



Veterans Affairs Media Summary and News Clips

17 August 2015

[1. Access to Benefits/Care](#)

1.1 - The Wall Street Journal: [Filling Prescriptions: A VA Problem Quick and Easy to Fix. How about just insuring us veterans and letting us go to our own doctors and hospitals.](#)

(17 August, Thomas Guerrero, Joseph A. Murgalo, MD, Nolan Soltvedt and Mike Lapolla, 37.5M online visitors/mo; New York, NY)

Regarding Dr. Nasser Gayed's suggestion that a simple solution to part of the VA waiting list problem is to allow veterans' personal physicians to write prescriptions and have the VA pharmacy fill them, instead of making veterans see a VA doctor first ("A Simple Way to Reduce VA Waiting Lists," op-ed, Aug. 10): How about just insuring us veterans and letting us go to our own doctors and hospitals.

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1.2 - USA Today (News21): [Opening states to marijuana](#) (16 August, Brianna Gurciullo, Karen Mawdsley and Katie Campbell, 16.7M online visitors/mo; McLean, VA)

Dan Riffle joined the MPP in 2009, and worked as a state legislative analyst for three and a half years... Riffle said Congress is grappling with federal law that prohibits marijuana and state laws that allow its use. He said some lawmakers have tried to "address symptoms of that disease" with bills that would allow marijuana businesses to use banks, or permit Veterans Affairs doctors to recommend medical marijuana.

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1.3 - The Washington Times (AP): [Illinois governor signs bills affecting veterans](#) (16 August, 3.7M online visitors/mo; Washington, DC)

Gov. Bruce Rauner signed several bills on Sunday affecting Illinois veterans, including a measure establishing a discount card program and another offering property tax breaks for those with military-related disabilities.

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1.4 - The Washington Times (AP): [Vet resources for dealing with mental impact of war](#) (16 August, 3.7M online visitors/mo; Washington, DC)

It's estimated that one in five of the 70,000 veterans and active-duty troops in the Pikes Peak region suffers some symptom of war-caused mental illness. To help troops and veterans deal with the mental impact of war, the region has amassed a number of services, including care provided by non-profits and local agencies.

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1.5 - Houston Chronicle: [Meditation helping mitigate effects of PTSD on veterans](#) (16 August, Rae Jefferson, 3.6M online visitors/mo; Houston, TX)

In March 2014, after years of abusing alcohol to cope with terrifying memories and trying different medications that didn't help calm his mind and emotions, Meza discovered meditation at a free workshop for veterans, and his life changed for the better. A growing number of veterans are discovering how meditation can ease symptoms of PTSD.

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1.6 - KUSA-TV (NBC-9, Video): [Balance of Power: George Brauchler, Jeff Miller](#) (16

August, Brandon Rittiman, 1.6M online visitors/mo; Denver, CO)

On this week's program, we sat down with Brauchler to discuss the case and his political future. Later in the program, we hear from Rep. Jeff Miller (R-Florida) who chairs the House veterans affairs committee about the odds Congress will approve the \$600 million still needed to finish the mismanaged veterans hospital construction project in Aurora.

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1.7 - WDBJ-TV (CBS-7, Video): [Cruisin' for a good cause in Salem](#) (16 August, 716k online visitors/mo; Roanoke, VA)

The Salem VA Medical Center hosted its annual Star City Cruisers car show Saturday. The show has been going on for 25 years. Saturday's event was about raising awareness about post traumatic stress syndrome.

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1.8 - The Telegraph: [Dublin VA uses iPads to link vets with far-away family](#) (16 August, Wayne Crenshaw, 609k online visitors/mo; Macon, GA)

NeSmith, 94, was an Army infantryman before having a long career as an attorney in Cochran. Today he lives at the Carl Vinson VA Medical Center, but communication has come quite a long way in 70 years. Thanks to a program that may be a first among VA hospitals nationwide, NeSmith uses an iPad to talk face-to-face with his son in Atlanta.

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1.9 - Navy Times: [Letters: Health records, maternity leave, helo accidents](#) (16 August, 577k online visitors/mo; Springfield, VA)

Back when I was a colonel in the Air Force, I flirted with death. But the closest I came was not on a battlefield. It was in a civilian hospital where I was rushed after my aortic valve blew while boarding a plane to the Middle East. Amazingly, it wasn't the valve that nearly killed me. It was the civilian doctor's inability to access my military health records.

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1.10 - Providence Journal: [Veterans Journal: What Iraq/Afghanistan vets want from their next president](#) (17 August, George W. Reilly, 550k online visitors/mo; Providence, RI)

Now that the 2016 presidential race is officially under way with the first Republican National Committee-sponsored debate televised on Aug. 6, Iraq and Afghanistan Veterans of America (IAVA), the nation's first and largest nonpartisan organization for veterans of the wars in Iraq and Afghanistan, has called on presidential candidates to outline concrete campaign agendas addressing urgent issues affecting America's newest veterans and their families.

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1.11 - The Ledger: [Polk County Veterans. Meetings in East to begin Tuesday](#) (16 August, Daniel Figueroa IV, 506k online visitors/mo; Lakeland, FL)

Beginning Tuesday, the Veterans Council will take its meetings to Lake Wales. About one-third of Polk County's more than 65,000 veterans live in the eastern parts of the county, according to Ira "Andy" Anderson, commander of American Legion Post 71 in Lake Wales. Anderson and

Gose said they have been trying to get the council out to their side of the county for more than a year.

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1.12 - Watertown Daily Times: [Money going to war efforts not well spent](#) (16 August, Roland Van Deusen, 504k online visitors/day; Watertown, NY)

The Pentagon can't account for \$8.5 trillion it spent (Reuters), money that might better have covered the Department of Veterans Affairs' \$2 billion budget shortfall (short-staffed 41,000 positions) and prevented many of the veterans recently discovered to have died while on waiting lists for VA benefits and health care.

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1.13 - Montgomery Advertiser: [More staff, space coming to Chantilly VA](#) (16 August, Rebecca Burylo, 340k online visitors/mo; Montgomery, AL)

The Veteran Affairs health clinic and outpatient care center at Chantilly Parkway is set to open as early as September and with it, VA leadership is confident wait times and overall customer satisfaction will improve with the clinic's larger work space, improved ease of access and more staff.

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1.14 - Quad-City Times: [Banished veterans deserve VA healthcare](#) (17 August, Paul Appell, 254k online visitors/mo; Davenport, IA)

Earlier this month, I and 12 other veterans went to the Deported Veterans Support House in Tijuana, Mexico to show the deported U.S. military veterans there, that we will not abandon our brothers and sisters who have served, even though our country has.

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1.15 - Mansfield News-Journal: [Extra innings part of the game plan](#) (16 August, Ron Simon, 178k online visitors/mo; Mansfield, OH)

The VA has supplied me with hearing aids and glasses. Both of these needs are, in some remote way, service related. But when it comes to pills to combat gout and depression, we all have to foot the entire bill. Gout nailed me in my early 70s. Nothing service related there.

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1.16 - St. Louis Public Radio (KMWU-FM, Audio): [Veterans court provides help for post-service problems](#) (16 August, Dale Singer, 133k online visitors/mo; Saint Louis, MO)

Veterans treatment courts began in Buffalo, N.Y., in 2008 and have been spreading across the country ever since. One exists in the city of St. Louis, and the St. Louis County Council appears headed toward approving one later this year. Riehl says the Veterans Administration can respond to a lot of the needs that former service members have...

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1.17 - War on the Rocks: [The VA and what veterans owe each other](#) (17 August, David Goldich, 9k online visitors/day; Washington, DC)

Perceptions of veterans have been understandably positive in the post 9/11 era, but public empathy is no excuse for veteran apathy. Recent scandals at the VA, highlighting many areas where the VA can improve, likewise provide no excuse of this apathy. The responsibility the VA has to those that have borne the battle does not supersede the responsibility that veterans owe each other.

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1.18 - Rome News-Tribune: [Veterans Administration legal clinic to be open each Friday](#)

(17 August, Doug Walker, 9k online visitors/day; Rome, GA)

The new Rome Veterans Administration legal clinic is now open, taking appointments for every Friday going forward. The clinic will be in a room at the Veterans Administration medical clinic, 30 Chateau Drive in Rome.

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1.19 - The Ridgefield Press: [Pets for Vets gives ROAR another mission](#)

(16 August, Macklin K. Reid, 100 online visitors/day; Ridgefield, CT)

After affiliating with the national Pets for Vets program, ROAR's representatives went to the Veterans Administration Hospital in West Haven, met with psychologists and learned about working with people who have Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). Nationwide, Pets for Vets has 28 chapters, and ROAR is one of seven "shelter chapters" that house animals.

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[2. Ending Veterans' Homelessness](#)

2.1 - WTIC-TV (FOX-61, Video): [The Real Story: CT's commitment to helping vets](#)

(16 August, Al Terzi, 403k online visitors/mo; Hartford, CT)

In this 10-minute video, Al Terzi speaks with Lt. Gov. Nancy Wyman and Veterans Affairs Commissioner Sean Connolly about Connecticut's commitment to helping unemployed and homeless veterans.

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2.2 - WESA-FM (NPR-90.5): [Annual Stand Down Veterans Event To Link Vets With Needed Services](#)

(17 August, Deanna Garcia, 182k online visitors/mo; Pittsburgh, PA)

For the last several years, a nationwide effort to connect veterans with a multitude of services has been growing; in September Stand Down Pittsburgh is holding its 8th annual event...

"Haircuts is one of the most popular," said Rodriguez. "We have also have members of the local VA who will assess and register any veterans who are eligible for VA healthcare or VA benefits..."

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2.3 - Daily News: [Henry: Outreach remains important](#)

(16 August, Charles A. Mason, 141k online visitors/mo; Bowling Green, KY)

The help available from Operation Stand Down has grown over the past 15 years, and the outreach to homeless military veterans is still important, said the Commissioner of the Kentucky

Department of Veterans Affairs on Saturday. Commissioner Heather French Henry said she went to her first Operation Stand Down event in San Diego around 2000, at a time when an estimated quarter of a million military veterans were considered homeless.

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[3. Ending the Claims Backlog](#) – No coverage

[4. Veteran Opportunities for Education/GI Bill](#) – No coverage

[5. Women Veterans](#) – No coverage

[6. Other](#)

6.1 - CNN (Kaiser Health News): [Hospitals work on allowing patients to actually sleep](#) (16 August, Shefali Luthra, 75.7M online visitors/mo; Atlanta, GA)
As hospitals chase better patient ratings and health outcomes, an increasing number are rethinking how they function at night — in some cases reducing nighttime check-ins or trying to better coordinate medicines — so that more patients can sleep relatively uninterrupted... The Department of Veterans Affairs New Jersey Health Care System is taking this concern even further.

