

Page 001 of 109

Withheld pursuant to exemption

Non Responsive Record

of the Freedom of Information

DAILY BRIEFING BOOK

Monday, January 6, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
9:00 – 9:30 am	(b)(6) re: Upcoming Speeches	SECVA Suite	
10:00 – 10:30 am	Phone Call w/Rob Warchol, The White House Historical Association	SECVA Suite	Tab 1
11:00 – 11:30 am	Dr. Stone re: VHA Updates	SECVA Suite	
12:00 – 1:00 pm	Lunch	SECVA Suite	
2:00 – 2:30 pm	Security Meeting w/Dr. Stone, Chris Syrek, Lewis Ratchford & Bill Hudson	SECVA Suite	
3:45 – 4:15 pm	ERT DCA		

Congressional
Media
Phone Call
Speaking Engagement
White House

4/1/2020 10:59 AM

DAILY BRIEFING BOOK

Wednesday, January 8, 2020

SECRETARY ROBERT L. WILKIE

8:30 – 10:00 am	ERT DCA from LGA		
10:15 – 10:30 am	ERT / Arrive VACO		
12:00 – 1:00 pm	Lunch	SECVA Suite	
3:30 – 4:00 pm	Agent Orange Presumptives & Ongoing Studies	OBCR	Tab 1
4:32 – 5:00 pm	Radio Interview w/ Jimmy Barret, KTRH Radio, Houston	SECVA Suite	Tab 2

Congressional
Media
Phone Call
Speaking Engagement
White House

4/1/2020 10:59 AM

(b)(6)

From: Mark Williams (b)(6)@gmail.com>
Sent: Monday, December 23, 2019 11:21 AM
To: (b)(6)
Cc: (b)(6)
Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

(b)(6)

Would 11:00 AM Thursday January 9th work for you?

On Fri, Dec 20, 2019 at 3:07 PM Colli (b)(6)@va.gov> wrote:

How about January 8 or 9? Does either work better for you all?

From: Mark Williams (b)(6)@gmail.com>
Sent: Wednesday, December 18, 2019 5:11 PM
To: (b)(6)@va.gov>
Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

Sounds good, thanks!

On Wed, Dec 18, 2019 at 5:07 PM (b)(6)@va.gov> wrote:

OK – thank you. Will get some dates to you ASAP. He is out of the office during the Holidays. It will have to be January. Back to you soon.

(b)(6)

From: Mark Williams (b)(6)@gmail.com>
Sent: Wednesday, December 18, 2019 5:04 PM
To: (b)(6)@va.gov>
Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

(b)(6)

We would like to personally present the Secretary with a memento of our appreciation for his Veterans Day visit and remarks and are willing to come to his office. There would be three of us and a photographer. Would you please suggest some dates and times that work for the Secretary? The three of us are in town over the holidays so if there is a slower time then, that is fine.

Thank you and Happy Holidays!

On Fri, Nov 22, 2019 at 3:48 PM (b)(6)@va.gov wrote:

Of course. Thank you.

From: Mark Williams (b)(6)@gmail.com>

Date: Friday, Nov 22, 2019, 3:05 PM

To: (b)(6)@va.gov>

Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

(b)(6)

Would be please forward to the Secretary?

#####

Robert,

Thank you again for speaking at Anderson House on Veterans Day. You are quite knowledgeable -- and a gifted speaker.

One of the items you mentioned privately is that you thought your grandfather was a member of the Society of the Cincinnati. If you would like to provide his name and perhaps other pertinent information if you have it (DOB, DOD, in which Society he was a member), we can do some preliminary research and find out if that line is currently represented.

Respectfully,

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

On Fri, Nov 8, 2019 at 2:43 PM (b)(6) <(b)(6)@va.gov> wrote:

Hello Sir – Just confirming the Secretary speaking at your Institute on Monday at 6:30pm – with a tour beginning at 5pm. Please confirm. Also – would it be possible to get a list of the attendees? Thank you.

(b)(6)

From: Mark Williams (b)(6) <(b)(6)@gmail.com>
Sent: Tuesday, October 29, 2019 3:58 PM
To: (b)(6) <(b)(6)@va.gov>
Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

Thanks.

On Tue, Oct 29, 2019 at 3:52 PM (b)(6) <(b)(6)@va.gov> wrote:

YES – that is fine.

From: Mark Williams (b)(6) <(b)(6)@gmail.com>
Sent: Tuesday, October 29, 2019 3:49 PM
To: (b)(6) <(b)(6)@va.gov>
Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

(b)(6)

Our lectures are generally open to the public and we publish dates and topics several months in advance, so there has been no notice that Secretary Wilkie would be participating in our Veterans Day event. Would it be OK if we sent an email to our members and associates letting them know of the Secretary's attendance?

On Wed, Sep 25, 2019 at 3:14 PM (b)(6)@va.gov> wrote:

Thanks very much for the information. Our speechwriter may contact you as the craft his remarks.

Thanks, again. Will get back to you ASAP regarding guests (maybe his wife and a staffer).

(b)(6)

From: Mark Williams (b)(6)@gmail.com>
Sent: Wednesday, September 25, 2019 3:05 PM
To: (b)(6)@va.gov>
Subject: Re: [EXTERNAL] November 11 invitation for Secretary Wilkie

(b)(6)

Great news, we look forward to having Secretary Wilkie join us. Please let him know he is welcome to invite guests, and if so to let us know how many. See the attached memo to the Secretary for details you requested. If there is anything else let me know. I will plan to confirm the morning of November 11.

On Wed, Sep 25, 2019 at 9:26 AM (b)(6)@va.gov> wrote:

Hello Sir – I'd like to confirm the Secretary speaking at your facility on November 11. We would prefer he speak before the panel discussion. Does this work for you all?

Can you tell me how long you'd like his remarks to be and at what time and on what topic?

He'd love a tour.

Thank you for the invitation, the Secretary looks forward to addressing the group.

(b)(6)

From: Mark Williams (b)(6)@gmail.com>
Sent: Thursday, September 19, 2019 2:43 PM
To: (b)(6)@va.gov>
Subject: [EXTERNAL] November 11 invitation for Secretary Wilkie

(b)(6)

Please let me know that you received this, thanks.

Regards,

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office: (b)(6)

Mobile: (b)(6)

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office: (b)(6)

Mobile: (b)(6)

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office: (b)(6)

Mobile: (b)(6)

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office:

Mobile:

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office:

Mobile:

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office:

Mobile:

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office: (b)(6)

Mobile: (b)(6)

--

Mark Calhoun Williams

Chairman, Board of Overseers

American Revolution Institute of the Society of the Cincinnati

Office: (b)(6)

Mobile: (b)(6)

Interview with Jimmy Barrett

KTRH 740 AM, Houston, Texas

JIMMY BARRETT



- Co-host of Houston's Morning News (5-8am) on KTRH 740AM with co-anchor Shara Fryer since Sept. 11, 2017.
- Prior, spent 16 years as iHeartMedia WRVA News Radio 1140's morning host in Richmond, Virginia. Also handled public-address duties for Flying Squirrels, a Minor League Baseball team.
- Originally from Michigan, where he worked in radio and was longtime public address announcer for Michigan Men's Basketball and the Detroit Tigers.
- In September 1968, was sitting behind the visiting Yankees dugout with his dad for Mickey Mantle's last game in Detroit.
- Jimmy and his wife, Elisabeth, have several cats and a South Korean rescue dog named Swiper.

