) positioned AI as a potential solution to clearing a backlog of VA claims, if the department leans into developing a quality program. Collins indicated he would look at AI and other technologies for ways to improve the VA's processes across the board.

“Why would I be satisfied for a system that is old and outdated or non-existent, when my goal and my purpose and my mission is to take care of a veteran?” he said.

Sen. Angus King (I-Maine) urged against the idea.

“I want to make something very clear: I don’t want AI to decide if one of my veterans is entitled to the benefits they’ve earned. Period,” King said.

Collins insisted no veteran would miss out on access to benefits simply due to the system used to process their claims, but said he wouldn’t rule out ways to speed up the claims process.

“I’m willing to look at any opportunity to get their veterans benefits quicker and if that involves AI then I’m not willing to take it off the table,” Collins said.

The Senate committee concluded its questioning after about two and a half hours. The committee is scheduled to reconvene on Jan. 23 to consider whether to advance Collins’ nomination.

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1.5 - Stars and Stripes: **‘The mission is veterans’: Nominee for VA secretary pledges to protect vets benefits from possible spending cuts** (21 January, Rose L. Thayer, 857k uvm; Washington, DC)

President Donald Trump’s nominee to run the Department of Veterans Affairs pledged Tuesday to protect veterans benefits from potential funding cuts as PACT Act enrollments and increased emphasis on health care from private doctors drive spending.

“All I was told by the president is to take care of our veterans,” Doug Collins told the Senate Veterans’ Affairs Committee during his confirmation hearing. “We’re not going to sacrifice the veterans benefits to do a budget. … I wouldn’t go to a place in which we’re not doing the mission. The mission is veterans.”

Collins, 58, an Air Force Reserve colonel and military chaplain from Georgia who served as a Republican House lawmaker from 2013 to 2020, received a relatively warm bipartisan reception during the hearing. The committee will hold an executive session Thursday, where they could approve Collins for the job and send his confirmation to the full Senate for a vote.

If confirmed, he will lead a sprawling agency with a $369 billion budget and nearly 400,000 employees who provide health care, disability compensation and other benefits to 18 million veterans.

Sen. Jerry Moran, R-Kan., the committee chairman, said lawmakers have received letters of support for Collins’ nomination from many veterans organizations, including the Wounded Warrior Project, AMVETS, Mission Roll Call, Burn Pits 360, Jewish War Veterans and the Military Order of the Purple Heart.

Senators focused their questions to Collins on several long-standing challenges that have plagued the department, including how he would manage veterans’ access to health care when it is unavailable at the VA because of geography or wait times. They also asked how he will

manage two recent costly laws that provide increased care for some veterans as a new administration takes power and is adamant on reducing government spending.

Sen. Bernie Sanders, I-Vt., said the cost for providing veterans who need private community care went from $8 billion in 2014 to $31 billion by 2024.

“What the debate comes down to is not whether somebody should be able to access community care, but where are we going to put our resources? Are we going to allow the VA to wither on the vine, so to speak?” Sanders asked.

The Sgt. 1st Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics Act, or PACT Act, became law in 2022 and extended benefits including health care and disability compensation to former service members who developed illnesses following exposure to hazardous materials while on active duty.

The Elizabeth Dole Home Care Act passed last month and gives severely ill and aging veterans access to convalescent care in their own home.

While the PACT Act has already delivered new disability benefits to more than 1 million veterans, it has come with a more than $2 billion price tag for just the first four years of implementation, according to the Congressional Budget Office. An estimate for the Dole Act is about $1.7 billion.

“How will you make sure the VA toxic exposure fund remains viable for years to come, while providing the levels of care our veterans have earned?” asked Sen. John Boozman, R-Ark.

Collins responded: “The biggest thing we’ve got to do is actually look at what has passed here. … Are we at the VA making sure that we’re getting good information and doing what the intent of the law was, so that they can continue to get those benefits?”

Senators also questioned how he would fix the VA’s bungled rollout of electronic health records and improve the handoff of medical care from the Defense Department to the VA.

“The implementation of the electronic health record is a bipartisan, multi-administration disaster,” said Sen. Thom Tillis, R-N.C. “Do I have your commitment to go through that program to quickly get it moving again and get an integrated health chart that also can integrate with the DOD, so that we can finally have a seamless transition from active status or Reserve status to veteran status and provide premium care at the VA?”

“Yes, Sen. Tillis, and the reason is this — what you just said about seamless care. It’s actually a safety and security issue for my veterans,” Collins said.

When service members can move quickly into the VA’s system, it can speed up access to disability benefits and life-saving mental health care when there is a risk of death by suicide, he said.

The transition should feel like a “warm hug,” Collins said.

Sen. Richard Blumenthal, D-Conn., questioned Collins on brand new initiatives from the Trump administration to freeze hiring in the federal government and return all employees to in-person

work. Collins said he is still looking at the changes implemented Monday and how it will affect the workforce.

“That’s not reassuring to me,” Blumenthal said. “There are extraordinary problems in recruiting and retaining the right doctors, the nurses, and filling their ranks where there are openings right now. So the explicit language of that memorandum seems to include them in the hiring freeze.”

The only major sticking point that Collins faced from Democrats came in questioning on women’s access to abortions through the VA.

Sens. Patty Murray, D-Wash., and Mazie Hirono, D-Hawaii, questioned him on whether he would preserve abortion access available to veterans in instances of rape, incest or to protect the life of the mother.

“We will be looking at that issue when I get in there to confirm that the VA is actually following the law,” he said.

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1.6 - WANF (CBS-46, AP, Video): VA can’t provide abortions but he’ll ‘reexamine’ law, Georgia’s Doug Collins says in confirmation hearing (21 January, 776k uvm; Atlanta, GA)

Former Georgia congressman Doug Collins told the U.S. Senate Veterans Affairs Committee on Tuesday he’ll reexamine whether the Department of Veterans Affairs (VA) should provide abortions.

Collins, tapped by President Donald Trump to lead the VA, repeatedly said in his confirmation hearing he believes a 1992 law bans the VA from performing abortions.

“The law specifically stated that the VA is not to be doing abortions,” Collins said. “The situation came up in 2022, in which they were told to look at a rule that would get around that.

“To me, it’s time for us to take a look at the rule and make sure, just as in every other area of VA life, that we’re actually doing what the law and the intent of this body is,” he said.

The Biden administration announced in 2022 that VA facilities would provide abortion counseling and abortions to veterans when the life or health of a pregnant veteran was endangered by a pregnancy or when a woman became pregnant because of rape or incest.

As a member of Congress, Collins was one of Trump’s defenders during the 45th president’s 2019 impeachment. Collins later resigned his House seat to mount an unsuccessful campaign for Senate, losing to incumbent Kelly Loeffler. Democrat Raphael Warnock would go on to defeat Loeffler in 2020.

Democrats pushed Collins during the hearing on whether Trump’s hiring freeze will harm veteran care.

Some senators are urging Collins to fight the federal hiring freeze Trump declared Monday, saying it will sap the VA’s ability to provide medical care or even run veteran cemeteries.

“This hiring freeze should not apply to direct care workers,” said Maine Sen. Angus King, an independent who caucuses with Democrats.

U.S. Sen. Richard Blumenthal (D-Connecticut) noted the text of the order says it won’t adversely affect Social Security, Medicare and veterans benefits. He asked Collins whether that meant the VA was exempt from the freeze. Collins said he’s still examining what it means “but we support the president’s initiative in this phase.”

Collins also said he believes there are numerous opportunities to streamline the VA, but said Trump will protect care for veterans.

“I was told by the president to take care of veterans,” Collins said. “We’re going to take care of veterans.”

Collins said he supports giving veterans access to private medical care but is disavowing any intention to privatize or dismantle the existing VA health system.

“There will always be a VA health system for the veterans,” Collins said. But he says the VA “exists for the veterans” and that particularly newer veterans may prefer private providers.

Democrats are urging Collins to protect the current system, saying it provides valuable expertise. But some Republicans in particular say it should be easier for veterans to access private medical care because of long distances.

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1.7 - The National Desk: **Trump nominee for VA secretary vows not to assist with migrant healthcare** (21 January, Jackson Walker, 403k uvm; Arlington, VA)

WASHINGTON (TNND) — Doug Collins, President Trump's nominee to lead the U.S. Department of Veterans Affairs, promised Tuesday that the agency would not assist with migrant healthcare under his leadership.

The former Georgia congressman appeared before the Senate Veterans’ Affairs Committee for a confirmation hearing Tuesday after being nominated to lead the agency by President Donald Trump. While the VA is charged with providing healthcare to former members of the military, a 2023 report by the Department of Homeland Security found the VA also cares for illegal migrants detained at the southern border.

“Joe Biden’s failed border policies have created a humanitarian and national security crisis. Now it appears he’s taking resources away from our veterans to facilitate healthcare for illegal migrants," Rep. Mike Bost, R-Ill., wrote in 2023. "As a Marine, I believe any dollar taken away from a veteran is a promise broken to those who served."

While responding to a question from Sen. Tommy Tuberville, R-Ala., Collins said he would immediately investigate the situation.

"In 2023, it was reported to us the VA specialty care system was funding illegal aliens health care. Would you please look into that?" Sen. Tuberville asked.

"Yes, senator, I will," Collins said. "I do not believe any money taken outside of the VA to help the veteran is a worthy cause for the money that has been appropriated for the veteran."

Collins during the hearing also promised to require his department's workers to return to the office full time.

"We're going to encourage them to come back to work, we're going to follow the president's directive on that and we're going to make sure we get people in there because at the end of the day, it's about veterans," he said. "My hospital employees, if I was confirmed, they have to show up every day."

President Donald Trump on Monday signed an executive order requiring all federal employees working remotely to return to the office. The president also froze government hiring in several areas excluding the military.

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1.8 - Discover: Ozempic and Other GLP-1s May Have Broader Health Benefits but Greater Risks (21 January, Monica Cull, 824k uvm; Waukesha, WI)

Glucagon-like peptide-1 receptor agonists (GLP-1RA) drugs like Ozempic and Wegovy are called "miracle drugs" by some pharmacists for their ability to help those with diabetes to lose weight.

The drugs are self-injected once a week and help simulate hormones that slow digestion and curb appetite. While physicians are seeing some positive health effects from these drugs, there is still little data on how they may impact the body in the long run. However, a new study published in the journal Nature Medicine, may help shed light on this.

"Given the drugs' newness and skyrocketing popularity, it is important to systematically examine their effects on all body systems, leaving no stone unturned, to understand what they do and what they don't do," said Ziyad Al-Aly, M.D., a clinical epidemiologist and nephrologist who treats patients at the WashU Medicine-affiliated John J. Cochran Veterans Hospital in St. Louis, and lead author of the study in a press release.