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6.2 - The Washington Times (AP): [Sen. Tim Kaine embarks on 5-day tour of Virginia](#) (17 August, 3.7M online visitors/mo; Washington, DC)
U.S. Sen. Tim Kaine is embarking on a five-day tour of Virginia that focuses on job creation and economic development. The Democrat plans to start the tour Monday at the Hampton VA Medical Center.

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6.3 - The Washington Times (AP): [Bush starting South Carolina visit by meeting with veterans](#) (17 August, 3.7M online visitors/mo; Washington, DC)
Jeb Bush is beginning a campaign swing through South Carolina by meeting with veterans. On Monday, the former Florida governor is in Charleston for a meet and greet with veterans who support his campaign for the Republican presidential nomination. The campaign says attendees include Medal of Honor recipient Kyle Carpenter and former Veterans Affairs Secretary Anthony Principi.

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6.4 - Stars and Stripes (The Commercial Appeal): [World War II veterans honored with wreath ceremony](#) (16 August, Katie Fretland, 1.3M online visitors/mo; Washington, DC)
The sound of a bugler playing taps rang out and a wreath was presented Saturday at Memphis National Cemetery to honor World War II veteran Eddie Spencer and all members of his

generation. The event, marking Spirit of '45 day, observed the 70th anniversary of the end of the war when "the healing of the world began," said cemetery director Amanda Rhodes-Wharton.

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6.5 - WIS-TV (NBC-10, Video): [Ceremony at Ft. Jackson marks 70th anniversary of WWII end](#) (17 August, Mike DeSumma, 1.2M online visitors/mo; Columbia, SC)

The U.S. military suffered more than 400,000 casualties in WWII. At present there are 585 graves at Fort Jackson National Cemetery which belong to WWII veterans. Early Sunday a wreath was placed under the cemetery's main flagpole to remember those veterans who made the ultimate sacrifice.

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6.6 - Sun Herald: [Ceremony honors WWII vets buried in Biloxi National Cemetery. Remembered as America's 'greatest generation'](#) (16 August, Robin Fitzgerald, 784k online visitors/mo; Gulfport, MS)

Biloxi National Cemetery held a wreath-laying ceremony Sunday to honor members of America's "greatest generation," including thousands of World War II veterans buried at the national shrine off Veterans Avenue.

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6.7 - The Columbus Dispatch: [New car could limit mortgage options](#) (16 August, Kenneth R. Harney, 686k online visitors/mo; Columbus, OH)

The jump in nonmortgage debt is especially noteworthy among owners with Federal Housing Administration and Veterans Affairs home loans. These borrowers — who typically have lower credit scores and make minimal down payments (as little as 3.5 percent for FHA, zero for VA) — now carry nonmortgage debt loads that average \$29,415.

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6.8 - La Crosse Tribune: [Veterans enjoy special day at Necedah refuge](#) (16 August, Kevin Damask, 178k online visitors/mo; La Crosse, WI)

Through the dedicated work and generosity of others, a group of 28 veterans enjoyed a special day Tuesday at the National Wildlife Refuge in Necedah. Three buses from the VA Hospital in Tomah transported veterans to the refuge for lunch and a full tour of the facility. Tuesday's event was hosted by the American Veterans Inc., a volunteer organization of veterans that lead special events for other veterans.

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6.9 - Odessa American: [Our View: 'American Sniper' memorial will be a fitting tribute](#) (16 August, 108k online visitors/mo; Odessa, TX)

Odessa will soon have a memorial to famed "American Sniper" Chris Kyle, who was born here and lived here a few years. The memorial will be located in an appropriate spot — near the Veteran Affairs clinic located off of Highway 191. Volunteers kicked off a national fundraising campaign Wednesday for everyone to get involved.

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6.10 - Idaho State Journal: [Grandfather uses pepper spray on toddler](#) (16 August, 60k online visitors/mo; Pocatello, ID)

Police were called to the Veterans Administration Clinic on Wednesday after a 3-year-old was sprayed in the face with pepper spray by his grandfather. Pocatello police Lt. Jim McCoy said the boy was at the clinic, 444 Hospital Way, with his grandparents, and his grandmother was a patient at the clinic.

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6.11 - WOFL-TV (FOX-35, Video): [FOX 35 News at 10](#) (17 August, 35k broadcast viewers; Lake Mary, FL)

This one-minute video mentions the Florida National Cemetery's wreath laying ceremony, which marked the 70th anniversary of the end of World War II.

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6.12 - The Baxter Bulletin: [Obama opposes legislation to fix the mess we know as VA. After the corruption, we should believe government-run healthcare is better than the free market?](#) (16 August, Susan Stamper-Brown, 21k online visitors/mo; Mountain Home, AR)

We are created with an innate sense of right and wrong and a desire for justice, so when we hear about maddening scandals like the one at the Veterans Administration last year, we expect those in charge to quickly take action to right wrongs. If only it were that easy.

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6.13 - The Town Talk: [A Cenla man's wish for dying WWII vets](#) (16 August, Miranda Klein, 6k online visitors/day; Alexandria, LA)

Alexandria Veterans Affairs Health Care System officials together with the cemetery started Sunday what they hope will become a tradition each year — a "Spirit of 45" service — held on the second Sunday of August. Similar ceremonies, by the same name, take place around the country.

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1. Access to Benefits/Care

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(17 August, Thomas Guerrero, Joseph A. Murgalo, MD, Nolan Soltvedt and Mike Lapolla, 37.5M online visitors/mo; New York, NY)

Regarding Dr. Nasser Gayed's suggestion that a simple solution to part of the VA waiting list problem is to allow veterans' personal physicians to write prescriptions and have the VA pharmacy fill them, instead of making veterans see a VA doctor first ("A Simple Way to Reduce VA Waiting Lists," op-ed, Aug. 10): How about just insuring us veterans and letting us go to our own doctors and hospitals. That will simplify 95% of the veterans' problems. For 60 years we have been complaining about the VA's care of veterans, and nothing really has changed. The VA budget continues to increase dramatically. The 2006 VA budget was \$73 billion, the 2016 proposed budget is \$168 billion. For Congress to allow this to continue is shameful. Give all veterans the option of going to their own doctors and hospitals.

Thomas Guerrero

Plano, Texas

I agree with Dr. Gayed's suggestions for reducing VA waiting lists. I would like to add some additional ideas to further accomplish that goal. First, there should be strict application of a "means test" for nonservice-related conditions. I personally know of several individuals with substantial assets who use the VA for their checkups and prescriptions. None have service-related problems. Each one of these individuals also has Medicare and should be required to use it for their health care rather than take up the time of VA physicians. Secondly, those veterans with service-related disabilities wouldn't be subject to a means test.

Joseph A. Murgalo, M.D.

Naples, Fla.

Is it too crazy an idea to allow veterans to have their prescriptions filled at any pharmacy, but at VA-subsidized prices?

Nolan Soltvedt

Minneapolis

Imagine: Improve care, reduce cost and cut volume by one-third. All with a single policy change that costs nothing. We can't wait for the list of reasons why this cannot be done immediately.

Mike Lapolla

Tulsa, Okla.

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1.2 - USA Today (News21): [Opening states to marijuana](#) (16 August, Brianna Gurciullo, Karen Mawdsley and Katie Campbell, 16.7M online visitors/mo; McLean, VA)

WASHINGTON, D.C. – Advocacy groups have poured millions of dollars into legalizing both recreational and medical marijuana in states across the country.

One of the most powerful and influential groups – Washington, D.C.-based Marijuana Policy Project – was behind successful recreational measures in Alaska and Colorado, two of four states that now allow recreational use. MPP organizers hope to replicate those efforts in five other states during the 2016 elections, an undertaking they say will — if successful — prove significant for the effort to end marijuana prohibition.

One of them, Arizona, is a state that conservative icon Barry Goldwater called home. It frequently makes national headlines for controversial measures on immigration and gay rights. Voters passed the state’s medical marijuana program by the barest of margins in 2010.

“Out of the five campaigns that we’re running nationwide, Arizona’s definitely going to be the most heated, the most active,” said Carlos Alfaro, the Arizona political director for the Marijuana Policy Project. He plans to win voters by inundating the airwaves, unveiling billboards, organizing rallies and hosting debates.

It’s all part of the well-funded, well-organized machine that’s driving the effort toward ending prohibition nationwide. Proponents have found so much success because they have learned how to secure financial backing, take advantage of changing attitudes and address fears about legalization. The Marijuana Policy Project aims to add California, Nevada, Massachusetts and Maine to its portfolio of ballot initiative successes in 2016, along with Arizona.

Legalization efforts — many backed by other groups — could appear on the ballot in about a dozen states next year. Twenty-three states and Washington, D.C., already allow for medical marijuana use. Four states — Washington and Oregon, in addition to Colorado and Alaska — and the District of Columbia allow adults to smoke pot recreationally.

In Congress, lawmakers have started to take positions on pot and more have supported state medical marijuana laws. Both Democratic and Republican presidential candidates are talking about how they would deal with marijuana if elected. Sen. Rand Paul, R-Ky., has even courted the legal marijuana industry for campaign donations.

Leaders in the pro-legalization movement said the question is no longer whether the federal government will treat marijuana like alcohol — but when. They say the question is no longer whether the states will legalize, regulate and tax marijuana sales — but how.

“I think we’re past the tipping point,” said Keith Stroup, the founder of the National Organization for the Reform of Marijuana Laws, another major player in the pro-legalization effort. “There are all kinds of signs that people have figured out that prohibition is coming to an end. They may not be thrilled about it, they may not be a cheerleader for it, but when they recognize that, they begin to say, ‘OK, if we’re going to legalize marijuana, how do we do it in a responsible manner?’”

But legalization opponents don’t plan to concede any time soon.

"I don't think that legalization is inevitable," said Alan Shinn, the executive director of the Coalition for a Drug-Free Hawaii. "The pro-marijuana people will say that it's just a matter of time before marijuana is legalized. I think there's other alternatives to legalization. We should really be taking a public health approach to this, especially with our youth."

And that's still a sticking point. The federal government classifies marijuana as one of the most dangerous drugs, "with no currently accepted medical use and a high potential for abuse," according to the Drug Enforcement Administration.

The disparity between states that have liberalized their marijuana laws and the decades-old federal prohibition of its sale and use has caused confusion in law enforcement and tension in the business world. Pro-legalization groups said that's their ultimate goal: Put so much pressure on the federal government by legalizing state by state that they can finally end the discrepancy.

"I actually consider 2016 to be what I call the game-over year because there's a good chance that a bunch of states will legalize marijuana," said Bill Piper, the director of the Drug Policy Alliance's office of national affairs. "We're reaching the point where the federal government is going to have no other choice than to change with the times."