POTENTIAL QUESTIONS

- Who are Blue Water Navy Vietnam Veterans?
- What has changed for these Veterans?
- What are the diseases are now covered?
- Does it provide assistance to survivors of deceased Blue Water Vietnam Veterans?
- How about Veterans who were previously denied by VA?
- Why has it taken so long to make this change and provide compensation to Blue Water Veterans?
- How does this affect medical care that these Veterans have or will receive?
- These Veterans served in the military almost 50 years ago, what can you say to Veterans from the current conflicts who believe Burn Pits have severely affected their health? Will they have to wait 50 years?

SHOW/OUTLET INFORMATION

KTRH 740 AM

- Owned by iHeartMedia that airs a talk radio format; other shows include nationally syndicated conservative talk shows including Rush Limbaugh, Sean Hannity, and Mark Levin.
- Has partnership with KPRC-TV Ch. 2 (NBC) for news stories and is Houston affiliate for ABC News Radio.
- San Antonio-based iHeartMedia has about 118 employees in the Galleria area in Houston and companywide revenue of \$87 million in 2016, according to HBJ's List.
- KTRH has 275 million listeners on-air every month.
- Houston is 6th largest radio market in nation.

CONTACT INFORMATION

REPORTER: Jimmy Barrett

PRIMARY: (b)(6) Studio - Producer Chris Little)

CELL: (b)(6) (Jimmy's personal - text only)

DATE: **Wednesday, January 8, 2020**

TIME: 4:32 - 4:55 pm ET

FORMAT: Live, phone interview; no call-ins.



Choose VA

Draft - Pre-Decisional Deliberative Document
Internal VA Use Only

VA



U.S. Department
of Veterans Affairs

DAILY BRIEFING BOOK**Thursday, January 9, 2020****SECRETARY ROBERT L. WILKIE**

7:45 – 8:15 am	Daily Sync Meeting	SECVA Suite	
8:30 – 9:00 am	Weekly 1:1 w/DEPSEC	SECVA Suite	
10:00 – 11:30 am	Bi-Weekly Mtg w/US & AS	OBCR	Tab 1
11:30 am – Noon	Office call w/Mark Williams, Chairman, Board of Overseers, American Revolution Institute of the Society of the Cincinnati Others accompanying: Pless Lunger , President General Jack Warren , Executive Director Andy Morse , Development Director Emily Parsons , Deputy Director & Curator Meaghan White , Media Relations Mgr (b)(6) Independent Photographer ** (b)(6) & Traci Scott will also attend ** We will also have a photographer staffed	SECVA Suite	
12:00 – 1:00 pm	Lunch	SECVA Suite	
1:00 – 2:30 pm	EHRM Steering Committee Update	OBCR	Tab 2
4:30 – 5:00 pm	Interview w/Kate Rogers, CNBC	8th Floor Broadcast Center	Tab 3

4/1/2020 10:59 AM

Page 014 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 015 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 016 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 017 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

DAILY BRIEFING BOOK

Tuesday, January 14, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
9:00 – 9:45 am	Meet w/ Under Secretaries ** Dr. Lieberman will represent VHA ** Margarita Devlin will represent VBA	SECVA Suite	
9:55 – 10:25 am	Live Radio Interview w/ Craig Laue, KOKZ Radio, Cedar Rapids, Iowa ** (b)(6)	SECVA Suite	Tab 1
10:30 – 11:00 am	Radio Interview w/ David Lovejoy, KGNC, 710AM, Amarillo, TX ** (b)(6)	SECVA Suite	Tab 2
12:00 – 1:00 pm	Lunch	SECVA Suite	
1:30 – 2:00 pm	Radio Interview w/ Kyle Bailey, KQEN 1240AM, Roseburg, OR ** (b)(6)	SECVA Suite	Tab 3
2:00 – 2:30 pm	Radio Interview w/ Darren White, KKOB 770AM, Albuquerque, NM ** (b)(6)	SECVA Suite	Tab 4
2:30 – 3:00 pm	ERT 730 Hart ** Brooks Tucker to accompany to Hill visits, but will return to VACO on his own		
3:00 – 3:25 pm	Senator Joni Ernst		Tab 5
3:25 – 3:30 pm	ERT 354 Russell		
3:30 – 4:00 pm	Senator Cory Gardner		Tab 6
4:00 pm	ERT SR B85 ** Temp offices in the basement of Russell		
4:30 – 5:00 pm	Senator Kelly Loeffler		Tab 7
5:00 pm	ERT Residence		

4/1/2020 10:59 AM

Page 019 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 020 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 021 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 022 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 023 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 024 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 025 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 026 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 027 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 028 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 029 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 030 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 031 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 032 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 033 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 034 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

**Department of Veterans Affairs
Information Paper for Senator Joni K. Ernst
Regarding Underlying Causes of Veteran Suicide**

Question 1a: How is the Department working to provide employment opportunities for veterans?

VA Response: The Department of Veterans Affairs (VA) employs over 128,000 Veterans, including over 34,000 women Veterans. To support Veteran employment in VA and beyond, in May 2019, Secretary Wilkie mandated an integrated approach to Veteran employment strategies and initiatives. An Inter-Agency Veteran Employment Workgroup, led by the Office of Human Resources and Administration / Operations, Security, and Preparedness (HRA/OSP), includes members from Veterans Benefits Administration (VBA) and the Veterans Experience Office (VEO). The Workgroup is responsible for providing governance for VA's efforts to develop, communicate, and assess Veterans recruitment, training, and retention programs. Additionally, HRA/OSP provides employment readiness assistance and outreach to transitioning Servicemembers, Veterans, and Veterans with disabilities; and provides education about the use of special hiring authorities, employment programs, and Veterans retention strategies.

The Department has two successful training programs which have recruited and hired Veterans to fill some of our critical vacancies in a "learn while they earn" environment. The training programs are the Warriors To Workforce Program (W2W) and the Technical Career Field (TCF) Program.

The W2W program offers Veterans an opportunity to transition into a career with the Federal Government where they can apply their military skills and experiences. The program focuses on transitional support, mentoring, professional development, and foundational career training activities. Interns complete the program as a cohort, which provides a built-in support system that mirrors the team environment and camaraderie they experienced in the military. These relationships create a foundation for a lasting professional network throughout their career. The W2W Program is the first training and development program of its kind for transition training and direct job placement in the civil service. Our program design shortens the learning curve and provides a career roadmap for our Wounded Warriors. Program participants are hired into W2W as General Schedule (GS) 5 Federal employees with promotion potential to GS-9.

The TCF Program offers 2 years of training in critically identified positions within specific career fields in accordance with the Veterans Health Administration's (VHA) Succession Workforce Plan. Program participants receive paid salary and benefits; training and travel stipend; access to a preceptor/mentor; and hands-on training. There are 13 different career fields. Qualifications for the individual positions are either listed on the Office of Personnel Management Web site or with job announcement listings at each location.

VA also has hiring initiatives established specifically for qualified Veterans to gain employment in VA. The initiatives are: the Intermediate Care Technician (ICT), the Military Transition and Training Advancement Course (MTTAC), and the Warrior Training Advancement Course (WARTAC).

The ICT hiring initiative is designed to hire former military corpsmen and medics into positions at VA Medical Centers (VAMC) as an integral part of the medical team. An ICT's Scope of Care permits maximum utilization of the skills, abilities, and experience former corpsmen and medics have acquired during active duty. ICTs are located primarily in Emergency Departments; however, VA is now hiring ICTs in virtually every clinical setting that will benefit from their skill sets such as Mental Health, Geriatrics, Primary Care, Dermatology, and Surgical services.