Studying Miracle Drug Benefits and Risks
Researchers from the Washington University School of Medicine in St. Louis and the Veterans Affairs (VA) St. Louis Health Care System have compiled data from over two million patients with diabetes who are using a GLP-1 as treatment.

"Our approach has allowed us to build a comprehensive atlas mapping the associations of GLP-1RA spanning all organ systems," Al-Aly continued in a press release. "The study's results provide insights into some known and previously unrecognized benefits and risks of GLP-1RA that may be useful to inform clinical care and guide research agendas."

The study findings indicate that besides weight loss, GLP-1s also improve cognitive and overall mental health. However, they also revealed an increased risk for kidney problems, pancreatitis, and other issues.

After analyzing de-identified data (data with personal information removed) from a database operated by the U.S. Department of Veterans Affairs, the research team compared 175 health outcomes to the patients who either used a GLP-1 to treat their diabetes or another standard diabetes drug like Jardiance, Januvia, and Glipizide.

From the data, the research team analyzed over 2 million patients who were treated for diabetes between October 1, 2017, and December 31, 2023, and found they ranged in age, race, and gender.

The researchers noticed that the GLP-1RA drugs helped improve neurological and behavioral health. There was a reduced risk of seizures and addictive behaviors towards illicit substances, as well as patients experiencing a decrease in suicidal ideation, thoughts of self-harm, and a reduced risk of disorders such as schizophrenia.

The researchers also noticed that the GLP-1RA drugs seemed to reduce cognitive disorders like Alzheimer's and dementia.

"Interestingly, GLP-1RA drugs act on receptors that are expressed in brain areas involved in impulse control, reward, and addiction, potentially explaining their effectiveness in curbing appetite and addiction disorders," said Al-Aly in a press release. "These drugs also reduce inflammation in the brain and result in weight loss; both these factors may improve brain health and explain the reduced risk of conditions like Alzheimer's disease and dementia."

GLP-1RA Drug Risks
While the benefits of GLP-1RA drugs seem incredible, Al-Aly says they are modest at best. While there is evidence of multiple health benefits, the drugs appear to only help reduce the risk of these ailments by about 10 to 20 percent.

"However, the modest effect does not negate the potential value of these drugs, especially for conditions where few effective treatment options exist, for example, dementia," Al-Aly said in a press release. "This may also imply that these drugs are most beneficial when used in conjunction with other interventions, such as lifestyle changes or other medications."

Even with the benefits listed above, Al-Aly also explained the negative impacts these drugs could have on patients. These downfalls include an increased risk of gastrointestinal problems ranging from vomiting to nausea to diarrhea and, in rare cases, stomach paralysis.

"These have been well documented in the research and anecdotally," Al-Aly said in a press release.

The research team also noted a new development in GLP-1RA drug side effects. The drugs may negatively impact the pancreas and the kidneys. These side effects are rare, but patients should be monitored as certain conditions, like those that impact the kidneys, may not present themselves until the condition is at an advanced stage, and there are fewer treatment options.

"GLP-1RA drugs can have broad health benefits," Al-Aly said in a press release. "However, they are not without risks. Our findings underscore the possibility for wider applications for these medications but also highlight important risks that should be carefully monitored in people taking these drugs."

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2. **Benefit Inequity**

3. **PACT Act**

4. **Improving Customer Service**

4.1 - FOX News: **A look at President Trump's first full day in the White House** (21 January, 56.1M uvm; New York, NY)

[…]

VA nominee Collins vows not to allow agency to assist with migrant healthcare

Veterans Affairs secretary nominee Doug Collins promised the agency he's been tapped to lead would not be involved in migrant healthcare, after reports it had been doing just that.

"In 2023 it was reported to us the VA specialty care system was funding illegal aliens health care would you please look into that?" Sen. Tommy Tuberville, R-Ala., asked.

"Yes senator I will. I do not believe any money taken outside of the VA to help the veteran is a worthy cause for the money that has been appropriated for the veteran," said Collins.

An effort by the VA to help ICE process health care treatment for illegal immigrants despite a growing backlog of U.S. veterans led to uproar among Republicans last year.

The arrangement between the VA's Financial Service Center (VA-FSC) and ICE to process claims for migrant medical care is a longstanding one that actually predates the Biden administration and was outlined in a 2020 memo during former President Donald Trump's administration.

When an illegal migrant under ICE detention requires health care, they are typically treated onsite by medical professionals. However, if specialist or emergency care is required, they may be taken to an independent private provider.In such cases, ICE contracts with the VA's Financial Service Center (VA-FSC) to process reimbursements to those providers. According to a report from July, ICE has hundreds of letters of understanding in which ICE's Health Service Corps (IHSC) will reimburse providers at Medicare rates. That uses the VA-FSC's Healthcare Claims Processing System, which is a portal that allows providers to submit and view claims and access other resources.

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4.2 - Reuters: What can Trump do to stop federal employees from working remotely? (21 January, Daniel Wiessner, 39.9M uvm; New York, NY)

President Donald Trump on Monday signed an executive order requiring most federal employees to return to work in person full time, a move that is likely to spark backlash and legal challenges from unions.

WHAT DOES TRUMP'S ORDER DO?

Trump directed the heads of all federal agencies to "take all necessary steps to terminate remote work arrangements" and require employees to report to "their respective duty stations" full time. The two-sentence order, opens new tab says the directive "shall be implemented consistent with applicable law."

CAN TRUMP PROHIBIT FEDERAL EMPLOYEES FROM WORKING REMOTELY?

It depends. The president has broad authority over the federal workforce, including the power to tell agencies to stop allowing remote work for employees who are not unionized. That includes supervisors and managers, who cannot join unions, and Trump could move quickly to order them back to the office.

But, about 26% of federal employees are unionized and many are covered by bargaining agreements that allow for remote work or hybrid arrangements. The Trump administration will have to wait for those to expire or try to renegotiate the agreements. Bargaining agreements between federal agencies and unions can only be challenged in court if they contain illegal terms or were the product of coercion, bribery or some other wrongdoing.

In some cases, federal agencies may also be required to allow employees with disabilities to work remotely. Federal law requires employers to grant "reasonable accommodations" to workers with chronic medical conditions as long as they can still perform their job duties.

HOW MANY FEDERAL EMPLOYEES WORK REMOTELY?

The Trump White House said on Monday that only 6% of federal employees currently work in person, but government data shows that remote work is more limited. About 46% of federal workers, or 1.1 million people, are eligible for remote work, and about 228,000 of them are fully remote, according to a report, opens new tab issued by the White House Office of Management and Budget in August.

The U.S. Department of Defense and Department of Veterans Affairs, which have far more employees than other agencies, have the most remote workers, along with the Department of Health and Human Services. For federal employees who are eligible for remote work, about 61% of regular working hours are spent in person, according to OMB. That figure excludes fully remote workers.

WHY DOES TRUMP OPPOSE REMOTE WORK?

Trump's order may also represent an effort to encourage some federal workers to quit, opening up positions that can be filled by political loyalists.

Elon Musk, who will lead a commission created by Trump to rein in government spending, said in a Nov. 20 Wall Street Journal opinion piece that federal workers should not be paid for "the COVID-era privilege" of telework. "Requiring federal employees to come to the office five days a week would result in a wave of voluntary terminations that we welcome," Musk wrote.

But, agencies may be leery of engaging in a large number of firings or layoffs, especially when they involve workers who hold important roles or are difficult to replace.

Trump's agenda, including potentially repealing thousands of federal regulations, coordinating a large number of deportations, and overhauling U.S. health policy, will require fully staffed agencies to execute. Experts said that in many instances, Trump will likely have to choose between culling the federal workforce and carrying out other initiatives.

CAN THE PRESIDENT FIRE WORKERS WHO RESIST RETURN TO OFFICE MANDATES?

The president and agency heads have broad authority to fire non-union workers for cause, which could include defying a mandate to return to the office. But federal employees must be given written notice that they are being fired at least 30 days in advance, including an explanation of the reason for their termination and an opportunity to respond.

And federal workers who lose their jobs can bring a challenge before the Merit Systems Protection Board, an independent three-member panel appointed by the president, seeking to be reinstated. Employees could argue to the board that they were not fired for cause, that agencies did not follow the proper procedures and violated their due process rights, or that they were targeted for discriminatory reasons. The board's decisions are binding unless they are set aside by a federal appeals court.

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4.3 - Politico: **Democrats press VA secretary nominee on abortion, Project 2025** (21 January, Ben Leonard, 23.2M uvm; Arlington, VA)

Abortion politics took center stage at the Tuesday morning confirmation hearing for President Donald Trump’s pick to run the Department of Veterans Affairs.

VA Secretary nominee Doug Collins, a former Republican congressman from Georgia, was asked more than once by Senate Veterans’ Affairs Committee Democrats whether he would roll back a Biden administration rule allowing the agency to provide abortion counseling and, in some cases, the procedure itself.

The previous administration put that policy in place to protect reproductive health services in the VA following the 2022 Supreme Court decision striking down the constitutional right to an abortion.

Republicans have slammed the rule, however, saying it violates a 1992 law barring abortion care for military veterans or retirees through the VA healthcare system. The Trump administration is expected to overturn it, but Collins declined to take a definitive position.

“The law from 1992 says the VA does not do abortion,” Collins said in response to one question from Sen. Patty Murray (D-Wash.) about whether a veteran who had been raped should be able

to receive an abortion covered by the VA. “We will look at this rule and see if it complies with the law.”

Democrats also pressed Collins on the now-infamous Heritage Foundation’s “Project 2025” policy blueprint for a GOP presidential administration, which warned the VA could be “target rich” for cost-cutting measures in the Trump administration. The document, among other things, endorsed policy changes that could result in reduced benefits for disabled veterans.

Collins sought to distance himself from the blueprint: “I have not been a part of Project 2025 and haven’t even read it,” he said in a response to a question from Senate Veterans’ Affairs Committee ranking member Richard Blumenthal (D-Conn.) about the proposals.

“We’re not going to balance budgets on the back of veterans’ benefits,” Collins continued. “We’re going to put the veterans first.”

Collins is a staunch Trump supporter who served in Congress from 2013 to 2021. His military background is as an Air Force Reserve chaplain and Iraq War veteran — experience he touted during his confirmation hearing.