Strategic with resources

Advocacy groups have led ballot initiatives across the country, lobbied state legislatures and tried to convince members of Congress that leaving marijuana regulation to the states makes sense.

In the 1970s, NORML led the fight for marijuana law reform. Now, two other national organizations help run multimillion-dollar campaigns and station staff members across the country to support state measures that allow medical marijuana, decriminalize possession of small amounts of the drug or fully legalize adult use.

The Marijuana Policy Project, founded by former NORML staffers in 1995, has emerged as a political powerhouse with its robust fundraising, effective campaign messaging and expertise in drafting ballot initiatives and legislation. The Drug Policy Alliance was founded in 2000 to end the "War on Drugs." The group claims that marijuana arrests disproportionately impact racial minorities and drain law enforcement resources.

The groups and their state-level campaigns have benefited from billionaire philanthropists like Peter Lewis, the head of Progressive Insurance who died in 2013, and George Soros, the founder of Soros Fund Management. Both have donated millions of dollars to changing drug laws across the nation over the last 20 years.

During that time, the groups have honed their strategies.

Mason Tvert, director of communications for the MPP, said his organization targets states based on their history with marijuana law reform, the makeup of the state legislature, the governor's position and the level of support from local advocacy groups.

And they must carefully decide where to put their money and resources.

When Rob Kampia, the group's executive director, spoke at a National Cannabis Industry Association policy symposium in Washington, D.C., in April, he called efforts to legalize

marijuana in Michigan, Missouri and Ohio “outlier initiatives” because they’re less likely to pass. He said in particular, the campaign to legalize marijuana in Ohio this fall was “premature.”

A message that’s worked

Allen St. Pierre, who succeeded Stroup as executive director of NORML a decade ago, said advocates for marijuana law reform have drawn from the tactics of the social movements for women’s rights, civil rights and gay rights.

“We’re not trying to hardly do anything different than those groups did,” St. Pierre said. “We organized. We petitioned our government peacefully for grievances. We went to the courts and asked for relief. We’ve used science and language to cajole, persuade and effectively win what is called in the military a ‘hearts and minds’ campaign.”

But it hasn’t been easy.

The MPP’s Tvert, who was a co-director of the campaign to legalize marijuana in Colorado, said that while the public had become more accepting of medical marijuana and supportive of removing criminal penalties for using the drug, there was still “this fear surrounding marijuana for fun.” Several ballot measures to legalize recreational use failed between 2002 and 2010.

At that time, Tvert said, activists had tried to sell one main message to voters: Marijuana prohibition is a government failure that forces marijuana into the black market, contributing to drug trafficking and violence. They argued that a legal market would allow for more control and would generate tax revenue.

That didn’t cut it.

“That just wasn’t enough,” Tvert said. “Ultimately, people were still not OK with it because they just thought it was too dangerous of a substance. You can tax anything. You can tax murder for hire. Doesn’t mean that people are going to think it should be legal. They think it’s not good for society.”

Survey results inspired legalization advocates to change tactics: Several MPP polls indicated that people were more likely to support marijuana legalization if they thought pot was less harmful than alcohol. And that became the argument behind the campaign supporting Colorado’s measure to legalize recreational marijuana, Amendment 64, which passed in 2012 with 55 percent of the vote.

Colorado became a model for the MPP’s efforts in other states, which have all taken the campaign name “Regulate Marijuana Like Alcohol.” And the lawyer who wrote Colorado’s initiative also helped draft a proposed ballot measure in Maine, said David Boyer, the group’s political director for the state.

But the Maine campaign also made tweaks to its initiative, like lowering the tax rate, to make it more appealing to voters there.

Battling with local campaigns

Different groups advocate for legalization throughout the country, and they don't always agree on the methods or details. In fact, some local groups have started to view the MPP as an unwelcome outsider.

In Maine, the organization's proposal competes with one backed by a local group, Legalize Maine. Both would legalize marijuana possession for those at least 21 years old and would allow home growing. But the two campaigns have failed to compromise on several differences.

Legalize Maine's proposal would put the state's Department of Agriculture, Conservation and Forestry in charge of regulation, while MPP's would make the Bureau of Alcoholic Beverages and Lottery Operations responsible.

Paul McCarrier, the president of Legalize Maine's board of directors, said the two groups tried to negotiate for three months. But McCarrier said MPP's initiative did not focus enough on farmers.

"I think that they're looking at Maine as just another notch in their belt that will help push their national agenda," McCarrier said. "While the Marijuana Policy Project has done a really good job at starting a conversation about marijuana legalization here in Maine and trying to push the ball around the field nationally, when it comes to marijuana legalization, they are completely out of touch with normal Mainers."

Falling dominoes

Stroup said liberalization of marijuana laws has followed a general trajectory. The Western states lead the way — reducing penalties for marijuana possession, allowing residents to use medical marijuana, or eliminating all penalties for marijuana use and creating systems for regulating pot sales. Then momentum builds on the East Coast. Progress is slower in the Midwest, and movement in the South has proven most difficult.

The increase in medical marijuana programs across the country has helped to overcome the stigma surrounding marijuana, Stroup said. More than three-quarters of people support medical marijuana use, according to a 2014 National Public Radio-Truven Health Analytics poll. But only 43 percent support legalization for recreational purposes.

MPP prefers to run ballot-initiative campaigns as opposed to pushing bills through state legislatures.

But Stroup identified the legalization movement's next big turning point: Build enough political support to push the first full legalization measure through a state legislature. It's an important step because about half of the states allow citizen-initiated ballot measures.

"We have to just simply work it every year, every chance we get, bringing in good witnesses, provide elected officials with the best information, and over a period of time, as they become more comfortable with the concept, then we'll be winning it with state legislatures," Stroup said.

But legislative measures have drawbacks as well.

"The version of legalization we win through legislatures will necessarily be more restrictive than the versions we win by voter initiatives because with an initiative, you don't have to compromise," Stroup said.

Tvert said that in 2016, Rhode Island and Vermont could become the first states to legalize marijuana through their state legislatures. A majority in both states support legalization, according to internal and independent polls conducted this year. Both state legislatures adjourned this year before acting on bills to legalize and regulate pot.

Public opinion on the movement's side

Time could be the legalization movement's greatest ally. Sixty-four percent of those between 18 and 34 years old say they support legalization, compared to 41 percent among those 55 and older, according to Gallup.

"Demographically, we knew years ago we were going to win this because young people were on our side," Stroup said. "We used to laugh, in fact, that if necessary we had a fallback strategy. And that was we would outlive our opponents. Well, I think to some degree that's exactly what we've done."

But advocates still need to convince a significant number of Americans to support recreational legalization.

"Despite the fact that the polls make it seem like it's really split down the middle, there is a huge group of people who are kind of fishy on it," said Sarah Trumble, senior policy counsel at Third Way, a centrist think tank in Washington, D.C.

Third Way refers to this group as the "marijuana middle." Many in this group support legalizing marijuana for medical use but not for recreational use.

"On this issue, like all others, values are really what drive them," said Trumble, who specializes in reaching moderates on social issues. "There's a compassion value that ties into medical marijuana, and that's why so many people support medical marijuana."

She said she expects that as more states legalize, more Americans admit that they have used marijuana and the drug becomes less stigmatized, public opinion will continue to shift toward legalization.

"We're going to have to see really how those ballot initiatives go because if you run strong campaigns and pass laws and states do a good job of regulating marijuana, that will be the first stepping stone to other states having it," Trumble said. "But if a state, for example California, passes marijuana legalization for recreational and then does a poor job of regulating it, that could really set everything back."

Letting the states experiment

NORML's Stroup said he hopes the Obama administration will remove marijuana from the federal government's list of the most dangerous drugs. Marijuana is listed as a Schedule I substance, which means it is a drug "with no currently accepted medical use and a high potential for abuse." Other Schedule I drugs include heroin, LSD and Ecstasy.

Stroup said he'd like to soon see marijuana reclassified as a Schedule II or Schedule III drug, which wouldn't make it legal to possess, sell or grow, but would make it easier for researchers to access. Other advocates have called for removing marijuana from the scheduling system completely.

The president has spoken about using marijuana himself as a young man, and he has said he does not believe marijuana is more dangerous than alcohol. He's recently focused on criminal justice reform, calling for shorter sentences for nonviolent drug crimes.

"At a certain point, if enough states end up decriminalizing, then Congress may then reschedule marijuana," Obama said during an interview with Vice in March. "But I always say to folks, legalization or decriminalization is not a panacea."

A 2013 Justice Department memo stated that the federal government would only interfere under certain circumstances: if state or local law enforcement failed to prevent distribution of marijuana to minors, revenue from marijuana sales went to gangs or marijuana crossed into states where it remains illegal.

While Obama's administration hasn't interfered in states that have legalized, a future president could. That's why Stroup wants federal law to leave marijuana regulation to the states, "so it doesn't matter who's president. States are free to experiment."

Mario Moreno Zepeda, a spokesman for the Office of National Drug Control Policy, said the White House remains "committed to treating drug use as a public health issue, not just a criminal justice problem. The federal government opposes drug legalization because it runs counter to a public health and safety approach to drug policy."

"This administration's position on enforcement has been consistent: While the prosecution of drug traffickers remains an important priority, targeting individual marijuana users — especially those with serious illnesses and their caregivers — is not the best allocation of limited federal law enforcement resources," Zepeda said.

From 'unthinkable' to 'mainstream'

Michael Correia, the director of government relations for the trade group National Cannabis Industry Association, said that years ago, members of Congress took no positions at all on marijuana. Now, they are beginning to support research and allowing state medical programs to continue operating.

Still, he said marijuana issues haven't become a major priority in Congress, especially among the leadership.

"Marijuana is not global warming. It's not abortion. It's not guns. So it's not really high up on their radar screen, but it is an intriguing issue, and people need to get educated on some of the issues before they can form an opinion," Correia said.

Dan Riffle joined the MPP in 2009, and worked as a state legislative analyst for three and a half years. Now the group's director of federal policies, he said that in Congress, marijuana "is an issue that's gone from being an untouchable, unthinkable, third-rail issue to a legitimate, mainstream topic of debate."

"It's gone from a place where we struggled to have (Congress members and staffers) take meetings with us, to have our phone calls returned, to now people reach out to us and ask us to come in and brief them and use us as a resource," Riffle said.

Riffle tailors his message to his audience. If he meets with a member of the Congressional Black Caucus, for example, Riffle talks about the disparity in arrests between blacks and whites. If he sits down with a Republican who has libertarian tendencies, he drives home the argument that smoking pot is an individual decision.

Riffle said Congress is grappling with federal law that prohibits marijuana and state laws that allow its use. He said some lawmakers have tried to “address symptoms of that disease” with bills that would allow marijuana businesses to use banks, or permit Veterans Affairs doctors to recommend medical marijuana for veterans who live in states where it’s legal.