The MTTAC hiring initiative is a skill-bridge education and employment opportunity for Wounded Warriors and transitioning Servicemembers to complete a VHA training program while still on active duty. Successful completion of this training within three to six months of separation opens up access to Veterans for non-competitive employment as Medical Support Assistants.

The WARTAC hiring initiative is a skill-bridge education and employment opportunity for Wounded Warriors and transitioning Servicemembers to complete a national-level VBA training program while still on active duty. Successful completion of this training program leads to an opportunity for Servicemembers to be interviewed and hired at one of VBA's 56 Regional Offices around the country. WARTAC is open to Wounded Warriors and active duty Servicemembers in the transition process (must be active duty during entire duration of WARTAC training program). This program can last up to 12 weeks and provides participants with an opportunity to learn the skillset of a VA Veteran Service Representative.

Question 1b: How can the VA connect with employers in small, more rural communities where many of the veterans I represent live?

VA Response: In order to connect with employers in small and more rural communities where Veterans are located, VBA has 77 Employment Coordinators (EC) who are responsible for contacting employers and developing partnerships with companies that have staffing patterns which meet the need of Veterans with disabilities served by Vocational Rehabilitation and Employment (VR&E) Service. ECs market to employers based on the employment goals of the Veterans who are job-ready.

VBA has been very successful in its efforts to provide outreach to employers and market our Veterans by sharing information pertaining to On-the-Job training, Non-Paid Work Experience, Special Employer Incentives, and available tax incentives. ECs attend job fairs, and network with businesses, trade associations, and other critical partners who help businesses connect with Veterans in the community. As part of our robust employment services, VBA has partnerships with the Department of Labor, Small

Business Administration, governmental agencies, and other private/non-profit businesses to create employment opportunities for our Veterans.

In Iowa, the VR&E Employment Coordinator works very closely with our VA partners to assist Veterans in rural areas. Partners such as Iowa Workforce Development, Homebase Iowa, and State Vocational Rehabilitation have staff located in the rural counties that already have connections with employers. VR&E serves Veterans in these locations by marketing to rural employers in a targeted fashion, leading to direct employment opportunities based on the individualized needs of local Iowa program participants. For instance, the Cedar Rapids VR&E Office provides education and career counseling; transition assistance; and other services. Visit https://www.va.gov/find-locations/facility/vba_333b for more information.

Question 2: How is the Department working with public and private entities to reduce veteran homelessness? What recommendations do you have for fully addressing this issue?

VA Response: VA is working diligently to prevent and end Veteran homelessness. In 2018, the total number of Veterans experiencing homelessness decreased 5.4 percent and in 2019, that number dropped another 2.1 percent. During October 1, 2017, through September 30, 2019, there have been 124,900 Veterans and their families housed or prevented from becoming homeless.

The steady decline is due in part to a wide range of programs led by VA and the U.S. Department of Housing and Urban Development that aim to help Veterans secure and remain in stable housing. These programs provide health care, housing solutions, job training, and education.

As a result of VA's strategic collaboration with Federal, state, and local agencies, Veteran homelessness has been reduced by nearly half between 2010 and 2019 nationwide. Since 2010, over 800,000 Veterans and their family members have been permanently housed or avoided homelessness. Because of these partnerships, we have seen 78 communities and three states effectively end Veteran homelessness.

Ending and preventing Veteran homelessness is not a single event in time, rather, it is a deliberate effort that requires continuous follow-up to sustain progress. The interagency initiative to prevent and end Veteran homelessness is a national model of how Federal and local government can work together with partner organizations to solve complex problems. VA recommends the continued work of executing the proven practices that have yielded such favorable results.

Question 3: Have wait times decreased since the passage of the landmark VA MISSION Act? What is the average wait time for a veteran to see a mental health prescriber? What role can telemedicine play in reducing wait times? Are there remaining challenges for patients and providers to optimize the telemedicine program?

VA Response: Many Veterans present with unique mental health care needs and VA has demonstrated high quality care to best address those needs. The average wait time has been, and remains, under five days for established patients seeking return appointments for VA mental health care. The average wait time for new patients seeking a mental health care appointment is under 12 days, though this varies depending upon the specialty. While this has improved significantly over the last several years, we have not seen a significant change since the implementation of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, also known as the VA MISSION Act.

Although some Veterans may have experienced access issues in the past, wait times are not the barrier to mental health care for the vast majority of Veterans. Veterans have the option to be seen right away for mental health concerns with access to same-day services at every VAMC and community-based outpatient clinic. They can also access emergent VA mental health services by going to any VA emergency department.

Veterans also have access to VA mental health services via telehealth. In Fiscal Year 2019, VA provided telemental health (TMH) services to over 230,000 Veterans during more than 786,000 sessions. TMH was the most frequently utilized of all VA telehealth services. Of the total number of Veterans receiving TMH care, more than 52,000 Veterans received over 203,000 total TMH sessions directly into their homes or other place of choice. The number of VA mental health providers who completed one or more TMH visits to a Veteran's home or other non-VA location increased to more than 60 percent.

Since June 2016, VA has established and sustained eleven "hubs" of TMH health providers who serve nearly 260 predominantly rural "spoke" sites throughout VHA. Between June 2016 and September 2019, clinical and administrative staff from more than 235 TMH hubs have collectively served over 67,000 unique Veterans across VA in over 427,000 TMH hub visits. A national rollout is underway this fiscal year to develop integrated Clinical Resource Hubs in all Veterans Integrated Service Networks (VISN) that include both Primary Care and Mental Health services.

If a Veteran is eligible for care in the community under the Veterans Community Care Program established by the MISSION Act based on the wait times for a mental health appointment, that Veteran may choose between receiving the needed care in the community or through a TMH appointment, if available.

Question 4: Finally, how is the Department conducting suicide prevention outreach? Are there additional resources needed in order to reach veterans across the country?

VA Response: VA is dedicated to ensuring all Veterans are aware of and seeking out the help available to them when needed. The outreach and engagement of Veterans who are experiencing mental health concerns is central to VA's mission and goals to ensure access to high quality services and eliminate barriers or stigma associated with seeking and receiving help.

VA's Suicide Prevention Program implements a strategy based on a public health approach that uses health care in a data-driven way, informed by research, and evaluated for effectiveness. These efforts seek to advance approaches to prevention, intervention, and postvention targeting Veterans, their families, and the communities in which they live, work, and thrive. To do this, VA's published National Strategy for Preventing Veteran Suicide provides the framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention over the next decade. The strategy aligns with the 2012 National Strategy for Suicide Prevention which consists of 4 strategic directions, 14 goals, and 43 objectives; leverages the public health approach to suicide prevention; and focuses on the importance of collaboration and urgency. This Strategy allows for community-level bundled approaches to conducting outreach to Veterans.

Outreach includes general community outreach and targeted initiatives for Veterans in transition from active duty to civilian status. Full details about the National Strategy for Preventing Veteran Suicide and our public health approach are available at: https://www.mentalhealth.va.gov/suicide_prevention/strategy.asp

General Community Outreach Initiatives:

- **Suicide Prevention Coordinators (SPC):** Over 400 SPCs are located across the Department with every VAMC having at least one SPC. SPCs connect Veterans with care and to educate them about suicide prevention programs and resources available in their community. SPCs facilitate implementation of suicide prevention strategies within their respective medical centers to help ensure that all appropriate measures are taken to prevent suicide in the Veteran population, particularly among Veterans identified to be at high risk for suicidal behavior.