He was asked Tuesday by members of both parties about the agency’s significant budget shortfall and how that would factor into the federal government’s ability to provide necessary benefits to veterans, including those exposed to toxins while on the line of duty. Collins will also inherit a troubled electronic health record system initiated by the first Trump administration, which has been on pause since it was found to be tied to several veterans’ deaths and billions over budget.

Collins acknowledged the challenges ahead and pledged to expand choice for veterans to access care outside the VA.

“I do not come into this with rose-colored glasses. This is a large undertaking that I feel called to be at,” Collins said. “When a veteran has to call a congressman or senator’s office to get the care they have already earned, it’s a mark of failure.”

The committee will vote to report Collins' confirmation to the full Senate on Thursday morning.

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4.4 - The Hill (Nexstar, Video): VA secretary nominee promises expanded care options amid worries of ballooning costs (21 January, Ellen Mitchell, 20.6M uvm; Washington, DC)

Former Georgia Rep. Doug Collins, President Trump’s pick to lead the Department of Veterans Affairs, on Tuesday hinted at an expanded health care delivery system after years of pressure to bring down costs and lower wait times for care for former service members.

“At the end of the day, the veteran is getting taken care of. VA care is going to happen. . . [but] there’s different expressions of how we make it better. We don’t do the same things 40 years ago that we still do today,” Collins said at the top of the Senate Veterans Affairs Committee hearing. “Our newer veterans deserve every access to finding care where they can.”

Collins faced questions from panel members for nearly three hours, fielding queries ranging from appointment backlogs and outdated record-keeping systems to whether he would require VA employees to report back to work in person or if he would uphold former President Biden's abortion policy at the department.

But a majority of the time was devoted to how Collins might improve how the VA provides health care and other services to former members of the military, particularly through a program introduced by Trump in his first term known as the Mission Act.

The act, passed by Congress in 2018, allows veterans to seek health services with private systems outside the department's purview if they have to wait too long to receive a service from the Veterans Health Administration or must drive at least 30 minutes to a VA facility.

"We're going to be following the Mission Act. . . . nothing's going to hold that up," Collins said.

Though expansions under the Mission Act sought to strengthen VA's direct care service and what's known as community care – particularly for rural veterans – the department experienced ballooning costs. In 2023, community care cost the VA $28.5 billion, up from about $15 billion in 2018.

Today, roughly nine million veterans are enrolled in the VA health care system but about 40 percent of all their health care appointments are through the community care system.

Democrats now fear that more veterans seeking medical care outside the VA could pull funding away from department medical centers, which already struggle with appointment backlogs and staffing.

Republicans contend that the Biden administration sought to prevent some veterans from finding care outside VA centers using excessive bureaucracy.

Former VA Secretary Denis McDonough, in his final news conference earlier this month, denied that the department was trying to thwart veterans' access to community care, calling it "patently, fundamentally, overwhelmingly inaccurate."

Collins, who faced the panel after a delay in his FBI background check forced lawmakers to move his nomination hearing from last week, told senators he supports veterans choosing where they receive medical care, including mental health help.

He asserted that "delivering timely access to care and benefits for every eligible veteran is job No. 1 at VA."

Among his other goals, Collins said he will encourage VA employees to "come back to work" after Trump signed an executive order Monday directing federal workers to return to office.

"We're going to encourage them to come back to work, we're going to follow the president's directive on that, and we're going to make sure that we get people in there because at the end of the day, it's about veterans," Collins said.

He noted, however, that there are "certain issues" surrounding the VA's roughly 470,000-person workforce – about 80 percent of which are unionized and on contracts.

Many federal employees have been able to work remotely since the COVID-19 pandemic began in 2020, but Trump and his allies have signaled that requiring them to return to in-person work could be a way to thin out what they see as a bureaucrat-heavy workforce.

But Collins, a Navy veteran, Air Force Reserve chaplain and former pastor, did not commit to upholding a Biden administration rule enacted two years ago that allows the department to provide abortions to veterans for a pregnancy resulting from rape or incest, or when the life of a pregnant woman is at risk – even in states where it has been largely outlawed.

The question was raised by both Sens. Maziei Hirono (D-Hawaii) and Patty Murray (D-Wash.).

“It is something that has been looked at here as what the law actually says, and the original law from 1992 says the VA does not do abortions. Two years ago, that was a decision that was looked at and decided. I will tell you this, we will be looking at that issue when I get in there to confirm that the VA is actually following the law,” Collins said.

As VA secretary, Collins is expected to help roll back abortion access for veterans in states that enforce abortion bans following the Supreme Court’s Dobbs decision.

Collins did promise that the VA would not assist with migrant healthcare if he is confirmed, a topic that was brought up by Sen. Tommy Tuberville (R-Ala.).

The Veterans Affairs Financial Services Center contracts with the U.S. Immigrations and Customs Enforcement (ICE) detention healthcare facility to process medical claims reimbursements for migrants detained at the southern border, according to a DHS report released in July 2023.

Collins said he would immediately investigate the situation.

“I do not believe any money taken outside of the VA to help the veteran is a worthy cause for the money that has been appropriated for the veteran,” Collins said.

The hearing was not expected to make waves, and Collins is expected to have bipartisan support in the panel’s confirmation vote, expected on Thursday. Following that, he would advance to the full Senate, where a confirmation vote could come as early as next week.

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4.5 - Military.com: **VA Secretary Nominee Pledges to Modernize Hospital Infrastructure, Promote Community Care** (21 January, Patricia Kime, 4M uvm; Weston, MA)

Doug Collins, President Donald Trump's nominee for secretary of Veterans Affairs, pledged to preserve the VA's health care system but also improve medical services for veterans through community care and other programs.

Collins, an Air Force Reserve chaplain and former Republican congressman from Georgia, told members of the Senate Veterans Affairs Committee on Tuesday that "there will always be a VA health care system for the veteran," with community care providing specialty care and treatment for veterans who don't have ready access to a VA facility.

At the same time, Collins added, the department needs to modernize the system for veterans who "deserve every access to finding care where they can."

"We're going to fight for a strong VA," Collins said during his confirmation hearing. "I believe you can have a strong VA as it currently exists and have a community care aspect."

Questions have loomed over the size of the VA's community care program since it was expanded under the Mission Act of 2018. Currently, 42% of medical care provided by the VA to veterans is done by the private sector, raising concerns that the cost is undermining the department's budget for in-house treatment.

The rising costs of community care in the past few years have spawned debate over veterans' access to private care, with Democrats largely seeking to strengthen the VA's medical infrastructure and staff, which they say are less expensive and provide better care for veterans' unique needs, compared with Republicans who believe the VA should provide quality in-house care but also allow veterans to choose who they want to see, especially if the VA can't accommodate them in a timely fashion or with specialty care.

Collins said he supports the community care program as well as VA medical centers that veterans can "come home" to, with improved communications between civilian and government providers through an overhauled electronic health records system.

The VA's adoption of the Federal Electronic Health Record system, a $16 billion project that was supposed to be complete by 2028 but is used at only six VA medical facilities, has been on hold for nearly two years as a result of safety concerns.

"We're looking forward to the project review," Collins said. "I'm putting on notice today that I'm committed to everyone here -- we're going to bring everyone to the table, that's [the] vendor, that's VA, everybody in the middle, and figure out what this problem is, because it's time to fix it."

Collins faced tough questions on female veterans' access to care, including abortions, and replied by saying he would adhere to the law, citing the 1992 Veterans Health Care Act, which "specifically forbids the VA from doing abortions."

Sen. Mazie Hirono, D-Hawaii, noted that the VA published an interim rule shortly after the 2022 ruling by the U.S. Supreme Court overturning national protections for abortion -- Dobbs v. Jackson Women's Health Organization -- to provide abortion counseling and procedures in the case of rape, incest, or when the life or health of the veteran is in danger.

Collins said the department would look at the rule and determine whether it complies with the law.

"It's a debatable issue," he said.

According to a VA report to Congress in October 2023, the department provided 88 abortions in the first year it offered the procedure.

The Senate Veterans Affairs Committee is set to vote on Collins' nomination Thursday. Should the panel approve him, the full Senate is expected to vote next week.

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4.6 - UPI: VA secretary nominee Collins says he wants to update, improve services for vets (21 January, Mike Heuer, 1.5M uvm; Washington, DC)

Former Rep. Doug Collins of Georgia is a veteran of the U.S. Navy, a former Air Force Reserve chaplain, a veteran of the Iraq War and says he wants to improve veterans' services.

As President Donald Trump's nominee for secretary of the Department of Veterans Affairs, Collins underwent a confirmation hearing before the Senate Veterans' Affairs Committee on Tuesday.

Sen. Kevin Cramer, R-N.D., introduced Collins to the Senate committee.

"If we were to write up qualifications for VA secretary, Doug Collins' picture would be right up next to the description," Cramer told committee members.

Collins affirmed he will uphold veterans' ability to obtain health care and mental health services outside of the VA system as needed.

"America is the greatest nation on Earth because of the men and women who serve and are willing to step up to protect the freedoms that we hold so dear," Collins said in his opening remarks. "I've witnessed this firsthand."

Collins said he slept next to burn pits for several months while deployed in Iraq and brought his dog tags and a bracelet gifted to him by another service member to the confirmation hearing.

Both remind him and other veterans and active duty members of the U.S. military that they are part of something bigger, Collins told the committee members during the nearly three-hour hearing.

Collins was deployed to Iraq while he was a member of the Air Force Reserves and visited and comforted injured military personnel while at the Balad Air Base, the New York Times reported.

He said the VA can't rely on old practices for the modern military and wants to expand access to medical services outside of the VA for veterans, the Military Times reported.

"We don't do the same things 40 years ago that we do today," Collins said. "Our newer veterans deserve every access to finding care where they can."

Collins generally is well-regarded by Republicans and Democrats alike.

Some members of the Senate Veterans' Affairs Committee aired concerns that Trump might overturn a rule established during President Joe Biden's administration in 2022 and allowing the Veterans Administration to provide abortions for service members whose pregnancies resulted from rape, incest or when their lives might be at risk.

Sen. Richard Blumenthal, D-Conn., said he needs assurances Collins won't interfere with benefits veterans have earned, especially regarding abortion care and mental health care.

"Rolling back this policy would unnecessarily risk the lives and health of pregnant veterans in states with abortion bans and care restrictions," Blumenthal said.

Blumenthal described the Veterans Administration as the largest civilian agency in the federal government with more than 450,000 employees comprising 20% of the entire federal workforce.

Sen. Patty Murray, D-Wash., asked Collins if a veteran living in Texas is raped and becomes pregnant should be able to get an abortion through the VA.

Collins said a 1992 law prohibits the VA from performing abortions and said the Trump administration likely will examine if the Biden administration's 2022 rule in such matters is legal.