“But then you’re going to have other folks who say, ‘Look, rather than passing seven, eight, 12 different bills depending on what the issue is, let’s just grapple with the underlying problem,’ which is the conflict between state and federal marijuana laws,” Riffle said.

The Respect State Marijuana Laws Act — introduced by Rep. Dana Rohrabacher, R-Calif. — would do that by amending the Controlled Substances Act. It would change the federal law to protect anyone producing, possessing, distributing, dispensing, administering or delivering marijuana in states where those actions are legal. The bill has 14 co-sponsors, including six Republicans.

Rep. Earl Blumenauer, D-Ore., a longtime champion of marijuana law reform, said he anticipates the federal government will treat marijuana like alcohol within a decade.

“My judgment is with a new administration, with several more states legalizing, with public opinion solidifying, and with more and better research, I think in the next administration and the next Congress or two, we’ll be in a position to just basically say, ‘States, do what you want to do,’” Blumenauer said.

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1.3 - The Washington Times (AP): [Illinois governor signs bills affecting veterans](#) (16 August, 3.7M online visitors/mo; Washington, DC)

SPRINGFIELD, Ill. (AP) - Gov. Bruce Rauner signed several bills on Sunday affecting Illinois veterans, including a measure establishing a discount card program and another offering property tax breaks for those with military-related disabilities.

The Republican first-term governor’s office released a short statement Sunday saying six bills had been signed in honor of Veterans’ Day at the Illinois State Fair. Veterans received free entrance to the fair on Sunday with events honoring those who’ve served.

One newly-signed law provides tax breaks to veterans who make accessibility upgrades to their homes, such as wheelchair ramps and lifts. Such changes wouldn’t increase the assessed valuation of the property for years after improvements are made, under the law. It would also allow certain disabled veterans to qualify for an annual property tax exemption of \$2,500. The legislation, which takes effect immediately, received unanimous support from lawmakers.

Another plan that also takes effect immediately says the state’s Department of Veterans’ Affairs will establish and administer a veterans and active duty discount card program for use at

participating merchants. House and Senate lawmakers voted unanimously in favor of the legislation.

Other newly-signed laws also make minor changes to the rules for flying flags and scholarships for children of veterans.

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1.4 - The Washington Times (AP): [Vet resources for dealing with mental impact of war](#) (16 August, 3.7M online visitors/mo; Washington, DC)

COLORADO SPRINGS, Colo. (AP) - It's estimated that one in five of the 70,000 veterans and active-duty troops in the Pikes Peak region suffers some symptom of war-caused mental illness.

To help troops and veterans deal with the mental impact of war, the region has amassed a number of services, including care provided by non-profits and local agencies.

Here are some ways troops and veterans in need can get mental health help locally:

For crisis help, call the Veteran's Crisis Line at 800-273-8255.

For 24-hour-a-day advice from veterans, call Vets4Warriors at 855-838-8255.

To connect with community resources to deal with war-caused mental health issues, call the Peak Military Care Network at 211 or visit peakmilitarycarenetwork.org.

To learn more about moral injury, visit <http://1.usa.gov/1KmqM9T>.

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1.5 - Houston Chronicle: [Meditation helping mitigate effects of PTSD on veterans](#) (16 August, Rae Jefferson, 3.6M online visitors/mo; Houston, TX)

SAN ANTONIO - Sometimes, when Pedro Meza is confronted by memories he can't understand, the monster comes out.

A former Army Special Operations officer, Meza developed post-traumatic stress disorder after witnessing the bombing deaths of children in a Latin American village during a mission in 1985. He also suffers from a traumatic brain injury that causes significant memory loss and keeps him from knowing the time, place and circumstances surrounding frightening images in his mind.

"It felt like I was splitting between two individuals," said Meza, of San Antonio. "One individual is very aggressive and follows orders without thinking. I call him 'the monster.' The other is torn by the things he's seen and done. It's a duality."

"There are images in my brain that I can't explain," he said. "I'm haunted by things I see but cannot understand."

In March 2014, after years of abusing alcohol to cope with terrifying memories and trying different medications that didn't help calm his mind and emotions, Meza discovered meditation at a free workshop for veterans, and his life changed for the better.

A growing number of veterans are discovering how meditation can ease symptoms of PTSD. A study is underway at Joint Base San Antonio-Fort Sam Houston to understand how a form of the therapy, called mindfulness meditation, affects stress levels of soldiers.

And Brooke Army Medical Center is offering mediation through its outpatient program.

Drastic effects

The need for PTSD treatments in the military is great. Many veterans are affected by the disorder, which is characterized by anxiety attacks, nightmares, flashbacks and depression, among other mental and emotional issues.

A June report by the Veterans Health Administration showed that 20.5 percent - or more than 391,000 - of Iraq and Afghanistan veterans received PTSD-related treatments from 2001 to 2014. As much as 30 percent, or 2.7 million, of Vietnam-era veterans had experienced PTSD at some point in their lives, according to one study.

"It affects servicemen from all areas. It changes things drastically," said Emily Bower, a psychologist at Audie Murphy VA Hospital. "They're more likely to have trouble maintaining work, more likely to abuse substances, more likely to have relationship problems with a spouse or children."

The VA reported three years ago that as many as 22 veterans committed suicide every day. And Iraq and Afghanistan veterans with PTSD are three times more likely to experience suicidal thoughts than veterans without the disorder, says a study published in the 2011 Journal of Nervous and Mental Disease.

Traditional treatments for PTSD include therapy and prescriptions for antidepressants, anti-anxiety medications and sleep aids. But these methods don't always work, so military officials and organizations serving veterans recently started offering meditation as an alternative treatment.

Meza meditates at home daily and also attends a weekly group meditation session. He says meditation has brought him peace and allows him to sort through the thoughts he can't place on a timeline.

"Now I can think, and I can catch myself when I feel the PTSD slipping up," Meza said. "Because of the (brain injury), I have to piece together my identity. I can talk to the monster and figure out what he remembers."

In its simplest form, meditation is a mental exercise during which the individual attempts to clear the mind by focusing on one thing, usually breath or a repeated phrase, or by letting thoughts drift through the mind without judging them as good or bad. Meditation places emphasis on experiencing the present moment.

"You really begin to observe, for the first time, what is a true calming of the mind," said Army Lt. Col. Robert Carter III, an advisory board member of Project Welcome Home Troops, a group sponsoring meditation workshops for vets.

Meditation can decrease stress, stabilize emotions, provide mental clarity, increase energy levels and lower blood pressure, Carter said.

'Doesn't just go away'

For years, the treatment for PTSD at military clinics included prescriptions for medications, along with three to six months of group and individual therapy. These traditional treatments are considered the gold standard of treatment by the medical community, Bower said.

But for some veterans, the gold standard doesn't cut it.

Tom Voss of Milwaukee fought in the Iraq War and was diagnosed with PTSD in 2008. He was discharged with the rank of Army specialist.

In 2005, Voss returned to the U.S. after a yearlong deployment to Iraq. Although his term was relatively short, the psychological damage caused by daily warfare and witnessing the deaths of his fellow soldiers - including his platoon leader and sergeant - was too much to bear. On a nearly daily basis, Voss mentally relived his time in Iraq and suffered from panic attacks.

His relationships were strained as he fought to gain control of an unpredictable condition that left him angry. He abused alcohol to escape the horror he was living.

"We have to shut off our emotions to be effective soldiers, but no one teaches us how to turn them back on," Voss said. "When you get out (of the military), there aren't that many people who can relate to your experiences. You want to move on, but the trauma and stress your body was under - that doesn't just go away."

Voss was prescribed a cocktail of psychiatric drugs for depression and anxiety. He also attended therapy sessions at the VA hospital in Milwaukee.

"It was pretty aggravating for me," said Voss, now the Veteran Liaison for Project Welcome Home Troops. "They help you identify what's wrong, but it doesn't take you to the next step of dealing with it. I'm not completely against it. There are cases where it helps, but at the same time, it's not a long-term answer."

Army Capt. Richard Schobitz, chief of the Intensive Outpatient Behavioral Health Program at Brooke Army Medical Center, said traditional treatments are effective for some patients, but alternatives need to be available for those who don't benefit from medication and therapy alone.

This was certainly true for Voss, who said finding the Power Breath Meditation Workshop was the best thing that could have happened to him.

On Aug. 28, 2013, Voss and fellow Iraq veteran Army Sgt. Anthony Anderson, who also was diagnosed with PTSD, set out on a five-month walk from Milwaukee to Los Angeles in an attempt to conquer their disorder. The journey was captured in the documentary film "Almost Sunrise."

A director of the film suggested Voss attend a Power Breath Meditation Workshop to be held in Colorado when the duo would be passing through.

"At that point, I was willing to try anything if it'd help," Voss said. "When I went to this workshop, I was able to reconnect with the person I was before I deployed, I guess you could say. I was able to reconnect with myself emotionally."

Since then, Voss has practiced meditation for 20 minutes twice a day and no longer takes medications to manage depression, anxiety or sleep disorders. He also quit drinking alcohol.

Meditation "releases trauma from your nervous system," he said. "My mind is so clear. My mood is a lot more level instead of it spiking like it did when I first got back."

Meza said he experienced a similar mood adjustment with meditation, which he also discovered at a Power Breath Meditation Workshop. He no longer uses alcohol to cope with his afflictions. He still takes medications for insomnia and back pain to sleep soundly, but said meditation brings added peace and mental clarity, something that doesn't come easy since his brain injury.

"I'm thinking better," he said. "It's easier for me to understand how the PTSD and (the brain injury) affect me. I have a higher brain function that makes it easier to control myself. The fears are not there. I control the fears ... I'm more human."

One of few clinics

The military today is more supportive of meditation, transferring patients to outside programs and also offering sessions of mindfulness meditation, which emphasizes accepting thoughts and feelings without judgment, Schobitz said.

In San Antonio, mindfulness meditation is available through the Intensive Outpatient Program at BAMC, though the clinic calls it acceptance and commitment therapy, or ACT.

Schobitz said therapy and mindfulness have proved to be equally important. The therapy allows patients to realize the anxieties attached to memories, and ACT helps their minds move into the present, he explained.

Despite the success of ACT, Schobitz said his clinic is the only one of San Antonio's military facilities that supplements traditional PTSD treatments with meditation. But more could be added if there were more studies showing that meditation eases PTSD symptoms.

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1.6 - KUSA-TV (NBC-9, Video): [Balance of Power: George Brauchler, Jeff Miller](#) (16 August, Brandon Rittiman, 1.6M online visitors/mo; Denver, CO)

District Attorney George Brauchler tried to convince a jury to impose a death sentence in the Aurora theater shooting trial, but the jury couldn't reach a unanimous decision.

On this week's program, we sat down with Brauchler to discuss the case and his political future.