SPCs participate in numerous outreach activities in their local communities (a minimum of five events per month with increased efforts during Suicide Prevention month (September)). These outreach activities include: community suicide prevention trainings and other educational programs; exhibits and material distribution to a wide variety of organizations and populations; meetings with State and local suicide prevention groups; collaborations with Vet Centers, local Veterans of Foreign Wars and American Legion branches; and suicide

prevention work with Active Duty/Guard/Reserve units, college campuses, and American Indian/Alaska Native groups.

- **Public-Private Partnerships:** VA partners with hundreds of organizations and corporations at the national and local levels — including the Department of Defense (DoD), Veterans Service Organizations, professional sports teams, and major employers — to raise awareness of VA's suicide prevention resources and to educate people about how they can support Servicemembers and Veterans in their communities. VA also partners with community mental health providers to expand the network of local treatment resources available to Veterans who need it.
- **The Mayor's and Governor's Challenge:** In partnership with the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, VA aims to develop and implement site-specific public health strategies to address Veteran suicide. Currently 24 cities and 7 states are involved in Mayor's Challenges and Governor's Challenges.
- **VISN 23 Suicide Prevention Pilot:** VA's Office of Mental Health and Suicide Prevention, VISN 23, and the University of Pittsburgh's Program Evaluation and Research Unit have come together to pilot a program within VISN 23. This program will work to improve the effectiveness of localized public health approaches for suicide prevention by reaching Veterans through proactive, community-based measures. The pilot will be expanding to Central Iowa through the proposed local action group Green County Coalition.
- **Make the Connection** is VA's award-winning mental health public awareness campaign. The primary objectives are to highlight Veterans' true and inspiring stories of mental health recovery and to connect Veterans and their family members with mental health resources in their communities. Hear stories of recovery at: <https://maketheconnection.net/>.
- **VA Solid Start:** VA calls every newly separated Servicemember three times during their first year of separation (at approximately 90, 180, and 365 days) to assist them in understanding their benefits and getting a solid start in their civilian life. As a part of their welcome to VA, they will be informed about what to expect during their critical time of transition. Qualified VA representatives will connect transitioning Servicemembers with direct benefits, health care, mental health support, as well as resources with partner organizations.

Outreach to Veterans

- **Vet Centers:** Vet Centers are community-based counseling centers that provide a wide range of social and psychological services. To ensure that Veterans, Servicemembers, and their families are provided access to care, VA has implemented a robust outreach program that focuses on the creation of face-to-

- face connections with those who have served. Vet Center staff regularly participate in a myriad of Federal, state, and local sponsored Veteran-related events in the communities where Veterans and Servicemembers live. In addition, VA maintains a fleet of 80 mobile Vet Centers designed to extend the reach of Vet Center services through focused outreach, direct service provision, and referral to communities that do not meet the requirements for a “brick and mortar” Vet Center but are homes to Veterans, Servicemembers, and their families in need of services. In many instances, these communities are distant from existing services and are considered rural. For additional information, please visit: <https://www.vetcenter.va.gov/>.
- **Veterans Crisis Line (VCL):** VA provides 24-hours per day, 7-days per week, and 365-days per year continuous crisis intervention services through VCL. VCL connects Veterans in crisis and their families and friends with qualified, caring VA responders through a confidential toll-free hotline, online chat, or text. Support for deaf and hard of hearing individuals is also available. The crisis line is an important resource for outreach and access to care. Its mission is to supplement local suicide prevention efforts. Additional information may be found at: <https://www.veteranscrisisline.net/>.
- **Suicide Prevention Campaign:** Through the #BeThere campaign community members learn how simple actions can help save the life of a Veteran in crisis. Please visit: <http://www.veteranscrisisline.net/bethere.aspx>.
- **VA’s VEO** partners with local communities and service providers for outreach, navigation support, brainstorming local solutions, building coalitions, and enabling two-way communication to improve outcomes for transitioning Servicemembers, Veterans, families, caregivers, and survivors. VEO also engages with Community Veterans Engagement Boards, a model which gives Veterans, Servicemembers, their families, Veteran advocates, community service providers, and stakeholders a collective voice in identifying their community goals and an approach to resolve gaps in service at the local level to improve service delivery. VA leaders are committed to actively engage in community-based efforts that maximize the collective impact of local services, stakeholders, and Federal, state, and municipal agencies working collectively to improve Veteran outcomes where they live, work, and raise their families.
- The **ChooseVA Campaign** not only highlights VA’s longstanding commitment to caring for Veterans and their families, but encourages all stakeholders to make an ultimate decision to ChooseVA. Please visit: <https://www.choose.va.gov/>. The campaign focuses on the following three areas:
 - Spotlighting VA’s foundational services;
 - Attracting future employees; and
 - Retaining the “best and brightest” employees.

December 2019
Department of Veterans Affairs

Page 042 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

**Information Sheet for Senators Ernst and Capito regarding
Sexual Assaults at VA Medical Centers**

Question 1: How does the VA assess the credentials of contracting providers? Do standards exist to ensure these providers have no history of sexual assault or sexual harassment? If not, how can the department improve this process?

VA Response: All applicants selected to fill a position within the Department of Veterans Affairs (VA) are required to undergo a criminal background investigation and a suitability screening which consists of an electronic fingerprint check of the Federal Bureau of Investigation's criminal records, submission of a Declaration for Federal Employment (OF-306), and completion of a background investigation through the Department of Defense (DoD), Defense Counterintelligence and Security Agency. Applicants may be presented with a tentative (conditional) employment offer when no derogatory information is identified in review of information provided by the applicant or existing derogatory information is considered mitigated according to the standards set forth in 5 Code of Federal Regulations (CFR) § 731. Applicants are informed that employment is subject to a favorable suitability determination upon completion of the background investigation. 5 CFR § 731 governs the suitability process for competitive title 5 positions. VA Handbook 0710, *Personnel Security and Suitability Program*, extends the provisions of 5 CFR § 731 to excepted service appointments.

With regard to VA providers, credentialing and privileging of licensed independent practitioners and mid-level providers is coordinated locally by the facility Credentialing and Privileging Office and the Chief of Staff's Office. The local Executive Committee of the Medical Staff (ECMS) Professional Standards Board (PSB) reviews and acts on employment applications and determines whether the applicant meets the requirements set forth in the applicable VA qualification standard for appointment and privileging. The ECMS PSB makes a recommendation to the facility Director regarding appointment and privileging; the Director is the final approving authority for credentialing, privileging, and appointment at the facility level.

Question 2: How many current employees of the VA have been convicted of sexual assault or had a complaint involving sexual assault sustained by an administrative determination? Has the VA increased an employee's rate of basic pay, awarded an employee a bonus, or promoted an employee after said employee was found to have a Title VII sexual assault complaint declared final by administrative or judicial determination?

VA Response: Criminal convictions for all types of crimes, including sexual assault, may occur in countless jurisdictions operating under their own individual reporting obligations, or lack thereof. There is no automatic, universal mechanism for VA to be notified of convictions of current employees. Convictions of employees may be discovered by VA in numerous ways or not at all. For example, VA may become aware of a conviction during an employee's background investigation; however, this would only

happen when a background investigation is required to be initiated, for example, at initial appointment or when an employee is offered a promotion. A conviction may also be discovered if an employee is absent from duty due to incarceration and if the reason for the incarceration is reported to VA by the absent employee, a family member, or by media reports. Some convictions of employees may never be known to VA.

If an employee were known to VA as having been convicted of a crime, the employee may be subjected to disciplinary action. Such a disciplinary action would be reported in VA's automated tracking system for employee accountability cases known as ALERT-HR. The ALERT-HR system is VA's first-ever centralized automated accountability tracking system. It was developed and piloted throughout 2019 and went live to the field in October 2019. In the future, if an employee is convicted of a crime and is disciplined based on the conviction, data on the disciplinary action would be contained in ALERT-HR; however, since the system just went live in October 2019, no useful data is available at this time.