"We will be looking at that issue when I get in there to confirm that the VA is actually following the law," Collins said.

He also will look into the VA processing health care claims for undocumented migrants, which became a controversial matter during President Biden's last year in office.

"I do not believe any money that's taken outside the mission of the VA to help the veteran is a worthy cause," Collins said. "We will not be doing that."

Collins said his service brings a different perspective than prior Veterans Affairs secretaries, and he is focused on providing timely access and care for veterans.

"The veterans and VA won't have a stronger fighter for the employees and workforce," Collins said.

He said he favors enabling veterans to obtain taxpayer-funded medical and mental health services outside of the VA system to ensure they benefit from the best possible care.

"Veterans will always be able to use the health care system," Collins said. "The issue is how we make it better."

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4.7 - WXIN (FOX-59, Nexstar, Video): Senators question Trump's nominee for VA secretary (21 January, Jessi Turnure, 1.2M uvm; Indianapolis, IN)

WASHINGTON (NEXSTAR) – Senators grilled President Donald Trump's choice to lead the U.S. Department of Veterans Affairs Tuesday.

Former U.S. Rep. Doug Collins (R-Ga.) promised to be veterans' biggest advocate if confirmed as the VA secretary.

"The mission is the vet," Collins told the Senate Veterans' Affairs Committee multiple times. "The VA does not exist in and of itself. It exists for the veteran."

However, U.S. Sen. Patty Murray (D-Wash.) asked Collins if he meant all veterans.

“I care deeply about our women veterans and that they have the services they need,” Murray said.

After the U.S. Supreme Court overturned Roe v. Wade, the VA started offering abortion services to military veterans and their families in certain cases. Republicans have argued any rule change should go through Congress.

“We will be looking at that issue when I get in there to confirm the VA is actually following the law,” Collins said.

Another issue before senators came from an executive order President Donald Trump signed at the White House Monday, related to the Afghanistan withdrawal.

“Sir, this is an executive order realigning the United States Refugee Admission Program to better align with American principles and American interests,” a White House official said.

This action puts flights in limbo for more than 1,600 Afghans the U.S. government cleared to resettle here, including family members of active-duty military personnel.

“The risks to these Afghan allies are so dire and dangerous, and many of our veterans’ groups have been advocates for them,” said U.S. Sen. Richard Blumenthal (D-Conn.)

Blumenthal did not specifically ask Collins how he could intervene, but both said they are still seeing how other new executive orders, like a federal hiring freeze, could impact VA services.

The VA is the largest civilian agency in the federal government with nearly half a million workers.

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4.8 - Military Times: **VA secretary nominee promises more medical care options and upgrades** (21 January, Leo Shane III, 1M uvm; Vienna, VA)

Veterans Affairs Secretary nominee Doug Collins on Tuesday pledged to be a fierce defender of the department’s workforce and operations if confirmed to the department leadership role, but also said health care delivery must evolve for the agency to stay relevant for veterans in the future.

“Veterans will always be able to use the health care system, the issue is how we make it better,” he said. “We don’t do the same things 40 years ago that we do today. Our newer veterans deserve every access to finding care where they can.”

That includes expanding veterans’ access to medical care outside the VA system at taxpayer expense, a position that could cause friction with union groups and veterans advocates who worry that President Donald Trump’s policies could strip funding away from department medical centers in favor of private-sector companies.

How Collins, a former Georgia Republican House representative and Air Force Reserve chaplain, balances those concerns will be a major focus of his first few months in office, if he is confirmed as expected in the coming days.

Collins faced tough questioning but little actual opposition during his hearing before the Senate Veterans' Affairs Committee on Tuesday, with most members signaling they will vote to approve him. But he was pressed on the issue of community care, where federal funds pay for private sector medical care for veterans.

About 40% of all VA health care appointments currently are through the community care system, but conservative advocates have argued that the program still places too many restrictions on veterans looking for alternatives to VA clinics with long travel distances or long wait times.

Collins expressed support for current and past legislation expanding eligibility for more outside care, saying that "delivering timely access to care and benefits for every eligible veteran is job one at VA."

That includes fixing the department's electronic health records overhaul — a 10-year, $16 billion project that has been stalled for more than a year. Collins pledged to task senior officials with seeing whether the upgrades can be restarted quickly, or if the project should be abandoned.

"This has become the new normal for federal projects, to appropriate millions of dollars and see no results in six or eight years," he said. "It's time to get this done."

Collins said he believes most VA workers are dedicated and exemplary federal employees but also said accountability and efficiency would be key priorities moving ahead. He vowed to "improve outreach to our most vulnerable veterans — those at risk of suicide or homelessness."

Collins also promised to "make sure the law is being followed" regarding VA's decision to offer abortion services to veterans at federal medical centers, even in states where the practice is outlawed. Democrats on the panel said they took that stance as evidence that he will not support the reproductive rights of women vets.

Committee members are expected to vote on Collins' nomination on Thursday. If he advances then, a full Senate confirmation vote could take place next week, with Collins potentially taking office before February.

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4.9 - KSNW (NBC-3): **Thousands of Kansas veteran passwords expiring in 10 days** (21 January, Laura McMillan, 642k uvm; Wichita, KS)

The Department of Veterans Affairs is making a security change that requires veterans to get new log-in credentials for their VA health care accounts. The deadline is 10 days away. Veterans who fail to update their sign-in options may lose access on Jan. 31.

The VA says about 4,800 Kansas veterans still need to make the change. These are veterans who are enrolled at the Dole VA Medical Center and its outpatient clinics around the state.

The new log-ins are required for the My HealtheVet patient portal, where veterans can order prescriptions, view their appointments and see their VA patient records.

The VA says My HealtheVet isn't going away. However, veterans and other beneficiaries can no longer use their old usernames and passwords to get into the portal after Jan. 31 or DS Logon after Sept. 30.

Veterans need to sign in with an identity-verified Login.gov or ID.me account. The VA has a website with tips on how to create the accounts. The site gives advice on how the veteran can take his or her photo, what to do if the Login.gov or ID.me won't accept the veteran's phone number or says the veteran already has an account, and more.

Veterans who need in-person training and support can attend an event this Friday at the Dole VA:

- Friday, Jan. 24, 8 a.m. – 3 p.m.
- Dole VA Center, Building 61, Room 112, 5500 E. Kellogg Drive, Wichita
- Click here to see what you need to bring
- Free event

The VA says veterans can still coordinate their care in person or over the phone.

If veterans or others have questions, they can call the Dole VA team at 316-685-2221, ext. 57754.

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4.10 - Government Executive: VA secretary nominee rejects privatization but wants more employee firings (21 January, Eric Katz, 382k uvm; Washington, DC)

The Veterans Affairs Department's workforce will have a advocate in its next secretary, President Trump's pick to lead the agency told lawmakers on Tuesday, though it can also expect a crackdown to hold bad actors accountable.

Former Rep. Doug Collins, R-Ga., defended VA's mission and eschewed any effort to privatize the department during his confirmation hearing before the Senate Veterans Affairs Committee, suggesting the nation's largest health care network would always exist for veterans. He pledged to continue to utilize and grow private sector options for veterans, however, which has subsumed a growing portion of VA's budget since the passage of the 2018 Mission Act in Trump's first term.

"I believe you can have both, you can have a strong VA as it currently exists and you can have the community care aspect," Collins said, referring to the program by which VA pays for veterans to receive private care.

The secretary-designate defended the largely governmentwide hiring freeze Trump put into place Monday, suggesting he would exempt benefits administrators but declining to go into further detail.

"We'll take a look at the current levels of employees that we have and where they're properly located," Collins said. "We will work under the executive order he has given us."

Collins added he was “still examining” its exact impact on VA, which drew criticisms from Democrats on committee. Collins sought to assuage those concerns by saying Trump was taking a “prudent step” to assess the department’s current resources and needs going forward rather than to make any long-lasting cuts. Sen. Richard Blumenthal, D-Conn., the top Democrat on the panel, said that response still raised questions.

“This is going to be a first test of your leadership, whether you fight for an exemption in the hiring freeze for the non-veterans benefits employees who are needed to care for veterans at medical facilities,” Blumenthal said.

Collins countered that Blumenthal was falsely assuming that a vacancy equated to an actual need for the department.

“There may be openings, but there was openings yesterday,” Collins said. “There was openings last week.”

Collins said he would seek to bring more employees into the office rather than allowing them to telework, though he noted he was bound by collective bargaining agreements that represent 80% of the VA workforce. He similarly pledged to follow labor contracts and all other legal processes when seeking to fire more department staff, though he said he would ultimately not be restricted in getting rid of malfeasant workers.

“Failing up is not an option,” Collins said. “I will work within any agreements, employee agreements, collective bargaining, but if you're putting a veteran, health and safety at harm, I will make sure the department will get rid of you, and we are willing to do whatever it takes to do that.”

He said such an approach would both get rid of poor performers and allow the best workers to flourish.

“When you have employees that come to work every day doing it right, and they feel like they have to carry a co-worker along, after a while, they don't want to carry the co-worker anymore,” Collins said.

He vowed to support his workers who are carrying out their duties responsibly.

“I will be the biggest cheerleader for every VA employee out there who is out there doing it right,” Collins said.

The secretary-designate noted Congress passed and Trump signed into law the VA Accountability and Whistleblower Protection Act specifically to make it easier for the department to fire employees. Collins’ predecessor, Denis McDonough, in 2023 ended the implementation of disciplinary provisions included in that law citing its repeated defeats in court, labor panels and elsewhere. The decision marked the second time in the last decade that Congress tried and failed to speed up firing at VA. In 2016, the department announced it would no longer use a 2014 law aimed at making it easier to fire career senior executives after it similarly suffered a series of legal setbacks.

VA committee leaders in both chambers are looking to pass new legislation that would reinstate and strengthen many of the provisions of the 2017 firing law. Lawmakers made clear in the bill that its reforms would supersede any agreement VA had negotiated with a union.

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4.11 - WSIL (ABC-3): Marion VA enhances security, encourages veterans to make switch before end of January (21 January, Mike Mohundro, 108k uvm; Carterville, IL)

MARION, Ill. (WSIL) -- The Marion VA Health Care System has enhanced security when signing in and encourages veterans to switch over before the end of January.

The My HealtheVet site which veterans use to sign in at will be changing soon. Nearly 6,000 veterans in the Marion VA Health Care System may be impacted with signing in soon.

The My HealtheVet is a portal for patients to view prescriptions, VA appointments and more.