Later in the program, we hear from Rep. Jeff Miller (R-Florida) who chairs the House veterans affairs committee about the odds Congress will approve the \$600 million still needed to finish the mismanaged veterans hospital construction project in Aurora.

Balance of Power airs every Sunday at 8:50 a.m. on 9NEWS, right before NBC's Meet the Press. Episodes and extended interviews are posted on Sundays to 9NEWS.com.

GEORGE BRAUCHLER

Watch the extended interview:

Despite statements that the defense did not cooperate when he asked for more information on the defendant's mental health, Brauchler says had he known everything he does now about mental health in the case he still would have pursued the death penalty.

"This guy not only knew right from wrong and could intend to murder after deliberation," Brauchler said, "he knew he was acting on evil motives and it didn't bug him."

Even though his attempt to sentence the killer to death was unsuccessful, Brauchler said there was still virtue in going through the process.

"This community got to see every detail of this case that the jurors did, in fact maybe even moreso than the O.J. [Simpson] case from 20 years ago," Brauchler said.

Brauchler said anybody watching should come away feeling like the court, the defense, and his team of prosecutors gave the case their all.

Turning to politics, Brauchler said he's not yet ready to make a decision about whether to pursue a run for US Senate against Michael Bennet next year.

"I'm not in a place to really wrap my mind around that," Brauchler said. "I'm flattered."

Brauchler said he wants to finish the sentencing for the charges of attempted murder and explosives in the case and reconnect with his family before making any decisions.

JEFF MILLER

Watch the extended interview:

On a stop through Denver, Jeff Miller sat down with 9NEWS to take questions on an impending vote over continued funding for the VA hospital project in Aurora.

It'll take another \$600 million to complete and if there's no more money approved, work will stop in early October.

"It's going to be very difficult to find that money inside of the VA budget," Miller said. "The President of the United States, if he truly wanted to resolve this, wouldn't force the secretary to go inside of his own budget and find the money. There's money outside in a \$3 trillion that could plug this gap."

Miller also gave an idea of just how thin the proverbial ice beneath the project is among members of Congress.

"I will tell you that the last time we went to the wall on this, if it had been an up or down vote on the floor of the House, the money would not have been appropriated," Miller said. "There is a real anger at the incompetence at the VA, to the point that people were willing to shut it down."

Pressed to say whether Coloradans should brace for the possibility that the project may never be completed, Miller said, "in Congress there's always a solution that can be found."

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1.7 - WDBJ-TV (CBS-7, Video): [Cruisin' for a good cause in Salem](#) (16 August, 716k online visitors/mo; Roanoke, VA)

The Salem VA Medical Center hosted its annual Star City Cruisers car show Saturday.

The show has been going on for 25 years. Saturday's event was about raising awareness about post traumatic stress syndrome.

Car enthusiasts enjoyed antique and American classics. The free event featured over 185 vehicles, 50 of which took top honors.

Organizers say the turnout was great and they're thrilled people are having fun while supporting those who've fought for their country.

"The ultimate goal is to bring, like I said, to bring the awareness for PTSD and to raise money for the inpatients here at the medical center, " organizer Jade Fillinger told Your Hometown News Leader.

Last year, the show raised over 4-thousand dollars which Fillinger hopes to surpass.

Money raised helps veterans and the V-A

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1.8 - The Telegraph: [Dublin VA uses iPads to link vets with far-away family](#) (16 August, Wayne Crenshaw, 609k online visitors/mo; Macon, GA)

DUBLIN -- When Newell NeSmith fought the Nazis in World War II, postcards were the only way he had to communicate with his family back home.

NeSmith, 94, was an Army infantryman before having a long career as an attorney in Cochran.

Today he lives at the Carl Vinson VA Medical Center, but communication has come quite a long way in 70 years. Thanks to a program that may be a first among VA hospitals nationwide, NeSmith uses an iPad to talk face-to-face with his son in Atlanta.

Al NeSmith visits his dad in person weekly, but he said the iPad offers a way to keep in touch more often.

“It’s a lot better than talking on the phone,” Al NeSmith said prior to their electronic visit Thursday. “About the only difference from being there is that I can’t hold his hand.”

During their visit, social worker Greg Senter held the iPad so the two could see each other.

“How are you feeling today?” Al NeSmith asked his dad.

“I feel good,” said NeSmith, who was Cochran’s city attorney for many years.

Then Al asked his dad what he had for breakfast.

“I can’t identify this fancy stuff,” he replied.

They went on to talk about the upcoming college football season and the last time they played golf together, among other things.

The hospital uses two donated iPads. One came from the National Society Colonial Dames XVII Century, and the other came from the hospital’s volunteer organization. Senter said he would like to have four more, one for each social worker at the hospital. The iPads also are used for music therapy.

He has done a fair amount of research into the use of iPads in VA hospitals and said he hasn’t found another hospital that uses iPads to connect patients with families. Of course, all patients with their own iPad or other mobile device can use the hospital’s public wireless network to connect with family members using programs such as Skype and Facetime.

In the month since the iPads have been used, Senter said, the technology is much appreciated by those whose family is even farther away than NeSmith’s. The program is having a positive impact on both ends for those who use it, Senter said.

“I can tell a difference not only with the patient but with the family,” he said. “We are shrinking the world here, and where you can’t travel or hop on a plane, you get to see Dad. It’s very reassuring.”

One veteran’s mother lives in the Virgin Islands, and she can only visit in person about once a year. Now she can talk to him via the iPad whenever she likes.

It can also be for patients with local family. One veteran with a large number of grandchildren used it to visit with them as a group because they couldn’t all go to the hospital and see him.

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1.9 - Navy Times: [Letters: Health records, maternity leave, helo accidents](#) (16 August, 577k online visitors/mo; Springfield, VA)

DELAY IT SYSTEMS CONTRACT

Back when I was a colonel in the Air Force, I flirted with death. But the closest I came was not on a battlefield. It was in a civilian hospital where I was rushed after my aortic valve blew while boarding a plane to the Middle East.

Amazingly, it wasn't the valve that nearly killed me. It was the civilian doctor's inability to access my military health records. Two weeks later, while languishing in a medically induced coma, the information finally arrived.

From then on, I became a tireless advocate for something called interoperability — the capacity for electronic health records to be easily accessed and shared anywhere, anytime. Sharing data doesn't just save lives. It reduces health care costs, prevents medical errors and avoids unnecessary testing.

As a former chief information officer with a long career in information technology, my focus has intensified since the Defense Department announced plans to spend \$11 billion on a new EHR system — one that can seamlessly exchange health data for the country's nearly 10 million military personnel, employees, retirees and their families.

But DoD's plan will fail because most EHR systems, including the bidder finalists, are designed only to work within their own system. That allows them to charge physicians and hospitals outside their system for access to your data.

DoD's acquisition strategy is flawed because it is predicated on pre-Internet technology. In essence, the request for proposal seeks EHR software that will do nothing to advance true interoperability, or improve patient outcomes. DoD can demand a system that seamlessly connects health data with civilian hospitals — or the Department of Veterans Affairs — but it has failed to do so.

The solution is simple: DoD must delay this award pending a congressional review.

I am not alone in my concerns. Industry analysts say the system will not only prevent the open exchange of data, but will be obsolete at launch, and will easily balloon to \$30 billion over the life of the program.

Putting service members at the center of care and ensuring that clinicians have all the information needed must be a minimum requirement for any future expenditures on health IT systems. My hope is that congressional decision-makers understand this powerful reality before the contract is awarded in the coming months. I'm talking to every senator and representative I can, pressing for a delay. I urge you to do the same.

Brig. Gen. Thomas Verbeck (ret.)

Burke, Va.

Editor's note: Verbeck has 40 years of IT leadership experience, including the development of the Blue Button App — which allows veterans to securely access their VA medical records from any mobile device. He has no commercial interest in DoD's EHR acquisition.

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MORE THAN MONEY

I read with great interest the Times' editorial opinion "Don't forget the money" [July 6]. Unfortunately, the author of the opinion doesn't "get it," as is the case with most of our current Defense Department leadership.

While the observation that the erosion of pay and benefits will affect recruitment and retention is spot on, the fact is that our all-volunteer force has been living on borrowed time, a development that continues to elude our leaders.

History has shown that what makes any military force successful in battle is the esprit de corps, sense of camaraderie and common belief of purpose. While our national and DoD leadership has made efforts to "professionalize" the force (here to read politically correct, socially engineered and religion-free), it has missed that the largess of recruits has been a direct result of a poor job market and the high levels of retention.

But "the times are a-changing." The economy is improving and the millennial-plus generations, both within and without our military, will cast their votes with their feet when better opportunities present themselves.

In prior generations, Americans joined the military to fight for their country because they believed in what America stood for — peace, freedom and democracy — but now universities insist it's wrong even to say that America is still "the land of opportunity."

So, if the Navy Times is correct, and it's all about the money — in conjunction with no foundation or conviction — then what we have is a bunch of mercenaries on our hands, and the track record of mercenaries in battle is not good.

The only force still holding onto its traditions and principles — and only holding on by its fingernails — is the Marine Corps. Like the Marines, our military leaders need to start thinking about what makes service to the nation something to be proud of rather than just a "great job with good benefits." Everyone with whom I have served over the course of time that stayed, even when the duty or assignment was crap, didn't do so for the money. It was never about the money. It was about the guy next to you, the pride in the uniform and service to the nation. So, let's stop talking about the money and start talking about service to our country. The money will come with the prestige of that service.

Capt. Michael R. Merino

Orange, Calif.

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CORRECTING AN IMBALANCE

When all combat roles are opened to women, the U.S. experience will likely be similar to Canada's armed forces, which opened all occupations to women in 1989. Women make up about 2.6 percent of the infantry in Canada's active and reserve components. Canada is, of course, a major military power, right up there with the Netherlands and Denmark. Our most

likely combat opponents (North Korea, China, ISIS, Russia and Iran) have a much different percentage of women infantry.

Since women make up over half the U.S. population — and to fix eons of male chauvinism — there is only one solution: Mandate that for the next 50 years the infantry and all combat specialties be at least 60 percent female.

This can be done by reducing physical fitness standards, and by having the Departments of Defense and Education, starting in kindergarten, build stronger, more aggressive females, or by drafting women if enough do not volunteer. Barbie will be out and GI Joe will be in for girls. Boys will get Barbies.

Only by massive federal intervention can sexist stereotypes be eradicated, since girls are really no different biologically than boys in physical and mental characteristics, if I understand the world today correctly.

It is our culture that make males aggressive and females nurturing, and this must, of course, be changed at all costs.

Our national defense depends on it.

Cmdr. Wayne L. Johnson (ret.)

Alexandria, Va.