Question 3: Does the VA offer counseling and other services to victims who were sexually assaulted while receiving care from the Department? What is the VA's policy on making sure that victims are properly attended to if they do fall victim to this crime?

VA Response: VA mental health providers are well prepared to assist Veterans in recovering from a broad range of traumatic experiences, including sexual assault occurring at VA facilities. VA offers a full continuum of mental health services, including general and specialty outpatient, residential, and inpatient treatment options that target mental health conditions commonly associated with trauma, such as posttraumatic stress disorder (PTSD) and depression. Every medical center provides evidence-based, "gold standard" treatments such as Prolonged Exposure and Cognitive Processing Therapy for PTSD.

In addition, the Women's Mental Health section of Veterans Health Administration's (VHA) Office of Mental Health and Suicide Prevention (OMHSP) has implemented extensive, specialized training initiatives to ensure VA mental health providers have the expertise to address women Veterans' diverse treatment needs and preferences. Addressing the needs of the most clinically-complex Veterans, including those who have sustained severe and often multiple traumatic events, is a particular area of focus. Although these efforts have focused specifically on women, core elements of the treatments apply equally to men, and VA clinicians successfully use these treatments in their work with Veterans of all genders. For example, VA established a national training program that includes expert-led clinician training and consultation on the Skills Training in Affective and Interpersonal Regulation (STAIR) trauma treatment. STAIR focuses on strengthening emotion regulation and relationship skills, which are areas of functioning often disrupted in individuals who have experienced severe interpersonal trauma, such as sexual assault. Training is also available in a related intervention, Parenting STAIR, that was developed to help Veterans who have completed the STAIR trauma treatment

and continue to have trauma-related reactions that negatively impact their parenting and parent-child relationships.

In addition, OMHSP's extensive training efforts related to Military Sexual Trauma (MST) are highly relevant, as many of the best practices specific to serving Veterans who have experienced MST can apply to assisting Veterans who experienced sexual assault at VA facilities or in other civilian venues. VA has extensive MST-related educational resources available, including a mandatory training on MST for mental health and primary care providers, bi-monthly MST teleconference series presentations, an annual conference on MST-related treatment program development, and an MST-specific Community of Practice Intranet Web site. In addition, VA's national MST Support Team has established an MST Consultation Program that is available to any VA staff member with a question related to assisting Veterans who experienced MST. These resources also can assist providers in serving Veterans who have experienced sexual assault outside of military service.

With regard to VA's policy on making sure that victims are properly attended to if they experience sexual assault, VHA Directive 1101.05(2), *Emergency Medicine*, outlines treatment and supportive services for Veterans who report sexual assault as follows:

- Providers caring for victims of alleged acute sexual assault must provide emergency treatment for the physical and emotional trauma, address the collection of evidence to properly care for the patient, and maintain the chain of evidence.
- Appropriate prophylaxis for sexually transmitted disease and pregnancy must be offered when clinically indicated.
- A referral for psychological counseling (including an immediate electronic consult to Mental Health) must be offered immediately. Initial contact from a mental health provider must occur within 24 hours.
 - Alleged acute sexual assault victims may have an immediate need for mental health counseling, although a victim's decision to decline or defer mental health services must be respected.
 - For those patients who want to seek mental health care immediately, an initial appointment with the mental health clinic must be scheduled as soon as clinically indicated but not later than 7 days. Those who choose to decline or defer mental health services should be contacted again 1 week later to assess current desire for services.

If the victim is an employee, the facility will offer the Employee Assistance Program (EAP), which can also refer the employee to community resources. VA's policy in VA Handbook 5019, Part VIII, *Employee Assistance Program*, offers free and confidential counseling and assessments, to include short-term counseling, referrals, and follow-up services to employees and/or their family members, no matter what the issue relates to – work, relationships, family health, finances, or substance use. EAP addresses a broad and complex body of issues affecting mental and emotional well-being, such as

alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. VA has a dedicated EAP Web site, which provides a listing of EAP contact representatives for VA facilities across the Nation.

VA's policy in VA Handbook 5019, Part VII, *Domestic Violence, Sexual Assault, and Stalking in the Workplace*, provides mandatory procedures to address employees' experiences of domestic violence/intimate partner violence (DV/IPV), sexual assault (SA), and stalking in the workplace. VA promotes the health and safety of its employees by acting to prevent DV/IPV, SA, and stalking within the workplace and by providing support and assistance to employees whose working lives are affected by such violence. Local Human Resources offices are responsible for being a resource to employees, managers, and supervisors in addressing DV/IPV, SA, and/or stalking situations. This includes working with employees, the local security office, the Office of General Counsel, EAP, local law enforcement, and community domestic violence programs, if necessary, to develop a workplace safety plan to minimize the risk to the individual experiencing violence, other employees, and VA customers. The workplace safety plan is a strategy developed in collaboration with a victim to implement workplace safety options, including handling of court protection orders, procedures for alerting security personnel, temporary or permanent adjustments to work schedules and locations, changes in parking spots, and requests for escorts to and from the workplace facilities.

In addition, supervisors and managers should work in collaboration with the employee to grant leave, adjust work schedules, determine if other workplace flexibilities are appropriate, and/or other reasonable efforts to assist an employee to maintain employment when the employee is experiencing or has experienced domestic violence in or outside the workplace. If the individual who committed the violence is also a VA employee, Local Human Resources Offices will determine whether sufficient evidence exists to support taking disciplinary action once the investigation of any misconduct is complete for VA employees who are perpetrating DV/IPV, SA, and/or stalking. VA also developed training for all VA personnel titled, "Domestic Violence/Intimate Partner Violence (DV/IPV), Sexual Assault (SA), and Stalking in the Workplace." The training is available in the Talent Management System, course #3940800, and does not require supervisory approval before taking it. The training emphasizes identification of warning signs of potential violence in both the victim and perpetrator and how to intervene most effectively. Employees and supervisors seek assistance at a much earlier stage when they personally know who can provide assistance.

Question 4: How is the department working with medical staff, non-medical staff, and patients to raise awareness about sexual assault and sexual harassment at VA facilities?

VA Response: VHA launched a national, enterprise-wide campaign to eliminate harassment called "Stand Up to Stop Harassment Now!" The campaign reaffirms VA's pledge to create a safe, respectful, and welcoming place for everyone and encourages

Veterans, volunteers, employees, caregivers, and visitors to report incidents of harassment when they occur.

The VHA Governance Board leadership kicked off the campaign on October 23, 2019, in Washington, DC, by pledging their commitment and signing the “Stand Up to Stop Harassment Now!” pledge. The campaign was followed by facility leadership at every VA health care center pledging their commitment to a harassment-free health care and work environment during a local, public declaration signing ceremony.

Subsequently, after 30 days, facility Directors would host local “Stand Up to Stop Harassment Now!” events that include walking tours, focus groups, and additional education sessions. These events are designed to provide Veterans and employees an opportunity to share their experiences, perspectives, and concerns with medical center leadership, which will enable a better understanding of Veterans’ experiences and inform improvement strategies. VHA leadership has also appointed a Senior Advisor to review existing safety policies and programs for opportunities to strengthen and clarify these policies and programs, as needed.

Harassment has no place at our health care facilities, and we hold everyone on our campuses to the same standard of respect. We want Veterans to be aware that VA is taking immediate action so that all Veterans can fully engage in their health care. We are proud of the care we deliver to Veterans, including women Veterans, and are working to increase their trust and knowledge of VA services so they choose VA for their benefits and services.