Veterans, along with other beneficiaries, will not be able to sign in using usernames and passwords through My HealtheVet after January 31, 2025, or DS Logon after September 30, 2025. It will require using a Login.gov or ID.me account.

The VA has already prepared tips to help veterans create a Login.gov or ID.me account. If you have questions, you may call the Marion VA Health Care System or My HealtheVet Coordinator Will DuVall at 618-364-2423.

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4.12 - Healthcare IT News: VA prescribers exempt from DEA's special telehealth registration (21 January, Andrea Fox, 60k uvm; Chicago, IL)

For veterans that have had an in-person visit with Veterans Affairs' providers, the Drug Enforcement Administration is extending those provider-patient relationships to all VA practitioners engaging in telemedicine with the patient, DEA said in a statement Friday.

Jointly released with the Department of Justice, the Substance Abuse and Mental Health Services Administration and the Department of Health and Human Services, the new final rule says VA telehealth prescribers do not have to take part in a new Special Registration for controlled substances prescribed in virtual care.

WHY IT MATTERS

Because it is a nationally integrated, closed healthcare system, the VA has "rigorous internal policies and controls that ensure patient safety, continuity of care and thorough monitoring of prescriptions," DEA said in its notice of proposed rulemaking.

The new rule, Continuity of Care via Telemedicine for Veterans Affairs Patients, requires VA telehealth prescribers to review and update the patient's VA electronic health record and review the prescription drug-monitoring program data for the state in which the VA patient is located at the time of the telemedicine visit before prescribing a schedule II-V controlled substance.

If either the VA EHR or the state PDMP data is not available, the practitioner must limit the prescription to a seven-day supply until able to access both records, the agency said in its notice in the Federal Register.

The DEA explained in its notice that structuring the requirements differently for VA and non-VA practitioners enhances safety without imposing unnecessary restrictions on the veterans' healthcare delivery model.

Because VA practitioners have access to shared information systems, including an internal prescription database, they can adequately "monitor and manage controlled substance prescriptions," the agency said.

"This infrastructure ensures the safety of telemedicine prescribing without necessitating an additional registration layer, as VA practitioners operate within a highly regulated and cohesive system tailored specifically to veterans' needs," said DEA.

Effective Feb. 18, the VA exemption from the special registration for telehealth prescribers does not apply to community care network providers or others or conducting disability compensation evaluations, the agency said in the notice.

THE LARGER TREND

DEA said its intention with three new telehealth rules is to balance access to virtual care for the long term. Temporary exemptions to the Ryan Haight Act, issued and extended in response to the COVID-19 pandemic and recovery, end this year.

The general rule, which the agency is accepting public comments on, applies the "necessary safeguards against the diversion or misuse of controlled substances," across the larger healthcare sector, DEA said.

One of the government's concerns has been the practice of visiting multiple healthcare providers across non-integrated systems to obtain multiple prescriptions, known as "doctor shopping," which the agency has said drives drug diversion.

However, according to an American Telemedicine Association reaction statement, DEA's proposed framework for the new special telehealth registry holds significant implications for providers.

"Early indications suggest the proposed rule includes elements that represent significant operational challenges," Kyle Zebley, senior vice president of public policy for the ATA and executive director of ATA Action.

Also on Friday, DEA published the Expansion of Buprenorphine Treatment via Telemedicine Encounter. This rule allows providers to prescribe a six-month initial supply to treat opioid use disorder via audio-only telemedicine interaction without a prior in-person evaluation.

"DEA and HHS believe that expanding access to buprenorphine through audio-only telemedicine outweighs the relatively lower risk of misuse and diversion of buprenorphine," the agency said.

ON THE RECORD

"The proposed expansion of authorized internet prescribing for VA practitioners responds directly to the evolving landscape of the healthcare needs of VA patients, advancements in telemedicine and DEA's capacity to implement safeguards that protect against potential misuse," the agency said in the notice.

"VA now has improved tools and data systems, including enhanced monitoring of telemedicine practices and centralized systems like the VA's internal prescription monitoring database, allowing for more effective oversight than what was available in the past."

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4.13 - The News-Review: **UCC and VA collaborate in nursing program** (21 January, Drew Winkelmaier, 43k uvm; Roseburg, OR)

Umpqua Community College nursing students are gaining hands-on experience at the Roseburg VA Medical Center as part of a new partnership aimed at training future healthcare professionals.

Nursing students began the program Monday, starting an 11-week term that will rotate them through various departments at the medical center. Their assignments will include units such as dementia care, outpatient services, acute psychiatry, mental health, and more.

UCC has 61 nursing students in total with 16 students participating on the Roseburg VA Medical Center campus at one time. Their time will be split between CHI Mercy Medical Center and the Roseburg VA Medical Center.

“A lot of us are hoping to get jobs at the (Roseburg VA Medical Center),” said second year nursing student Matt Glassman. “A lot of what we are doing right now is figure out what areas of nursing we want to work in. That is why having this VA program is so interesting.”

Glassman said this kind of hands-on experience allows nurses to hone their skills. For second year nursing student Emily Cunningham, she is looking forward to working in different units at the Roseburg VA Medical Center not available at CHI Mercy Medical Center.

“For instance, the Alzheimer’s and dementia care — we don’t see that at the hospital. So, that is a different category of care we get to experience as well as the clinics,” Cunningham said. “I think it just opens up a bunch of different opportunities.”

Cunningham said the onboarding process was rigorous but worth it.

The goal for UCC Director of Nursing Chelsea Gillespie-Towne is to expand the program into other terms of the college and include first year nursing students. According to Gillespie-Towne, such a collaboration has not existed since 2016.

“Our goal at UCC is to graduate well-rounded, compassionate, competent nurses and we rely on our community partners to help fulfill that goal,” Gillespie-Towne said. “(Nurses) get all sorts of experiences throughout the whole community and (the Roseburg VA Medical Center) always felt like that missing piece. Now, it’s the whole community.”

Roseburg VA Medical Center Director Patrick Hull said one of the biggest difficulties with running the medical center is recruitment. Collaborating with the college helps that difficulty immensely. Hull credits UCC President Rachel Pokrandt for not only supporting the medical center but assisting in filling those vacancy rates in local health care.

“I am so thankful for (Pokrandt) in supporting us and veterans. Working with us to fill vacancy rates by training superstars,” Hull said. “UCC is so important to our organization and the community’s health care system to maintain truly sustainable operations. (Pokrandt) has been an outstanding partner in helping us develop a pathway forward to have residents of the community stay within Roseburg’s community.”

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4.14 - FEDmanager: OPM Sets Appeals Process for VA Employees Ordered to Pay Back Bonuses (21 January)

Some employees of the Department of Veterans Affairs (VA) were ordered to pay back awards and bonuses, after being accused of poor performance. Now the federal government is putting words on paper to help employees appeal those decisions

The Office of Personnel Management (OPM) published an interim final rule that sets procedures for current and former VA employees to file an appeal to get the money back.

The employees were initially ordered to return the funds if they were judged poor performers under the 2017 VA Accountability and Whistleblower Protection Act.

Under that legislation, the VA can require an employee to repay all or part of an award or bonus, if the employee had engaged in misconduct and poor performance. Relocation expenses could also be recouped.

However, the Biden Administration stopped enforcing the law in 2023 after it was weakened by court decisions, the Merit Systems Protection Board (MSPB), and the Federal Labor Relations Authority (FLRA).

OPM is requesting comments through March 17, 2025, even though the interim final rule went into effect on Wednesday, January 15, 2025. Specifically, it requested opinions on whether VA bargaining unit employees can use grievance procedures to challenge a recoupment order instead of filing an appeal and if OPM should publish appeal decisions.

Congressional Action Pending

Meanwhile Congressional Republicans are pushing forward on legislation that would strengthen the 2017 law, with the Restore VA Accountability Act reintroduced in both the House and Senate.

Supporters say the legislation will “close the gaps that courts have created in the 2017 Accountability Act by reinstating Congress’s intent to provide the VA with the authority necessary to swiftly remove, demote and suspend employees who do not serve the interests of veterans.”

The bill also holds VA managers accountable to the same disciplinary procedures as members of the Senior Executive Service.

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4.15 - American Postal Workers Union: This is a 'Code Red Alert' to APWU Veterans (21 January, Washington, DC)

The APWU launched our “Hands Off Our Veterans’ Healthcare and Disability Benefits” initiative in January 2024. Now, with the re-election of Donald Trump as President, 2025 could spell the end of the Department of Veterans’ Affairs (VA) healthcare.

In the last Home Front article, we warned veterans about “Project 2025” and how a second Trump term would destroy the VA, and VA healthcare benefits. Unfortunately for our APWU veteran family, Trump won, and his Project 2025 plan to destroy VA healthcare could begin the minute he enters the White House.

So, what can we do to stop this attack that would totally privatize VA healthcare and leave millions of veterans without access to medical and mental healthcare services? Well, we could start by fighting back against this attack to cut or destroy the VA healthcare benefits for 22 million living veterans. Fighting back means thanking President Biden for signing the Promise to Address Comprehensive Toxics (PACT) Act into law, and asking VA Secretary Denis McDonough to accelerate the implementation process that began over two years ago.

In a Letter to All Veterans, Dated Oct. 29, 2024, President Biden Stated the Following:
“As a nation we have many obligations, but only one truly sacred obligation: to train and equip those we send into harm’s way, and care for them and their families when they return home, and when they don’t. Our veterans and military families represent the best of America. We owe them. We owe you. May God bless the United States of America, and may God protect our troops. Signed Joe Biden.”

Fighting back means protecting PACT Act laws and protesting any attempt to restrict, reduce, or eliminate them. If President-elect Trump implements even a portion of the Project 2025 recommendations, the VA healthcare system could collapse entirely. By privatizing more government programs, the VA will foolishly and expensively outsource the healthcare and benefits to for-profit companies with little experience dealing with veterans, with a clear incentive to enhance their bottom line.

By cutting back on disability compensation, countless veterans will lose their jobs and homes, plunging many into poverty and causing them to experience more mental health problems. VA disability claims, which determine the severity and rating of a veteran’s disability, will be turned over to private, for-profit healthcare providers, thus overhauling and reducing compensation percentage rates and payment amounts for the veteran’s disability.

Fighting back means protesting Project 2025’s plan to reduce or eliminate the VA Mental and Medical benefits that veterans with service-connected conditions receive. Currently, once veterans prove they have a service-related condition, they can receive healthcare through the VA for that condition along with their non-service-connected conditions. Project 2025’s plan would potentially exclude a long list of supplementary VA healthcare services not directly related to the veteran’s time in active duty, that developed after leaving the military. A prime example of

this would be living Vietnam War-era veterans, who until the PACT Act, had been denied military service-connected claims for cancer or diabetes for over 50 years.