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MATERNITY LEAVE VS. READINESS

I'm a bit perplexed by the Navy's recently announced change to its maternity leave policy. I applaud SecNav Ray Mabus' focus to "recruit and retain the best people," but at what cost to readiness?

Let me state upfront that I'm far from a Navy expert. I've admired my sister-service from afar, especially the rigor and sacrifice necessary for sea duty.

In the "old days," Navy women were not allowed to go to sea. As a disparate substitute, women sailors would end up at remote shore duty assignments like NAS Adak, Alaska, and the like. There they'd hone their skills and prove their worth.

Then Navy officials came to their senses and opened up the fleet to women. The playing fields and aircraft carriers were level. Calm winds and following seas prevailed.

Fast-forward to today. Navy women still want to and should be treated equally. That would include sea duty. Women, unfortunately, will now be even more limited in their availability as a result of this new maternity policy.

Like former sailor and baseball hall of famer Yogi Berra said, "If the people don't want to come out to the ballpark, nobody's going to stop them." That can be applied to sea duty as well.

Not to worry. One hopes Navy leadership has a good supply of sailors with go-by names like Joe, Bill or Mike to fill those interim gaps and keep the ships at sea and not in port.

So much for level aircraft carriers.

Air Force Col. Bill Malec (ret.)

O'Fallon, Ill.

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DEADLY ENCOUNTER AVERTED

I served aboard the guided-missile frigate Curtts in 1990, assigned to Helicopter Anti-Submarine Squadron Light 43 as an aviation electronics tech. One night in the Sea of Japan during Recovery Assist, Secure and Traverse system transition at 2 a.m. in pitch-black conditions, while the tail was folded, a gust lock for the tail rotor failed, sending it freewheeling.

Immediately, with the help of the night crew, I obtained a broom and deck rope. The sea was rough and the ship picked up speed. As I scaled up the tail, the rotor continued to spin. I tied one end of the rope to the pylon step and wrapped the line around my arm. In attempting to stop the rotation with the broom, everything around me sounded with alarm.

Seconds after the first horn alarm, a rogue wave struck the starboard side of the ship. The wave crested over the side of the hangars and made its way toward the helicopter, washing me off the tail pylon. I was dangling from the helicopter by the rope over the edge of the flight deck. I'm not sure why I had wrapped my arm in the rope, but it saved my life.

AT2 Duane Jacques (ret.)

Bullhead City, Ariz.

* * *

PII BODY ARMOR NEEDED

In light of the massive Office of Personnel Management data breach, I feel it is only prudent to take a hard look at our data security ["Data breach 'absolute calamity,'" June 29]. In the world we live in, this is our "new normal." There is no escaping the fact that our adversaries will use any and all means to reduce our abilities.

With senior leadership's plans to create more Navy apps for smartphones, provide tablet computers for all sailors and whatever else the good-idea fairy can come up with, our vulnerability will increase. Who does not think hackers will camp at any locations our sailors frequent just to hack into their devices.

How much time, effort and money is lost having to review members' security clearances that have been suspended due to identity theft? How many members have had to be replaced for a mission because of this growing problem?

It's time for some PII (personally identifiable information) Body Armor. We have to have SGLI to deploy and be enrolled in Tricare medical and dental, correct? Well, what about identity theft insurance?

What I would recommend is that we no longer act like a timid consumer who feels lucky these companies will do business with the Defense Department when, in fact, we are one of the largest consumer blocks within the federal government. It's time we started to leverage this strength.

Let's call providers of identity theft protection and ask them to provide their best product at the lowest cost, to provide and manage this program so as not to incur any cost to the DoD.

The carrot for the company or companies selected is that it would be open to and mandatory for all active, reserve, retired, DoD civilians, and VA patients and their dependents. By providing this service at their lowest cost, the company could say, "We provide identity theft protection to the entire DoD."

As an employer who has its employees' personal identifiable information on numerous data bases, which are accessed many times a day, the responsible thing to do is take more proactive steps to safeguard that information.

We are in a cyberwar. Make no mistake. We would not send our sailors or Marines into harm's way without proper protection. This is just a different kind of armor.

Reserve HMCS (AW/SCW/FMF) Carl Blay

Framingham, Mass.

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ACCOUNTABILITY LACKING AT VA

In what alternative world does Veterans Affairs Deputy Secretary Sloan Gibson live ["VA deputy: Accountability push is making a difference," June 30]?

He explains away citizens and lawmakers' frustrations with VA workers who retire or resign before administrative reviews are completed, and says this does not send a bad message to other employees.

"People see these investigations, and they'll tell you these investigations are unpleasant," he said. "They see how demoralizing this is, to go through the process and to be accused of wrongdoings, to have these kind of questions asked. This is not people getting away with whatever it is."

Want to talk about "unpleasant" and "demoralizing"? Talk to the whistleblowers.

Citizens, taxpayers and veterans continue to wonder why there have been no criminal prosecutions for the most egregious cases in which VA employees knowingly submitted falsified data so as to obtain undeserved bonuses, promotions and training opportunities, all while denying veterans the timely access to healthcare they had earned. Sounds a lot like fraud. VA

Secretary Robert McDonald and the deputy secretary ought to provide the public with the rationale by which the Department of Justice has refused to prosecute.

What administrative reviews have been done of the executives and managers who supervised or worked at close range with the bad actors? Have they been dinged on their performance reviews, promotions or bonuses? What was their self-evaluation? How did their bosses rate them?

“If somebody decides they’re going to leave, retire or resign at any time in that [administrative review] process, they have the right to do that,” Gibson said. But that “right” is preserved because criminal prosecution appears to be off the table. Couple that with the lengthy administrative process, and there is little downside for the truly bad actors to wait until the last possible moment to hit the “eject” button with full pension.

Gibson may not think this approach “takes the edge off of accountability in the organization,” but why are so many veterans, citizens, taxpayers and, I dare say, many within the VA, outraged?

Cmdr. Jack Flanagan (ret.)

McLean Va.

* * *

WHO IS ENDORSING CHAPLAIN?

As a former Marine Corps judge advocate in the early

1970s and as a lawyer/CPA who spent a career in dealing with tax-exempt organization issues, I have some observations and comments regarding Jason Heap’s lawsuit [“Navy lawyers defend rejection of atheist chaplain,” June 18].

The central question is whether a federal judge should, in effect, reverse the rejection of humanist/atheist Jason Heap’s application to become a Navy chaplain by ordering the Armed Forces Chaplains Board to recognize the Humanist Society as an “ecclesiastical endorsing agent”? Such recognition may not be appropriate.

An IRS-designated “church” must endorse a chaplain’s application.

Is the Humanist Society, recognized many years ago as a “church,” the substantive endorser of Jason Heap, or is it the American Humanist Association, which is tax exempt but not a church?

AHA has been described as the parent organization of the Humanist Society.

Since a parent organization typically controls its subsidiary, did the chaplains board deem the endorsement as coming from the non-qualified AHA or the Humanist Society “church”?

Did it matter that the Humanist Society is an affiliate of AHA, and that its assets and those of AHA are shown in combined audited financial statements?

Since the audited statements say that the Humanist Society pays a monthly fee to AHA for performing management functions for the Humanist Society, does the Humanist Society have any of its own employees?

If not, can it realistically endorse Mr. Heap?

I wonder if the Armed Forces Chaplains Board considered these issues when it denied his application.

Former Marine Capt. David Nelson

Houston

* * *

VEGAS HAS MUCH TO OFFER VETS

In response to “Where to live: The top destinations for post-military life,” June 15:

When my wife and I retired in 1987, we looked very hard to find a good place to live.

We expected to see Las Vegas — or at least Nevada — identified as one of the top 75 spots in this story, but there was no mention of either. Here is what we have to say.

We moved here in 2003 from San Diego. It’s beautiful there, but too crowded and expensive. Taxes are high, and water is scarce. We’ve been in Vegas for more than 12 years and know it well. We will stay here the rest of our lives.

Nevada is very good to veterans. With no income tax, significant breaks on property and vehicle taxes, and an 8.1 percent sales tax, we save hundreds of dollars a year. Most places also give us at least a 10 percent break on purchases, including home needs, dinners and drinks.

A new Veterans Affairs hospital was just completed and is accessible, and Boulder National VA cemetery is nearby.

Now some will counter with “It’s too hot there,” but we’re originally from St. Louis and nothing was as warm and sticky as that city on a hot summer day. We still visit relatives there several times a year and have literally had to take four showers in one day. We are happy that we have dry heat here. Every building is air conditioned, too. So you leave an air-conditioned home, head to your air-conditioned car and arrive at an air-conditioned diner or entertainment spot.

And we don’t have to worry about water here. Our bill is about \$30 per month for a single-family dwelling with desert flora.

We live in Sun City Summerlin, which is absolutely unbeatable. There are four recreation buildings, several indoor and outdoor pools, and tennis, bocce and shuffleboard courts. We even have our own theater where we get Las Vegas-level entertainment. We have three inexpensive golf courses, one of which was just voted the best in Las Vegas.

Two-bedroom, two-bath homes run between \$200,000 and \$400,000 on the golf course. And for all of the amenities, we pay only \$107 per month.

We rarely go to the strip, which is about 17 miles away, but it is available for outstanding entertainment or food. There continues to be housing availability as you have to be 55 or older to own in our community. There are some 9,000 homes here.

And no, I don't work for the community or a realty firm. Just check out the area before you retire. An addendum should be made to the article since it was directed specifically at veterans about their future lives.

Marine Col. Jon Dale Hollabaugh (ret.)

Las Vegas

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1.10 - Providence Journal: [Veterans Journal: What Iraq/Afghanistan vets want from their next president](#) (17 August, George W. Reilly, 550k online visitors/mo; Providence, RI)

Now that the 2016 presidential race is officially under way with the first Republican National Committee-sponsored debate televised on Aug. 6, Iraq and Afghanistan Veterans of America (IAVA), the nation's first and largest nonpartisan organization for veterans of the wars in Iraq and Afghanistan, has called on presidential candidates to outline concrete campaign agendas addressing urgent issues affecting America's newest veterans and their families.

IAVA is a nonprofit organization that does not endorse political candidates. It does, however, attend debates and conventions sponsored by both parties with the goal of focusing candidates on discussing and supporting bipartisan veterans' issues.