In addition, in Fiscal Year (FY) 2018, the Office of Resolution Management (ORM) produced a video on sexual harassment. This video production was created pursuant to mandatory annual Equal Employment Opportunity (EEO) training for VHA. This video production is currently available in VA’s Talent Management System.

Question 5: What are the current VA policies for reporting and responding to instances of sexual assault or sexual harassment? What actions does the department take to hold perpetrators of sexual assault or sexual harassment accountable?

VA Response: VA has a zero-tolerance sexual harassment policy. The Harassment Prevention Program (HPP) is the enterprise-wide program that provides centralized tracking, monitoring, and reporting processes that responds to all harassment allegations. Additionally, all employees who make sexual harassment allegations are advised of their right to have their sexual harassment allegations investigated through HPP and EEO processes, simultaneously. Employees have multiple avenues for reporting harassing conduct using HPP. Employees are advised to report harassing conduct to their first-line supervisor or the next level in the respective supervisory chain if the first-line supervisor is the subject of the harassment. As an alternative to reporting harassment up the supervisory chain, employees can report harassing conduct to the local Harassment Prevention Coordinator assigned to the respective office. The third

option that employees can use to report harassing conduct is to report to the Harassment Prevention Program Office within ORM. Harassment is discriminatory conduct and is treated as such when employees seek redress through the EEO complaint process. The employee must contact an EEO counselor in ORM in person, in writing, or telephonically within 45 days of the alleged discriminatory incident. ORM applies an impartial and effective complaints management process to receive, resolve, and investigate employee discrimination in accordance with 29 CFR Part 1614 and Management Directive 110.

According to 38 CFR § 1.201, all VA employees with knowledge or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems shall immediately report such knowledge or information to their supervisor, any management official, or directly to the VA Office of Inspector General (VA OIG).

In response to instances of sexual assault or harassment, VA Police Officers are authorized under 38 United States Code § 902 and 38 CFR § 1.218 to enforce and conduct an arrest when such acts occur on Department property.

Additionally, VHA Directive 2012-026, *Sexual Assaults and Other Defined Public Safety Incidents in Veterans Health Administration (VHA) Facilities*, establishes a unified policy describing the management of all individuals in VHA facilities whose behavior has, or could, jeopardize the health or safety of others, undermine a culture of safety in VHA, or otherwise interfere with the delivery of health care at the facility. It implements the provisions of Public Law 112-154, section 106, by implementing a policy that ensures behaviors which undermine a safe and healing environment are appropriately reported, addressed, and monitored.

In addition, two other publications outline reporting about how to address assaults. VA Handbook 5019, *Occupational Health Services*, contains mandatory VA procedures for addressing the impact of DV/IPV, SA, and stalking in the Federal workplace. And VHA Directive 1101.05 (2), *Emergency Medicine*, outlines reporting sexual assaults that may not occur on VA property.

Once an incident of alleged sexual assault is reported to VA Police and/or any other responsible management officials, the matter is investigated methodically. VA OIG and local law enforcement partners are informed. If the elements of the crime meet sexual assault specifications, the allegation is either autonomously investigated by VA Police or jointly investigated with VA OIG or a local law enforcement agency. In addition, VA Police and participating law enforcement agencies collaborate with the Assistant United States Attorney's Office to ensure criminal case filings are conducted and reviewed for future indictment or criminal charges. If the case is referred for state review, the same process is followed for prosecutorial consideration.

Depending on circumstances an individual can be held accountable for sexual assault behavior through several means relevant to the degree of the offense. This applies to both instances, if the accused is either patient or employee of VA.

Question 6: How is the VA working with the Department of Defense to gather information about sexual assault in the military in order to improve programming across the Veterans Health Administration to better understand the needs of veterans who were victims of sexual assault while on active duty?

VA Response: VA and DoD regularly collaborate on issues related to MST—that is, sexual assault and sexual harassment occurring while on active duty, active duty for training, or inactive duty training—and trauma more generally, to improve each Department's response to Active Duty Servicemembers and Veterans.

As part of this collaboration, VA and DoD have implemented a number of outreach and awareness-raising initiatives to ensure MST survivors are aware of MST-related services available to them through VA and to ensure that staff throughout both Departments have the information they need to help survivors access this care. VA provides free treatment for mental and physical health conditions related to MST. Veterans do not need to have reported their experiences to authorities and do not need to have any documentation of the MST to receive MST-related care. Some Veterans may be able to receive free MST-related care even if they are not eligible for other VA services. In addition, MST-specific information is included in the Transition Assistance Program completed by all Servicemembers leaving Active Duty, as well as in the Separation Health Assessments VA conducts with Servicemembers who file disability claims. Information about VA's MST-related services is also included in DoD's Safe Helpline. The Departments have also conducted joint training efforts, including a biannual national Women's Mental Health Mini-Residency. This multi-day training covers a broad range of topics related to the treatment of women Veterans and Servicemembers, including those who have experienced gender-linked traumas, such as sexual abuse, sexual assault, and intimate partner violence. Training sessions are led by nationally-recognized experts, are designed to be highly interactive, and incorporate small group workshops, discussion of case examples, and live demonstrations and role plays. The jointly-developed curriculum and interactive format of the Women's Mental Health Mini-Residency promote consistent clinical care and care transitions within and between VA and DoD health systems. Although the Mini-Residency focuses on women, much of the content specific to MST and sexual trauma is relevant to working with men as well as women who have had these experiences.

VHA's OMHSP, which has oversight for MST within VHA, has established a strong working relationship with DoD's Sexual Assault Prevention and Response Office (SAPRO). OMHSP and SAPRO communicate to share information about each other's programs and initiatives and as needed, to assist individual Servicemembers.

Annually, VA and DoD provide a report to Congress which describes VA/DoD efforts specific to Transitioning Servicemembers who have experienced MST. In addition, the

VA-DoD Joint Executive Committee has established a Sexual Trauma Working Group as the formalized structure for VA and DoD to collaborate to facilitate transition of treatment of Servicemembers who experienced sexual trauma during military service, assist Veterans in filing related disability claims, and ensure plans are implemented to process sexual trauma claims efficiently and effectively.

Question 7: Last, what is the department doing to accommodate the needs of our growing female veteran population at VA medical facilities?

VA Response: Women accounted for over 30 percent of the increase in all Veterans VA served between FY 2014 and FY 2018. VA has enhanced provision of care to women Veterans by focusing on the goal of developing Women's Health Primary Care Providers (WH-PCP) at every site where women Veterans access VA. VA has at least two WH-PCPs at all VA health care systems. In addition, 90 percent of Community-Based Outpatient Clinics (CBOC) have a WH-PCP in place. VA is in the process of training additional providers to ensure that every woman Veteran has an opportunity to receive her primary care from a WH-PCP. Through large scale educational initiatives, VHA has trained 5,000 WH-PCPs since 2008. Educational efforts include hosting national mini-residency programs at training conferences each year, local mini-residency programs, and the newest training at rural sites. Beginning in FY 2018, in partnership with the Office of Rural Health, Women's Health Services is providing mini-residency for rural providers and nurses at up to 40 rural VA medical centers (VAMC) and CBOCs per year.

Women Veterans have access to gynecology care as a basic component of high-quality care. There is a gynecologist on-site at 133 sites in the VA health care system. For those facilities that do not have a gynecologist on site, Veterans receive services through care in the community. VA's goal is to ensure that all women Veterans consistently receive the highest quality of reproductive health services from all VA health care facilities and providers.