The VA was established in 1930 with 54 Hospitals. In 1946, after another major war, it expanded to include healthcare benefits, establishing the current system, fully staffed with VA Federal Government workers. Today it has 1,600 healthcare facilities, including 144 medical centers and 1,232 outpatient clinics. The resources, need, and intent for VA healthcare facilities was to provide veterans with high quality healthcare and benefits, and all that was required to receive same-day basic healthcare was an honorable DD-214.

So, this is a Code Red Alert to our entire APWU veterans' family. It's time to wake up and fight for the VA healthcare benefits that all veterans deserve before Project 2025 takes them all away.

The Struggle Continues!

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5. Business Transformation

5.1 - RedstoneRocket: Enhanced health care clinic opens for Shoals veterans (22 January, Marian Accardi, 10k uvm; Decatur, AL)

Construction of the new Shoals VA Clinic, part of the Birmingham VA Health Care System, is complete, and the first patients were going to be seen at the new facility starting Jan. 21.

A ribbon-cutting ceremony was held Jan. 16, and Shannon Arledge, the system's communications director, said patients continued to receive care at the former clinic through the end of last week.

The new clinic, developed in partnership with Matterhorn Capital LLC, is enhancing services and capacity for veterans in the Shoals region, including Florence, Sheffield, and Tuscumbia, and encouraging more veterans to use the benefits they've earned.

The new center's key features include more than 16,000 square feet, more than double the current clinic's 6,300 square feet of space, 18 patient rooms dedicated to primary care, women's health, and mental health, three dedicated telehealth rooms, expanded face-to-face services in primary care, lab services, mental health, and telehealth. "Future services such as audiology and optometry will be in place later this year," Arledge said.

The new clinic is located at 410 Cox Boulevard, Sheffield.

The current Shoals VA Clinic has served veterans since it opened in February 1999, with 30 full-time staff providing care to about 3,500 veterans annually.

According to Arledge, the positions at the clinic include physicians, nurses, medical support assistants, audiologist and other administrative personnel.

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

6.1 - Nextgov/FCW: Trump's VA pick voices support for continued EHR deployment (21 January, Edward Graham, 76k uvm; Washington, DC)

President Donald Trump's pick to lead the Department of Veterans Affairs told lawmakers that he would prioritize efforts to improve VA's rollout of its troubled electronic health record system if confirmed to the post.

Former Rep. Doug Collins, R-Ga., told members of the Senate Veterans' Affairs Committee on Tuesday that he was committed to looking at the Oracle Cerner software's beleaguered deployment with fresh eyes and that "there's no reason in the world we cannot get this done."

During Trump's first term, VA contracted with Cerner — which was subsequently acquired by Oracle in 2022 — to modernize its legacy EHR system and make it interoperable with the Department of Defense's new EHR system that is also from Oracle Cerner.

VA first rolled out the new software in 2020 at the Mann-Grandstaff VA Medical Center in Spokane, Washington, but since then the EHR system's implementation has been bogged down by technical issues, cost overruns and patient safety concerns.

The department paused deployments of the EHR system in April 2023 to address the range of problems affecting the five facilities where the new software had been deployed, although the department and DOD subsequently worked to implement the system at the Captain James A. Lovell Federal Health Care Center in North Chicago, Illinois, last March.

The Biden administration announced in December that VA was "beginning early-stage planning" to deploy the new EHR system at four of its Michigan-based medical facilities in mid-2026, a move that would officially take the department out of its "reset" period.

Lawmakers from across the aisle have expressed numerous concerns about the new system's troubled deployment, and both Democrats and Republicans used Tuesday's confirmation hearing to press Collins about the software's future.

Collins echoed their concerns about the program, slamming its slow rollout and the ballooning cost of its deployment. But he said VA needs to adopt a new EHR system to better serve veterans and that he would work to quickly identify roadblocks to its broader deployment.

"We've got to get our health records straight so that we can have an easy hand off," Collins said about servicemembers transitioning from active service to civilian life. "What should be a simple click of the button has many times taken … up to almost a year to get those records transferred. That leaves uncertainty for the veteran, that leaves uncertainty for the family, and makes a very unhealthy experience for those that are serving."

He noted several times that "the VA is special, but it's not unique" when it comes to providing healthcare services and ensuring the success of its modernization efforts, and that deploying the system at a total of six facilities thus far "is not acceptable."

Collins said that, under his leadership, the department would work with Oracle Cerner, clinicians and VA medical facilities to better identify the barriers to the system's deployment. And he said he would task members of his staff "as soon as possible" with examining the issues affecting the system.

Collins also questioned the Biden administration's stated goal of resuming deployments in mid-2026, saying "I believe we can actually get it done quicker," although he added that his goal is ultimately to "do it properly, not rushed."

Lawmakers also raised concerns about funding needed to modernize many outdated VA facilities, with Sen. Jim Banks, R-Ind., noting that — beyond infrastructure upgrades — these medical sites are also "going to have to have major work just to hold the computer systems" to make the EHR rollout ultimately successful.

Collins said the department will have to take a more focused approach when it comes to acquisitions and construction projects so that modernization efforts do not have to go "through multiple layers" to successfully occur.

Collins is a former four-term congressman who was first elected to the House in 2012. He challenged incumbent Sen. Kelly Loeffler, R-Ga., and Democrat Raphael Warnock in Georgia's special election in 2020 to fill the remaining two-year term of former Republican Sen. Johnny Isakson. Collins finished third in the state's nonpartisan blanket primary and subsequently endorsed Loeffler in her unsuccessful runoff against Warnock.

Collins previously served as a chaplain in the armed forces, first as a Navy chaplain and then as a member of the Air Force Reserve following the September 11th terrorist attacks. A stalwart Trump supporter, Collins faces a favorable road to confirmation as secretary given GOP control of the Senate and the bipartisan nature of the VA.

Beyond voicing support for the EHR system's continued rollout once deployment issues have been addressed, Collins also expressed his openness to exploring artificial intelligence capabilities to support veterans' benefits and care.

Sen. Bill Cassidy, R-La., said he was concerned about the backlog of veterans applying for disability benefits and said that artificial intelligence could potentially process vast amounts of information to speed up the process — particularly after the PACT Act expanded access to benefits and health services for veterans exposed to burn pits and other chemicals.

He asked Collins his thoughts on comparing AI tools to decisions made by VA personnel and working to "figure out why it's different, and if the AI is not as good, we're going to continue to refine it until we can scale it and a veteran does not need to wait for his or her benefits."

Collins said enhancing veteran care and services means "looking at AI, looking at other technology — not just from the benefit perspective, but also from the medical perspective as well." He added that these modernization considerations could also extend to VA's health record system.

"Why would I be satisfied for [sic] a system that is old and outdated or non-existent when my goal and my purpose in my mission is to take care of a veteran?" he said.

VA has been increasingly exploring the use of AI capabilities in recent years, with the department reporting 227 AI use cases to the Office of Management and Budget in 2024. VA said the majority of these use cases were safety- and rights-impacting.

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7. **Suicide Prevention**

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

8.1 - WJOL (AM-1340): **Volunteers Remove 27,000 Wreaths From Graves At Abraham Lincoln National Cemetery** (21 January, 31k uvm; Crest Hill, IL)

Saturday's wreath removal at Abraham Lincoln National Cemetery was a success. Volunteer turn-out was excellent, according to organizers.

Students from Joliet Central and Lincoln Way High Schools participated, and organizers said, "It was great to see these young men and woman supporting this event."

Mother nature cooperated with a great sunny 30-degree day. Unlike last year which was a brutal weather day with just a few volunteers.

Pickup of the 27,ooo wreaths started at 8:00 a.m. and by noon, the job was completed, filling six large dumpsters with wreaths.

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8.2 - MyChesCo: **Preserve Your Legacy: Veterans Empowered to Share Their Stories for Future Generations!** (21 January, Maryann Pugh, 24k uvm; PA)

WASHINGTON, D.C. — The Department of Veterans Affairs (VA) has introduced a groundbreaking feature to its Veterans Legacy Memorial (VLM), the nation's largest digital platform commemorating the lives of Veterans and service members. The new addition, titled "Your Story, Your Legacy," enables Veterans to craft their personal narratives while they are still alive, offering a remarkable way to preserve their history and contributions for future generations.

The "Your Story, Your Legacy" feature is available to Veterans who have received pre-need eligibility determination for burial in a VA national cemetery. Veterans can access a secure website where they can upload images, autobiographies, military achievements, life milestones, and historical documents, ensuring their voices are preserved in their own words.

Once the content is submitted, the VA securely stores it until the Veteran passes and a burial or memorial benefit is formally approved. At that point, the submitted materials will be made public and added to the Veteran's VLM page on the agency's public-facing platform. This ensures that legacies are not only preserved but also shared with family, friends, and the broader public.

“The legacies we leave behind come in many forms,” said Acting Under Secretary for Memorial Affairs Ronald Walters. “Providing Veterans with resources to document their stories while they are still with us ensures their voices are heard and allows family members, friends, and others to appreciate the experiences of those who served.”

The VLM platform, launched in 2019, already serves as an interactive space where loved ones can commemorate the lives of Veterans and service members. With nearly 10 million interactive pages, the VLM allows users to upload written tributes, photos, and documents to honor individuals interred in VA national cemeteries, Department of Defense cemeteries, state or tribal cemeteries funded by VA grants, National Park Service cemeteries, and private cemeteries around the world.

Since its inception, the VLM platform has received more than 165,000 content submissions to veteran profile pages. The “Your Story, Your Legacy” feature builds upon this foundation, giving Veterans the unprecedented opportunity to ensure their personal experiences are preserved in an authentic, secure, and meaningful way.

Veterans approved for pre-need eligibility who have provided their email addresses will be contacted directly with instructions for accessing the “Your Story, Your Legacy” landing page. Submissions are moderated by National Cemetery Administration (NCA) reviewers to ensure compliance with the VLM User Policy before publication.

The new feature aims to honor and celebrate the sacrifices made by Veterans, while also serving as an educational tool for future generations.

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8.3 - Clearance Jobs: **The VA’s Efforts to Take Care of Woman Veterans** (21 January, Aaron Knowles, Urbandale, IA)

My mother is a proud veteran. She served more than seven years in the Air Force during the 80’s and has felt the impacts throughout her life. She has fought for benefits, and for her rating, and even more so for her health care. On Dec. 6, 2024, the VA posted a release on their website stating that they are raising the bar on care for women veterans. As a proud son, I felt that it was my duty to see what they were doing for women like my mother, and many others like her who felt unseen by the Dept. ‘dedicated’ to their care.