IAVA specifically wants political leaders to adopt four crucial measures to support America's newest veterans and their families:

1. Build a truly 21st Century VA — When the 2014 scandal at the VA brought to light a negligent logjam of claims and overdue health care, IAVA called for the creation of a plan to restore confidence in the VA, to resist the urge to politicize efforts to provide veterans with quality care and to implement the VA Accountability Act (1.usa.gov/1K76cz0).
2. Defend the New GI Bill — The Post-9/11 GI Bill has sent more than 1 million veterans to school, but it has been exploited by predators in the for-profit school sector that take advantage of veterans' benefits and often leave veterans stuck with unnecessary debt and a subpar education. Washington politicians must close loopholes and strengthen regulations that help veterans choose the best educational programs to meet their career goals.
3. Prevent suicide among troops and veterans — The passage of the Clay Hunt Suicide Prevention for American Veterans (SAV) Act of 2015 was a landmark, bipartisan effort, but veteran suicide remains a national crisis, with 22 veterans dying each day from suicide. The SAV Act must improve oversight of mental-health programs, increase the number of mental health professionals in the VA and swiftly address any perceived shame or embarrassment surrounding mental health care to ensure timely access to the highest quality care possible.

4. Improve Care for Female Veterans — Nearly 280,000 women have served in Iraq and Afghanistan, and, while the number of male veterans is expected to decline in the next five years, the female veteran population is anticipated to increase. The VA health-care system and disability-claims system are still not designed to support the unique needs and experiences of female veterans. Progress in reforming these systems is being made, but political leaders must be more focused on getting female veterans the care they deserve.

For complete policy recommendations, read IAVA's Policy Agenda at bit.ly/1N5O5uB.

Etiquette with wounded vets

Justin Constantine, a wounded Marine who received a Purple Heart for his injuries sustained in Iraq, has put together "Five Rules of Etiquette" everyone should consider when talking with a wounded veteran, whether at a neighborhood coffee shop or at a top executive business meeting. Constantine says that by following a few simple rules, you can curb a lot of bad conversational habits when talking with a wounded warrior and avoid awkward conversations.

Do not show pity and do treat us like everyone else, he says. The last thing any injured veteran wants to do is open up the wounds of war every time he meets someone. Do not bring up PTSD since many of us are already being treated for it. Do ask us about our day and how it is going, just as you would anyone else. Do not make grandiose promises you cannot or do not truly intend to keep. Instead, get to know us as a friend or potential colleague.

Do not assume we are helpless and do let us help you. Talk with us with the understanding that because of what we have already been through and learned, we can provide great service to you. Finally, do not ignore our caregivers and do involve them in the conversation since they are part of the team.

The Constantine Group was founded by Justin Constantine, an inspirational speaker and leadership consultant who serves as a liaison between military and corporate communities. He is a senior adviser to the U.S. Chamber of Commerce's Hiring Our Heroes Campaign and is a fellow with the Truman National Security Project. Justin also serves on the Board of Directors of the Wounded Warrior Project and co-founded the Veteran Success Resource Group. To learn more, visit bit.ly/1hzTvRM.

Caregiver study

Are you a caregiver or close family member of a veteran? If so, you may qualify for a research study at the Providence VA Medical Center at 830 Chalkstone Ave. in Providence. Those eligible for this study must be between 18 and 80 years old, the spouse, partner, parent, sibling or other family member or close friend or professional caregiver of a veteran with mental or physical health problems who has received health care in the Department of Veterans Affairs or Defense Departments' health care systems.

Those invited to participate in the study must attend two two-hour visits at the Providence VA Medical Center and will receive a \$30 stipend per visit for their successful participation. Free parking is available. For more information, call Pam Steager at (401) 640-3235.

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1.11 - The Ledger: [Polk County Veterans. Meetings in East to begin Tuesday](#) (16 August, Daniel Figueroa IV, 506k online visitors/mo; Lakeland, FL)

LAKE WALES — They say they feel like stepchildren, forgotten and left to fend for themselves. They are men and women in East Polk County who have served in the Armed Forces of the United States and they are organizing.

The Polk County Veteran's Council, a citizen-led group that brings together various organizations and citizens to help veterans, has been around for more than a decade. Because it is based out of Lakeland, veterans who live east of U.S. 27 between Haines City and Frostproof say they have issues attending meetings or getting much attention from the council.

“Anything east of 27, we're forgotten children,” said Gary Gose, commander of the Veterans of Foreign Wars post in Lake Wales. “We're trying to open the door up and show people there are veterans with needs here, too.”

Beginning Tuesday, the Veterans Council will take its meetings to Lake Wales.

About one-third of Polk County's more than 65,000 veterans live in the eastern parts of the county, according to Ira “Andy” Anderson, commander of American Legion Post 71 in Lake Wales.

Anderson and Gose said they have been trying to get the council out to their side of the county for more than a year. They hope having the meetings there will bring some much needed attention to veterans out their way, Gose said.

Anderson agrees.

“Due to the large geographic area (in) which our veterans live, the ability of many to reach services that are needed is nearly impossible,” Anderson said.

That lack of services, particularly from the VA, has been acknowledged by Gary Clark, chairman of the Polk County Veterans Council, and Mike Mason, supervisor of Veteran Services for Polk County.

“With this county being so big, it is very difficult for the guys getting across the county to get service and also to get on the VA shuttle bus,” Mason said.

Transportation has been a major issue for east county veterans, said Earl R. Estes, a Vietnam veteran and Lake Wales resident. Estes has had issues getting from his home to appointments at the James A. Haley Veterans Hospital in Tampa.

Estes said the recently initiated shuttle service for Polk County veterans between Polk County and the hospital have little impact on him. He still needs to make a more than 30-mile trip to get to one of the bus pickup locations in Lakeland or Auburndale.

Arrangements can be difficult to make, Estes said, and his appointments often require someone making a whole-day commitment to helping him get around.

Veterans in Lake Wales also hope to address a lack of attention from the Department of Veteran Affairs during the meeting. The VA has a Veterans Center in Lakeland, a place where veterans can go for readjustment counseling and to get help with benefits and claims. Representatives from the Veterans Center have canceled numerous trips to Lake Wales due to understaffing, Gose said, leaving as many as 20 veterans waiting on a recently scheduled visit.

One veteran, Peggy Hawkins, is trying to figure out what she can do with hospital bills she accumulated when her husband, Dean, a veteran as well, had congestive heart failure. The VA hospital said it couldn't transport him because of his condition. She had to take him to Lake Wales Medical Center and now has stacks of bills she said the VA should be responsible for. However, no one is available to help her figure out what to do with her bills, she said.

"We will figure out what needs to be done and what can be done to help vets in the east side of the county," Mason said. "We're going to start performing outreach in Lake Wales and the northeast side of the county."

Gose and Anderson said they hope the council meeting in Lake Wales will bring some much needed attention to the east county veterans, but much more needs to be done.

"I think the council coming out is a good thing," Anderson said. "It's a good start, but we need services."

The Polk County Veterans Council will meet at VFW post 2420, 200 W. Central Ave., Lake Wales at 5:30 p.m. Tuesday.

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1.12 - Watertown Daily Times: [Money going to war efforts not well spent](#) (16 August, Roland Van Deusen, 504k online visitors/day; Watertown, NY)

Former U.S. Army Commanding Gen. Ray Odierno now predicts that it will take 10 to 20 years to defeat ISIS (CNN).

Retired three-star General Mike Flynn, the former director of the Defense Intelligence Agency, says our 2003 invasion of Iraq helped create ISIS and that our drone war is creating more terrorists than it kills (Reuters).

Col. Lawrence Wilkerson, Colin Powell's former chief of staff, says the same thing (CNN).

Entrusted with developing the next generation of Army leaders, West Point faculty department head Col. Gregory Daddis agrees with me that the defense industry fears that peace breaking out would stick them with \$1 trillion in unsold inventory on their shelves (10/13/14 email).

To keep making obscene profits through endless war, the defense industry tries to make every politician in sight beholden to them, our local example being the \$19,000 they contributed to U.S. Rep. Elise Stefanik in the last quarter (Newzjunkie). You all out there can help prevent this by contacting and encouraging her to beware of this trap.

The Pentagon can't account for \$8.5 trillion it spent (Reuters), money that might better have covered the Department of Veterans Affairs' \$2 billion budget shortfall (short-staffed 41,000 positions) and prevented many of the veterans recently discovered to have died while on waiting lists for VA benefits and health care.

Millions we spent in Syria produced only 60 troops to oppose ISIS without fighting for Assad.

Shiite Iraq will never share military/political power and oil revenue with the Sunnis, the only way to defeat ISIS.

Our ally Turkey is killing our Kurd allies.

A Middle East that wants our money and our blood but not our influence or example produces terrorists to kill American military both overseas and here at home.

And we insist more of the same will finally produce different results.

There will be 1,500 more Drum troops soon sent to Iraq and Afghanistan.

Insanity.

Ike's farewell speech was right on but ignored.

Roland Van Deusen

Clayton

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1.13 - Montgomery Advertiser: [More staff, space coming to Chantilly VA](#) (16 August, Rebecca Burylo, 340k online visitors/mo; Montgomery, AL)

The Veteran Affairs health clinic and outpatient care center at Chantilly Parkway is set to open as early as September and with it, VA leadership is confident wait times and overall customer satisfaction will improve with the clinic's larger work space, improved ease of access and more staff.

Earlier this month, the Montgomery Advertiser was given an exclusive look at the second floor of the facility, which will house dental, eye and women's health clinics and talked with Robin Jackson, the interim director for the Central Alabama Veterans Health Care System.

Veteran services now housed at the Perry Hill Road location will move to the Chantilly location, allowing Perry Hill to focus on in-house patient health care and the ER facility, while Chantilly will take care of a veteran's daily medical needs.

"What's that's going to do for Central Alabama is really expand our access and that's our key component — access, because we have struggled with access over the years and we've made great progress in that, but we still have farther to go," Jackson said.

Most of the equipment has already been placed in the eye exam rooms and laboratory, but most of the other equipment and furniture is still being arranged.

Since June, CAVHCS has hired 269 new staff members to help at the Chantilly and Perry Hill Road locations, Jackson said. He wants to staff to requirements, rather than to a specific number.

"We have more staff on the books than we have ever had in the last eight years. We have a total of 1,546 on board to provide services for veterans and we're still bringing in more staff," Jackson explained. "We're listening to veterans when they tell us that they need care."

Some of the new staff includes physicians, but also mid-level supervisor positions to help alleviate scheduling issues.

Over the last two years, CAVHCS has been riddled with allegations of long wait times and patient mistreatment. In November, CAVHCS was last in the nation when it came to pending wait times. Since then, they have moved up 17 spots, Jackson said.

"We experienced scheduling issues, because we had a scaled business operations," Jackson said. "We have since, brought in a chief of business operations and assistant chief who both arrived in July."

In addition, a new chief of Human Resources was also hired in July and a new four-member labor relations and employee relations department. The departments have been put in place to advise supervisors and provide any necessary disciplinary actions to staff members.

Another issues Jackson is targeting is customer service, one of the biggest concerns he hears from veterans.

"That's something we really need to target at Central Alabama and we are targeting," Jackson said. "We are implementing a new customer-focused policy across the organization and every employee will be expected to follow with remedial training for anyone who demonstrates negative customer care."