VHA is focused on tailoring care to women Veterans and has rolled out national initiatives such as the Women's Health Patient Aligned Care Team Roadmap and VA Goes Red, a collaboration with the American Heart Association to raise awareness of cardiovascular disease in women Veterans. Other initiatives have focused on breast cancer, musculoskeletal conditions and chronic pain, and reducing gender disparities in chronic disease management.

All women Veterans have access to state-of-the-art breast cancer screening and treatment, either on-site or through care in the community. The number of sites offering on-site mammography has been rapidly increasing and now includes 65 VAMCs.

Department of Veterans Affairs
December 2019

Page 051 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

DAILY BRIEFING BOOK

Thursday, January 23, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
8:30 – 9:00 am	1:1 w/DEPSEC	SECVA Suite	
9:00 – 9:30 am	Monthly w/OIG Mike Missal	SECVA Suite	
10:00 – 11:30 am	Bi-Weekly w/US & AS	OBCR	Tab 1
12:00 – 1:00 pm	Lunch	SECVA Suite	
1:00 – 1:30 pm	(b)(6) re: Upcoming Speeches ** Traci will sit in on this meeting	SECVA Suite	
1:45 – 2:15 pm	OCLA re: S. 785 Attendees: Brooks Tucker (b)(6)	SECVA Suite	Tab 2

4/1/2020 11:00 AM

Page 053 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 054 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

DAILY BRIEFING BOOK

Friday, January 24, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
9:00 – 9:30 am	Phone Call w/ Moran re: S. 785 ** Cell: (b)(6)	SECVA Suite	
9:30 – 10:00 am	New Zealand Visit	OBCR	Tab 1
10:30 – 11:00 am	Radio Interview w/Lori Walsh, South Dakota NPR	SECVA Suite	Tab 2
11:30 – 11:45 am	Office Call w/ President Tania Tetlow, Loyola	SECVA Suite	
11:45 am – Noon	ERT WH Mess		
12:00 – 1:00 pm	Lunch w/President Tetlow	WH Mess	
1:00 – 1:30 pm	ERT VACO		
2:00 – 2:30 pm	Mrs. Wilkie arrives	SECVA Suite	
2:30 pm	Depart VACO w/ Mrs. Wilkie		

4/1/2020 11:00 AM

Page 056 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 057 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 058 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 059 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 060 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 061 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 062 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 063 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 064 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 065 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 066 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 067 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 068 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 069 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

DAILY BRIEFING BOOK

Monday, January 27, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
9:00 – 9:30 am	Video Tape for Vietnam Veterans Day	Broadcast Studio	Tab 1
9:30 – 10:00 am	Video Tape for Innovation Video	Broadcast Studio	Tab 2
10:45 – 11:00 am	ERT 425 I St, NW		
11:00 am – Noon	Visit to NCA History Office **(b)(6) will accompany		Tab 3
12:00 – 12:15 pm	ERT VACO		
12:30 – 1:30 pm	Lunch	SECVA Suite	
2:00 – 2:30 pm	Radio Interview w/ Russell Mills, KRMG, Tulsa, OK **(b)(6)	SECVA Suite	Tab 4

4/1/2020 11:00 AM

**PART 1 – VA Leading the Way on Innovation
Video Script
January 27, 2020**

**Hello, I'm Robert Wilkie, secretary of the
Department of Veterans Affairs.**

**You may know VA as the federal department that
serves more than 9 million Veterans each year.**

**But VA is also a center of innovation, and we've
played a role in some of history's most important
medical breakthroughs that improved the quality
of life for all Americans, not just Veterans.**

- In the 1960s, VA doctors invented the first
cardiac pacemaker and performed the first
liver transplant.**

- **VA researchers developed the nicotine patch, which millions of Americans have used to quit smoking.**

But VA never stopped innovating, and today, we're doing all we can to turn the latest technology into better health outcomes.

[HOLD UP HEART]

This is a 3-D printed model of an actual Veteran's heart. VA is the nationwide leader in the use of 3-D medical printing.

These models allow doctors to practice before the surgery takes place, which reduces risks to the patient. They are so detailed, they can give

doctors an early warning about possible complications that might arise during surgery.

But we're not stopping with 3-D models: VA is pioneering the printing of living tissue and bone, a breakthrough that will change the way we operate on patients.

Today, when a doctor needs to remove bone to operate on a cancerous tumor, that incision is repaired by transplanting bone from somewhere else in the patient's body.

With 3-D printing, we will soon be able to print perfectly sized replacement bone – that means fewer medical procedures, less time in

anesthesia, more precise grafts and reduced costs.

While technology is important, it's our dedicated staff that really drives innovation at VA. This talented group of doctors, nurses and researchers knows that sometimes, innovation can be as simple as using common sense.

[HOLD UP TOOTHBRUSH]

This invention is more than 200 years old. But VA-led research showed patients in hospitals who brush their teeth a few times a day have a dramatically reduced risk of pneumonia – the most common infection risk for patients.

We've seen reduced incidents of pneumonia at VA and many lives have been saved since this simple initiative took effect two years ago.

And we hope to set the standard for the nation through this initiative and give all Americans a safer stay when they're in the hospital.

To all of our VA employees, thank you for continuing VA's long legacy of being a center of innovation.

###

**PART 2 – Embracing Technology that’s as Current as Today’s Headlines
Video Script
January 27, 2020**

If you’ve read about a new technology, there’s a good chance VA is already using it.

We’re living in an era of communications miracles, and telehealth is a tool VA uses to consult remotely with rural patients. We’re even tele-consulting to prepare transitioning Veterans for employment outside the Armed Forces.

But telehealth isn’t just a high-tech phone call – we’re also diagnosing patients remotely.

For example, diabetes is a disease that makes it harder for the body to deliver blood to the

extremities, which can lead to sores and painful ulcers in the feet. As these ulcers develop, they cause temperature variations in the foot.

Today, VA can monitor these temperature variations by using a floor mat embedded with thermographic sensors that Veterans can use at home. VA doctors can detect these variations remotely with a telehealth connection.

It's a monumental breakthrough – last year, VA spent \$3.2 billion treating diabetic foot ulcers.

Now we can improve patients' lives by detecting them earlier and directing treatment.

--

VA has decades of experience treating patients with limited mobility and spinal injuries.

In the first decade of the new century, VA unveiled the first powered ankle-foot prosthetic, ushering in a new era of increased mobility for Veterans and other disabled Americans.

And our robotic exoskeletons have brought mobility to the lives of thousands of Veterans.

Today, we're taking our expertise on exoskeletons to the next level. We've launched a pilot program to equip these exoskeletons with components that stimulate the spinal cord.

And we're seeing promising results. Instead of the exoskeleton moving the patient around, the patient can increasingly control the exoskeleton as their own muscles are reactivated.

With further research at VA, we're hoping to turn the exoskeleton from a mobility device into something that trains injured people to walk again under their own power.

--

VA is even finding ways to use Artificial Intelligence to more efficiently care for Veterans.

We've developed an AI system that can forecast a life-threatening kidney disease in patients.

AI is also helping us keep the books. One of our pharmacists in Chicago developed an AI-driven program to sort out the billing of medications that are dispensed to our Veterans.

It can make sure medications are billed to the right parties more efficiently than any human can. That means money saved, and more time spent with patients.

--

At VA, we're making sure that every technological advance means better lives for patients.

###

**PART 3 – Data-driven innovation
Video Script
January 27, 2020**

When it comes to exploring new ways to care for patients, VA has a unique advantage: We're the nation's largest integrated health care system. And that means we can access the nation's largest store of voluntary patient data.