According to the VA’s Study of Barriers for Women Veterans to VA Health Care 2024 report, over 7,000 women veteran’s input has been examined in regard to health care. The outcome is that women are happier with VA health care than ever before. According to a release on the VA’s website, “this comprehensive study provides crucial insights into your experiences, and it highlights both our successes and areas where we can do better.”

THE HIGH NOTES OF THE REPORT
According to the report, significant improvements have been found to include safety and comfort, Provider satisfaction, and a sense of belonging for women at the VA.

Safety and Comfort

83% of women Veterans feel safe and comfortable at VA facilities. Since 2014, satisfaction has notably increased due to improvements in cleanliness (+10%), accessible parking (+17%), safe parking (+8%), privacy at check-in (+8%), and welcoming waiting areas (+9%).

Provider Satisfaction
82% are satisfied with their VA providers, noting respect and improved medical knowledge, which rose from 79% in 2014 to 86% in 2024. This improvement is attributed to the Women's Health Mini-Residency Program, which has trained over 11,500 VA providers in gender-specific care, including reproductive health, gynecology, breast health, and maternity care.

Sense of Belonging
74% of women Veterans report a strong sense of belonging at the VA. This reflects the VA's efforts to foster inclusivity and personalized care through trauma-informed practices, provider options, telehealth, and private accommodations. Additionally, targeted communications and culture change campaigns address issues such as harassment, suicide prevention, and diversity.

Although areas have been found improved, the VA recognized that there are still areas in need of significant attention. The areas that they are going to refocus efforts on create barriers to care, which the VA is actively addressing.

THE LOW NOTES
The key challenges faced by women Veterans are understanding, access, and support for health care.

Understanding Benefits and Care
37% of women Veterans lack an understanding of their benefits, and 27% need more information on using VA health care. To address this, the VA offers resources like the Women Veterans Call Center, newsletters, and local Women Veterans Program Managers.

Expanded Access
Limited hours have led 25% of women to switch to non-VA providers, with over half expressing a need for extended hours. Many VA facilities now offer extended weekday and weekend hours, along with telehealth options for greater convenience.

Family Needs
Childcare challenges caused 40% of women Veterans to find care difficult and 46% to cancel appointments. The VA is improving childcare support under the Deborah Sampson Act to help balance family and healthcare needs.

THE VA'S COMMITMENT TO WOMEN
According to the VA's website, "We are committed to making significant improvements to ensure that you have the support you need and more options than ever before."

The site continues to state that each year, services continue to expand, and these enhancements to women veterans' health care include.

Expanded Services
Increased availability of extended hours, telehealth, childcare, home care, transportation, medical equipment, and mail-order prescriptions.

Comprehensive Care
Personalized services include primary care, gynecology, reproductive health, maternity care, mental health, specialty care, and cancer screenings.

Women Providers
Improved access to women's health providers and women-only clinics, with the option to request providers by gender.

Safety and Respect
Practices like medical chaperones and accommodations ensure a safe and respectful environment.

Mental Health Support
Access to Women's Mental Health Champions, counseling, support groups, and 24/7 confidential assistance via the Veterans Crisis Line (dial 988, press 1).

Improved Communication
Resources include the Women Veterans Call Center (1-855-VA-WOMEN), newsletters, websites, Veteran Service Organizations, and direct communication with VA healthcare teams. The interesting thing about The Barriers for Women Veterans to VA Health Care 2024 report is that at the back of the report, you can read, in their own words, the statements that women have submitted to support this study.

Statements like, "I attempted to apply for medical benefits and other benefits and the VA never returned any calls or correspondence regarding my application or request for medical benefits. I was in the reserves subsequent to active duty and feel like I should have been entitled to medical benefits. I would like someone to call me concerning my application and eligibility for medical benefits I currently do not have any medical benefits." – Woman N, and "It takes months to get an appointment. If the appointment is changed by the VA, it takes months again to get another appointment." – Woman F, makes the report an eye-opening read, but one that the VA seems to be taking seriously.

RAISING VOICES TO RAISE AWARENESS
At the end of it all, more than 7, 300 women responded to the survey, and the comments are being heard, the impact is being seen, and the surveys will continue. It is up to each and every veteran to ensure that our voices are heard and that we respond to these surveys to ensure that we get the care that we deserve; especially for women veterans.

My mother is one tough lady, but I also know that these VA facilities are tough. I admire her and other women veterans for their bravery over the years of dealing with these conditions at the facilities, and I only hope that we can come together as a military and veteran community and improve the environment and the healthcare for all who served, are serving, and those yet to serve.

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9. **Afghanistan Veterans / Veterans Crisis Line**

10. Other

10.1 - New York Post (Video): Massive new study finds drugs like Ozempic affect 175 conditions — including a few surprises (21 January, Reda Wigle, 53.3M uvm; New York, NY)

A comprehensive new study confirmed that GLP-1 medications such as Ozempic and Mounjaro have myriad health benefits — even more than previously thought.

Analyzing the medical records of roughly 2.5 million patients within the VA system, researchers at the Department of Veterans Affairs found that GLP-1 weight-loss drugs have an impact on a whopping 175 diseases and conditions.

The study bolsters other research that found GLP-1 medications aid in the treatment and prevention of Alzheimer's disease by reducing inflammation and in curtailing substance abuse by influencing dopamine levels in the brain.

But some of the results were unexpected, including how these drugs can help with things like blood clotting and infections.

The study was published in the the journal Nature Medicine on Monday.

Findings show that GLP-1 drugs are associated with a reduced risk of psychotic disorders, seizures and heart conditions like heart attack and stroke — but that's not all.

"We tend to think of drugs as surgically designed to do only one thing. But the reality is almost never like this," said Ziyad Al-Aly, a co-author of the paper and chief of research for the VA St. Louis Health Care System.

Al-Aly explained that many medications, including GLP-1, result in an "intricate web of various effects."

Within this web, GLP-1 use was associated with a lower risk of cardiovascular, kidney and liver issues.

While Ozempic is currently approved by the Food and Drug Administration to treat Type 2 diabetes, obesity and cardiac risk, Novo Nordisk, the company that manufactures it, has said it will apply to update the drug's label for use in patients with chronic kidney disease.

The VA study also found that GLP-1 drugs may be effective in treating blood clotting, respiration and infection, all of which was unexpected.

"The surprising ones are cool because that gives you a new avenue to pursue," David Cummings, professor of medicine in the Division of Metabolism, Endocrinology and Nutrition at the University of Washington, told the Washington Post.

Additionally, this latest study seemed to support previous research that found GLP-1 drugs can improve mental health and reduce the risk of suicide. These findings contradict previous concerns about the potential of drugs like Ozempic to trigger suicidal ideation and self-harm in children and adults.

Researchers are keen to explore the possibility, as suggested by the relationship between these medications and improved mental health, that GLP-1 drugs lessen stress responses in human beings.

Yet not all of the effects were found to be beneficial to the body.

The use of GLP-1 medications was linked to GI issues like reflux, plus headaches, pancreatitis and an increased risk of arthritis. The latter is particularly bewildering to scientists as the drugs cause weight loss, which should ease arthritis symptoms.

Cummings noted that while more research is needed, alarm over potential risks is uncalled for.

“Every medicine has its pluses and minuses, and these are no exception. But in this case, the pluses greatly outweigh the negative,” he said.

Experts also note that the VA population tends to be older, less diverse and predominately male, so the study’s results may not truly reflect the US population. Further, VA patients tend to have multiple health conditions and are being treated with multiple medications, which can skew results.

Semaglutide — the active ingredient in Ozempic and Wegovy — is part of a class of drugs that mimic the body’s natural GLP-1 hormone, making users feel fuller for longer.

GLP-1 drugs indirectly reduce inflammation through weight loss. The meds can also activate certain T cells — white blood cells key to the immune system — which can have anti-inflammatory effects.

The use of GLP-1 medications has proliferated in recent years. A recent KFF health poll revealed that 12% of US adults have taken an Ozempic-like drug at some point.

A recent report found that most people taking GLP-1 drugs do not stay on their prescribed treatment for a minimum of 12 weeks. More than 30% of patients drop it after just four weeks because they suffer early side effects like nausea or other digestive problems — or they can’t afford to continue.

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10.2 - Arizona Republic: **'We are deeply saddened by this tragedy': Woman killed in Gilbert VA parking lot** (21 January, Rey Covarrubias Jr., 4.3M uvm; Phoenix, AZ)

Gilbert police have confirmed an 85-year-old woman was hit and killed by a vehicle in a Veterans Affairs clinic parking lot.

At about 11:15 a.m. on Jan. 17, the Gilbert Police Department responded to reports of a fatal vehicle crash at the clinic near Val Vista Drive and Pecos Road, where officers found Lenora Turnbull, according to Brenda Carrasco, police spokesperson.

Turnbull was pronounced dead at the scene, according to Carrasco.

A preliminary investigation revealed Turnbull was walking with another pedestrian in the parking lot when she apparently fell and was then run over by a vehicle.

The driver remained at the scene and cooperated with the investigation, police said.

The other pedestrian was taken to the hospital for treatment of injuries that were not life-threatening.

"We extend our heartfelt condolences to her family and loved ones," wrote Carrasco after the identification of Turnbull.

The VA issued a statement confirming the death in its parking lot.

“We are deeply saddened by this tragedy, and our thoughts are with this veteran’s family and loved ones," wrote Chief of Public Affairs Shevonne Cleveland with the Phoenix VA Health Care System.

Cleveland confirmed Turnbull was not a veteran and referred The Arizona Republic to the Gilbert Police Department for any further questions.

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10.3 - FiercePharma: **Large study of Novo, Lilly weight loss drugs shows decrease in risk of Alzheimer's** (21 January, Kevin Dunleavy, 315k uvm; Washington, DC)

As evidence has mounted that new diabetes and weight loss drugs can provide a variety of health benefits, the FDA has approved Novo Nordisk’s semaglutide for heart disease and Eli Lilly’s tirzepatide for sleep apnea.

Now, as the companies run trials to flesh out the potential of the drugs to treat other conditions, an observational study from Washington University in St. Louis has shed more light on the benefits—as well as the risks—of using the metabolism-altering treatments.

According to the study, which was published Monday in Nature Medicine, researchers found that use of the new medicines may reduce the risk of Alzheimer’s disease and substance abuse disorders while increasing the risk of digestive issues and arthritis.