The Million Veteran Program is our national research effort that uses voluntary health data to identify genetic factors that contribute to disease, and even conditions like PTSD.

Voluntary data is allowing VA medical professionals across the country to conduct

their own innovative research that will benefit millions of Americans.

In Virginia, researchers spent years studying how eye movement is affected by neurological disorders such as Parkinson's Disease.

They discovered that each disease is associated with a different eye movement abnormality.

That means the presence of these disorders can be detected by having patients undergo simple, non-invasive eye tests. And it means they can be detected more accurately and much earlier – in some cases, up to 10 years before more serious symptoms emerge.

--

Data is also playing a big role in the groundbreaking work we're doing in precision oncology.

For decades, cancer has either meant surgery, or administering poison to kill the cancer that severely weakens the patient, or both.

But through precision oncology, we can study the genetic makeup of tumors and design treatments that attack the cancer, not the patient.

VA has already built targeted therapies to attack some forms of leukemia. These therapies are

more effective and are already making these cancers less lethal.

Precision oncology means earlier and more accurate cancer detection, less guesswork about treatment, and patients who are more comfortable and have more peace of mind.

It's no wonder one researcher called VA's precision oncology program "the future of cancer care."

--

Creative use of data is also driving our new Veterans Legacy Memorial service, which lets families call up information about any Veteran

buried in a national cemetery on a computer or their phone.

Soon they'll be able to add their own stories to these pages, so everyone can learn about their loved ones who served this nation so bravely.

--

I'm proud to lead a VA in which so many skilled professionals are using technology and data to improve the lives of Veterans.

And I'm proud to say we are upholding VA's lasting legacy as a center of innovation.

###

Page 086 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 087 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

(b)(6)

From: Eason, William (Jordan) J.
Sent: Monday, January 13, 2020 12:17 PM
To: (b)(6)
Cc: Hutton, James; Cashour, Curtis
Subject: Talking Points for Partnership Interview

(b)(6)

Below are Talkers for the Partnership for Public Service interview. I will have a quad chart for the interview once it is set up and we know the logistics.

Thanks,
Jordan

(b)(5); (b)(6)

(b)(5); (b)(6)

Jordan Eason
Director, Media Affairs
U.S. Department of Veterans Affairs

(b)(6)

Page 090 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 091 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 092 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 093 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 094 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

DAILY BRIEFING BOOK

Tuesday, January 28, 2020

SECRETARY ROBERT L. WILKIE

7:30 – 8:00 am	Breakfast Set Up	SECVA Suite	
8:00 – 9:00 am	Breakfast Mtg w/Congresswoman Julia Brownley	SECVA Suite	Tab 1
9:00 – 9:30 am	Breakfast Clean Up	SECVA Suite	
9:30 – 10:30 am	Mtg w/Under Secretaries	SECVA Suite	
11:00 – 11:30 am	Meet w/ (b)(6) ** COS to sit in	SECVA Suite	
11:30 – 11:45 am	Office Call w/ (b)(6)	SECVA Suite	
11:45am – Noon	ERT WH Mess		
12:00 – 1:00 pm	Lunch w/ (b)(6)	WH Mess	
1:00 – 1:30 pm	ERT VACO		
1:30 – 2:00 pm	Media Set Up	SECVA Suite	
2:00 – 2:30 pm	PPS Employee Engagement Interview w/ Michelle Amante, Director of Agency Outreach & Business, PPS ** Also attending from PPS: (b)(6) Communications Dir (b)(6) Program Manager	SECVA Suite	Tab 2
2:30 – 3:00 pm	Media Break Down	SECVA Suite	
3:30 – 4:00 pm	Phone Call w/ Suzanne Lawrence ** (b)(6)	SECVA Suite	

4/1/2020 11:00 AM

(b)(5)



Choose VA

Draft - Pre-Decisional Deliberative Document
Internal VA Use Only

VA



U.S. Department
of Veterans Affairs

Page 097 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 098 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 099 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 100 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

DAILY BRIEFING BOOK

Wednesday, January 29, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
8:30 – 9:00 am	Dr. Stone	SECVA Suite	
9:30 – 10:00 am	Prep for Jan 30 Mtg w/SECDEF Esper	SECVA Suite	Tab 1
10:30 – 11:00 am	Office Call w/ (b)(6) Bank of America ** COS & Dr. (b)(6) will sit in	SECVA Suite	Tab 2
11:30am – Noon	Lunch Set Up	SECVA Suite	
12:00 – 1:00 pm	Lunch w/ Assistant Secretary for Defense for Legislative Affairs, Robert Hood	SECVA Suite	
1:00 – 1:30 pm	Lunch Clean Up	SECVA Suite	
5:30 – 6:00 pm	ERT Hart Senate Bldg – Room 902		
6:00 – 7:30 pm	Brief Remarks: SVAC Welcome Reception & Meet/Greet w/ Senator Moran		Tab 3
7:30 – 8:00 pm	ERT Residence		

4/1/2020 11:01 AM

DAILY BRIEFING BOOK

Thursday, January 30, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
9:40 – 9:50 am	Live Radio Interview w/ Don Parker WCOA 1370 AM – Pensacola, Florida ** (b)(6)	SECVA Suite	Tab 1
10:00 – 10:30 am	Radio Interview w/Nicole Walton, WNMU 90.1 FM NPR – Marquette, Michigan ** (b)(6)	SECVA Suite	Tab 2
11:45 am – Noon	ERT White House Mess w/COS Powers		
12:00 – 1:00 pm	Lunch w/ (b)(6) & COS Powers	WH Mess	
1:00 – 2:00 pm	ERT VACO		
1:30 – 1:40 pm	Phone Call w/Secretary Ross re: CENSUS Job Recruitment ** they will call us ** VBA & Dr. (b)(6) have been invited to attend this call	SECVA Suite	
2:00 – 2:30 pm	ERT Pentagon, 4th Floor, Rm 4A870, Flight Medicine Clinic ** (b)(6) to accompany		
2:30 – 3:00 pm	Dr. (b)(6)		
3:00 – 3:15 pm	ERT Pentagon, Rm 2E872		
3:15 – 3:45 pm	Office Call w/General Milley ** (b)(6) to accompany		
3:45 – 4:00 pm	ERT SECDEF's Office, Pentagon, Rm 3E880		
4:00 – 5:00 pm	Mtg w/SECDEF Esper ** Dr. Stone will meet you to attend mtg		Tab 3
5:00 – 5:30 pm	ERT Residence		

4/1/2020 11:01 AM

Page 103 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 104 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 105 of 109

Withheld pursuant to exemption

(b)(5) ; (b)(6)

of the Freedom of Information

Page 106 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 107 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

Page 108 of 109

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information

DAILY BRIEFING BOOK

Friday, January 31, 2020

SECRETARY ROBERT L. WILKIE

7:45 – 8:15 am	Daily Sync Mtg	SECVA Suite	
9:00 – 9:30 am	Dr. Stone & Bill Hudson re: Market Assessments ** Chris Syrek will sit in	SECVA Suite	See confidential package
9:30 – 10:00 am	ERT National Press Club, 529 14th St, NW – Ballroom		
10:00 – 11:00 am	REMARKS: Dole Foundation Event		See Binder
11:00 – 11:30 am	ERT VACO		
11:30 am – Noon	Bill Hudson & COS Powers ** We call Pam at (b)(6)	SECVA Suite	
12:00 – 1:00 pm	Lunch	SECVA Suite	
1:30 – 2:00 pm	ERT Residence		
2:00 pm	ADT w/ (b)(6); (b)(7)(C)		

4/1/2020 11:01 AM