In researching 175 health categories, the scientists catalogued 42 possible benefits linked to use of the drugs and 19 ways that they may cause damage.

The study is based on health records from the U.S. Department of Veterans Affairs and includes 215,970 diabetes patients taking the new drugs. For comparison, the researchers reviewed data on 2.4 million patients who use other types of diabetes treatments.

It is the largest study ever of the drug category—which includes Novo Nordisk’s GLP-1 treatments Ozempic and Wegovy and Eli Lilly’s dual-action GLP-1/GIP agonists Mounjaro and Zepbound.

“We’re saying there are beneficial effects, but we’re also saying they’re not without risks,” Ziyad Al-Aly, M.D., the leader of the study and a clinical epidemiologist and researcher at Washington University, said in a press conference last week.

Al-Aly and his research group have gained notoriety with their findings on long COVID and for establishing links between air pollution and diabetes and between proton pump inhibitors and heart and kidney diseases.

As for Alzheimer’s and other neurocognitive disorders, the research showed that use of the new diabetes and obesity drugs reduced the risk by 12%, but Al-Aly said the figure is likely larger because the study spans just 3.5 years and Alzheimer’s symptoms develop over a much larger time span.

The study also linked use of the drugs to a reduction in the use of alcohol, opioids, tobacco and marijuana. They also helped cut the risk of schizophrenia episodes and seizures.

Among the other benefits observed were with reductions in heart attacks, stroke, blood clotting, liver cancer, kidney disease, bacterial infections, pneumonia and Parkinson’s disease, according to the researchers.

On the flip side, researchers found use of the diabetes and weight loss drugs increased the risk of joint pain, inflammation in the pancreas, low blood pressure, fainting, headaches, kidney stones and a variety of other digestive issues that have been well documented including nausea, stomach inflammation, diverticulitis and hemorrhoids.

“Our goal here was to literally map the landscape by association or create an atlas of associations,” Al-Aly said. “We will be doing more studies that focus on individual diseases with several controls as well as looking at absolute risk reduction in different populations, in different subgroups as well.”

Al-Aly also pointed out seemingly conflicting evidence in the study, including an increased risk of developing kidney stones along with a decreased risk of developing kidney disease.

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10.4 - Washington University School of Medicine: Study identifies benefits, risks linked to popular weight-loss drugs (20 January, Kristina Sauerwein, St. Louis, MO)

Demand for weight-loss medications sold under brand names such as Ozempic and Wegovy continues to surge, with a recent study reporting one in eight Americans has taken or is currently using the drugs to treat diabetes, heart disease or obesity.

Formally, these drugs are known as glucagon-like peptide-1 receptor agonists (GLP-1RA) and include Mounjaro and Zepbound. Informally, media, patients and even some physicians have dubbed GLP-1 medications as “miracle drugs” because of the profound weight loss among users. While these health benefits are well established, information is sparse on the drugs’ effects across the body’s organ systems.

Now, scientists at Washington University School of Medicine in St. Louis and the Veterans Affairs (VA) St. Louis Health Care System have systematically evaluated health outcomes

among more than 2 million people with diabetes taking the popular weight-loss drugs. They found widespread associations with benefits to cognitive and behavioral health, while also revealing increased risks for pancreatitis and kidney conditions, among others.

The study is published Jan. 20 in the journal Nature Medicine.

“Given the drugs’ newness and skyrocketing popularity, it is important to systematically examine their effects on all body systems — leaving no stone unturned — to understand what they do and what they don’t do,” said the study’s senior author, Ziyad Al-Aly, MD, a clinical epidemiologist and nephrologist who treats patients at the WashU Medicine-affiliated John J. Cochran Veterans Hospital in St. Louis.

“Our approach has allowed us to build a comprehensive atlas mapping the associations of GLP-1RA spanning all organ systems,” he said. “The study’s results provide insights into some known and previously unrecognized benefits and risks of GLP-1RA that may be useful to inform clinical care and guide research agendas.”

The drugs, taken once a week by injection, simulate naturally produced hormones that curb appetite and slow digestion, creating longer-lasting satiety. A healthy diet and exercise also assist with weight loss.

For the study, WashU Medicine researchers analyzed de-identified medical records in a database maintained by the U.S. Department of Veterans Affairs. They compared 175 health outcomes between veterans who took GLP-1RA drugs to treat their diabetes and those who took more traditional medications sold under brand names such as Jardiance, Glipizide and Januvia.

Altogether, the dataset examined more than 2 million veterans who were treated for diabetes from Oct. 1, 2017, to Dec. 31, 2023. Patients included people of diverse ages, races and sexes.

GLP-1RA drugs were associated with significant benefits to neurological and behavioral health, with reduced risks of seizures and addiction to substances such as alcohol, cannabis, stimulants and opioids. People taking the weight-loss drugs also experienced decreased risks of suicidal ideation, self-harm, bulimia and psychotic disorders such as schizophrenia.

WashU Medicine’s findings also showed a decreased risk of neurocognitive disorders such as Alzheimer’s and dementia.

“Interestingly, GLP-1RA drugs act on receptors that are expressed in brain areas involved in impulse control, reward and addiction — potentially explaining their effectiveness in curbing appetite and addiction disorders,” said Al-Aly, the director of the Clinical Epidemiology Center at the VA St. Louis Health Care System, where he is head of the research and development service. “These drugs also reduce inflammation in the brain and result in weight loss; both these factors may improve brain health and explain the reduced risk of conditions like Alzheimer’s disease and dementia.”

While GLP-1RA drugs display effectiveness against a wide array of health problems, the magnitude of associated benefits is modest — about a 10 percent to 20 percent reduction for most outcomes. “However, the modest effect does not negate the potential value of these drugs, especially for conditions where few effective treatment options exist, for example,

dementia," Al-Aly said. "This may also imply that these drugs are most beneficial when used in conjunction with other interventions, such as lifestyle changes or other medications."

The study also confirmed past research findings detailing the drugs' potential to lower the risk of heart attack, stroke and other cardiovascular concerns.

Al-Aly emphasized that his study also highlighted potential downsides to the medications, including an increased risk of gastrointestinal problems such as nausea, vomiting, diarrhea, and in rare cases paralysis of the stomach. "These have been well documented in the research and anecdotally," Al-Aly said. "Our study confirmed such findings."

But what is novel is the potential ways GLP-1RA drugs can negatively affect the pancreas and kidneys. While these adverse effects are uncommon, they can be very serious; physicians must be vigilant for signs of pancreatitis and monitor kidney function among people taking GLP-1RA medications. Kidney problems can occur without symptoms until the condition is at an advanced stage with limited treatment options.

"GLP-1RA drugs can have broad health benefits," Al-Aly said. "However, they are not without risks. Our findings underscore the possibility for wider applications for these medications but also highlight important risks that should be carefully monitored in people taking these drugs."

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(b)(6) 8/14/2025 6:40 PM Are there any talking points from the Secretary about the below issues? The CoS sent the SVAC QFRs back with the following comments: (b)(6) Question 3A needs to be updated for partial claims bill; Question 32 should incorporate our announcement on recurring maintenance; Question 37 needs to be updated on abortion.

(b)(6) 8/14/2025 6:43 PM Yes - for 3A, The VASP talkers are below: 1. To ensure Veterans have access to tools to avoid foreclosure without placing an undue burden on taxpayers, Chairman Bost introduced H.R. 1815, the VA Home Loan Program Reform Act of 2025. 2. This would be an important statutory change to the VA home loan guaranty program to assist distressed Veteran borrowers stay in their homes. 3. Specifically, H.R. 1815 would establish a five-year Partial Claim Program under which VA could purchase a portion of the indebtedness on a VA-guaranteed loan (up to 25 percent of the unpaid principal balance) that is in default or at imminent risk of default. 4. The Partial Claim would be offered subject to qualifying criteria, including that the collateral associated with the partial claim would be the Veteran's primary residence. An individual who defaults on a guaranteed loan for which VA has made a Partial Claim would be liable for any loss resulting from default on the guaranteed loan. 5. Importantly, H.R. 1815's Partial Claim program would allow Veterans to have an additional option similar to other federally backed loans. 6. This legislation would also require VA to establish loss mitigation procedures to help prevent the foreclosure of a VA-guaranteed home loan and would help ensure servicers provide Veterans with a consistent approach in avoiding foreclosure. Additionally, the bill would prevent VA from becoming a costly loan restructuring service, as it would limit VA's authority to buy guaranteed loans in full. 7. Thanks to the leadership of Chairman Bost and Chairman Moran, it has passed the House unanimously and is poised to pass the Senate shortly. 8.

(b)(6) +like 8/14/2025 6:44 PM "Owens, Darrell R." 8/14/2025 6:46 PM 6 the release on maintenance is here Attachment: VA Notification_ VA to Spend Additional Funds on Infrastructure Improvements.msg
https://dvagovmy.sharepoint.com/personal/darrell_owens_va_gov/Documents/Microsoft%20Teams%20Chat%20Files/VA%20Notification_%20VA%20to%20Spend%20Additional%20Funds%20on%20In frastructure%20Improvements.msg

(b)(6) 8/14/2025 6:47 PM Perfect, thank you, with these responses I should have this edited and turned back around for review today

(b)(6) 8/14/2025 6:47 PM for 37 - we just need to add an update about the abortation announcement

(b)(6) 8/14/2025 6:48 PM VA Spokesperson Statement Prior to the Biden Administration's politically motivated change in 2022, federal law and longstanding precedent across Democrat and Republican administrations prevented VA from providing abortions and abortion counseling. VA's proposed rule will reinstate the pre-Biden bipartisan policy, bringing the department back in line with historical norms. Background Information In passing the Veterans Health Care Act of 1992, Congress mandated that VA is not to provide abortions in most instances. Starting in 1999, VA's medical benefits package expressly excluded abortions and abortion counseling in most instances. 6/29/26, 8:27 AM Are there any talking points from the Se...html file:///C:/Users/VHALAS~1/AppData/Local/Temp/1/MicrosoftEdgeDownloads/b04870fc-9421-4c0e-902a-690b5fd9d188/Are there any talking points fro… 2/3 The infrequency with which VA has been performing the procedure since the Biden Administration's VA abortion mandate was instituted in 2022 has raised safety concerns, contributing to VA leaders' decision to revert to the department's longstanding pre-Biden bipartisan policy regarding abortion and abortion counseling. VA's new policy will not prevent the department from providing care to pregnant women in life-threatening circumstances.

(b)(6) 8/14/2025 6:50 PM Thanks (b)(6) this helps tremendously

(b)(6) 8/14/2025 6:50 PM Anytime. Let me know if you need anything