“We’re here for the veterans,” Jackson added.

Nine central administrative officer positions have also been added so clinicians can solely care for patients. Before, many were providing health care and administrative functions.

Along with policy changes, space has been added to medical areas at Chantilly. The eye clinic, which was housed in four rooms at Perry Hill, has increased its footprint by 300 percent and is now located on the second floor of the new facility, said Leah Griffin, chief of engineering.

Included are dozens of eye lanes, a laboratory, radiology and 3-D imaging rooms.

Griffin expects the increase in space will also increase exam appointments — as much as 1,560 appointments.

Women’s health, also located on the second floor have doubled in space. About 11 percent of CAVHCS patients use women’s health.

Dental exam rooms received new features, including expansive windows that replace blank walls so patients can look out while sitting in the exam chair.

“We felt it was a calming environment for patients to feel more comfortable,” Griffin explained. “Usually dental patients are tense, but this kind of setting can take their minds off it.”

Lastly, a My Healthe Vet area will be added to all CAVHCS locations in the front of the clinic to help visitors and veterans find where they need to go, ask questions, look at maps and have their questions answered.

At the Chantilly location, My Healthe Vet will be located to the right upon entering the building.

Chantilly’s circular and simple, two-story design incorporates suggestions by veterans to solve some of the complaints at the Perry Hill Road location, where veterans had to navigate four floors to find the office they needed.

The entire front entrance is glass and allows light into an open foyer area. There, visitors will either check in electronically with their card and be ushered into a group meeting room or follow the perimeter of the building to an open centralized area for “one-stop-shopping.”

The Chantilly facility covers 150,000 square feet, with about 112,000 net usable square footage and cost about \$40 million to construct by a private company. Work began in 2010. The VA in turn will pay a monthly lease until the cost is paid.

BY THE NUMBERS

Staff hires this month: 27

Hires since June: 269

Total staff: 1,546

NEW POSITIONS

- 9 central administrative officer positions
- 4 labor relations and employee relation positions
- 1 chief of business operations
- 1 assistant chief of operations
- 1 chief of Human Resources

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1.14 - Quad-City Times: [Banished veterans deserve VA healthcare](#) (17 August, Paul Appell, 254k online visitors/mo; Davenport, IA)

Earlier this month, I and 12 other veterans went to the Deported Veterans Support House in Tijuana, Mexico to show the deported U.S. military veterans there, that we will not abandon our brothers and sisters who have served, even though our country has.

I felt obligated to make the trip because the most positive and instilled virtue I got from being in a Special Forces Group, was to always come to the aid of our fellow soldier, no matter the need or how the need was created. Many of these honorably discharged U.S. nationals thought they would be allowed to live in the country they defended, which in many cases, included going to war for the United States. They have been deported for offenses such as DUI's, bar fights, as well as more serious violations in a few cases. Thousands of U.S. Veteran Affairs eligible veterans cannot access VA healthcare there. The Veterans For Peace group that I belong to, hope to help them do the necessary paperwork to gain access to the private healthcare they are entitled to, since VA facilities are not available.

In the end, these deported U.S. veterans can be, and sometimes are brought back to the country they defended in the military. This is when they die and are then buried with full military honors in a military cemetery in the U.S. I cannot help but interpret these actions as a message that says the best veteran is a dead veteran.

Paul Appell

Altona, Ill

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1.15 - Mansfield News-Journal: [Extra innings part of the game plan](#) (16 August, Ron Simon, 178k online visitors/mo; Mansfield, OH)

Maybe it's a sign of old age, but I'm starting to read through those half-page health ads in this newspaper.

These are the ones advertising near miracle cures for common health problems.

Some obscure doctor in North Dakota has come up with a new product that will add years, or at least extra innings, to your life.

I like to tell people I'm living at the top of the eighth inning and hoping my game goes into extra innings.

The older you are the more likely you are to visit drug stores at least twice a week.

Your bills for pills, braces, medications and such are getting to be a bigger and bigger part of your budget.

For those of us who have gotten through colon cancer, colitis and such, the bills center on things like protective shields, rash medication and those lousy nighttime diapers.

So when one recent ad asked readers if they are tired of spending money for diapers, it gets a lot of attention.

We all started out with diapers, but finally got through potty training. That was one of the first major improvements in our lives. And a real relief for our parents.

Then, as age crept in, so did diapers. Our colon and bladder systems can be pretty delicate and untrustworthy as life's innings increase.

So we are open to advertisements that tell us things can get better.

Some of us who are military veterans get the majority of our pills through the Veteran's Administration.

This is not a free deal. We have to pay a portion of the costs. But it's small compared to the total cost of 13 pills in the morning and five or more at night.

I've read the VA is having administrative and financial problems, but once Vietnam veterans like myself reach the final out, the ranks will shrink a great deal.

There is no draft. Only volunteers need apply.

The VA has supplied me with hearing aids and glasses. Both of these needs are, in some remote way, service related.

But when it comes to pills to combat gout and depression, we all have to foot the entire bill. Gout nailed me in my early 70s. Nothing service related there.

Depression is rare but when it hits the lights go out. It takes more than pain pills to beat that rap.

Getting old is not only exhausting, but expensive

So those half-page health advertisements are worth a look and some thought.

On the home front, my wounded knees are coming back to life ever so slowly.

Every time I think my right knee is OK, it buckles on me. And it has been 15 months since the surgery.

The other knee just hurts, and both swell up with the humidity gets high. I guess they are a personal weather barometer. I could do without it.

Progress is when I don't need my cane all the time.

Real progress will come I can take my auto handicap sign out and stuff it in the glove compartment.

I'm not there yet. But I have hopes.

Remember that the eighth inning in baseball is when the hitters finally zero in on a tiring pitcher.

There is hope until the opposing manager goes to his bullpen.

A good relief pitcher means the fun is over.

Still, there are still good times ahead. Someday I'll look back on the top of my eighth inning and think "Boy! Those were the days."

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1.16 - St. Louis Public Radio (KMWU-FM, Audio): [Veterans court provides help for post-service problems](#) (16 August, Dale Singer, 133k online visitors/mo; Saint Louis, MO)

Robert Brummel's troubles began even before he left the Army in 2010. Then things went downhill when he became a civilian.

"It was all alcohol and drug abuse because of certain things that were going on," he recalls. "Marriage issues. Divorce. Yeah, homeless."

And the 30-year-old Fenton resident can quickly rattle off the offenses that landed him in the criminal justice system: a third DWI, child endangerment, possession of a chemical substance with intent to alter and manufacture crystal meth.

Then, his public defender referred Brummel to the new veterans treatment court in Jefferson County, and he says what had been a growing nightmare became "amazing. I couldn't ask for anything better.

"Everybody is here to help. They're very nice, and as long as you're honest and do what they ask, good things will happen."

Brummel is one of two military veterans involved with the court in Hillsboro that began in March. In charge is Associate Circuit Judge Patricia Riehl, who admits that, at first, she doubted that such a court was needed.

But her experiences with other special courts, dealing with family and alcohol issues, helped persuade her to become part of a growing movement to deal with the special problems that veterans face and the special services they need.

She oversees a multidisciplinary team, ranging from prosecutors to social workers to law enforcement officers to defense attorneys to drug testers to representatives of the VA to volunteer mentors, usually veterans themselves, who help shepherd the defendants through the system. Riehl says the work can be gratifying but also heartbreaking.

In the coming school year, the effort will also include social work students from Fontbonne University. Many of them grew up in Jefferson County and, under the direction of assistant professor Laura Beaver, they will track the kinds of services available to veterans there and help gather data to make the journey through the system as smooth as possible.

“Our goal,” Beaver says, “is to compare the outcomes of veterans that are able to go through the program versus veterans that choose not to or [who] are screened out of going through the program, and comparing them years out. How are they doing in their life? What’s going on? How are their outcomes?”

Riehl has a pretty good idea of what the main outcome for the veterans should be – getting out of the criminal justice system altogether.

“They were getting no treatment, essentially,” she said, referring to a lack of effort to treat the special problems veterans face once they leave the military. “They were treated like every other criminal defendant.

“If you give the veterans the treatment that they need and require, you’re going to get a lot better outcomes. You’re not going to have the rate of recidivism that you have if they just go to prison.”

A growing movement

Veterans treatment courts began in Buffalo, N.Y., in 2008 and have been spreading across the country ever since. One exists in the city of St. Louis, and the St. Louis County Council appears headed toward approving one later this year.

Riehl says the Veterans Administration can respond to a lot of the needs that former service members have, but the outreach to help them navigate the maze of whatever help may be out there isn’t always available.

Still, she wasn’t always sold on the concept of a special court, until she saw what the consequences could be.

“Several years ago, another judge put forth an idea of a veterans treatment court, and I blew that idea off,” she says. “I said, ‘Look, we live close to St. Louis. There’s a VA center, they can go get what they need there.’ Then, my assignment changed a bit, and I did more treatment court work, and I went back into a special court. I had a veteran in that court, and he wasn’t doing quite as well as we had anticipated.

“We had set him up with the Veterans Administration for additional services that we felt he really needed that he wasn’t getting. And the night before he was to go to the VA, he killed himself. It

became very personal to me at that point in time that we needed a veterans court, that we were not meeting the specific needs of veterans. That motivated me.”

After several months of planning, with the help of a \$236,000 grant, the court began in March.

Fontbonne became involved because evaluation of how the court and the veterans are doing will play a big part in guaranteeing its success. Beaver said that the university’s bachelor’s of social work program will be able to provide valuable experience and information for students and the court.

“Our social work program has a focus on rural communities,” she said. “Jefferson County is a community that would be considered rural. It is very underserved and lacking a lot of the resources that we have in St. Louis County and St. Louis city. So we’re really excited for our students to have the opportunity for hands-on experience in the field, doing this evaluation.” The aim, Beaver said, is to use what she called “community mapping” to create a resource manual specifically tailored to help veterans in Jefferson County find the services they need.

“You don’t know what you don’t know,” she said. “A lot of times in social work, what we do is just trying to help people know what’s available to them and kind of broker those relationships.

“Our goal is to create this map that we can show where things are, show what resources are out there, what’s available, where there are needs. Hopefully, that can be used in the future to create different programs or meet needs that are not being met.”

With continued financing always a concern, Riehl said having that kind of concrete information will be invaluable.

“I’ll be able to take it to funding sources and say look, this is where our process outcome is, this is what our end outcome looks like. We’re a viable entity. We do what we say we’re doing.”

It takes a village

At 2:30 p.m. on a recent Monday, Riehl convened a meeting in her small, crowded chambers on the second floor of the Jefferson County Courthouse. She was seated at the head of a conference table that featured two jars filled with bite-sized candy, under a framed poster with a quote from Margaret Mead:

“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed it’s the only thing that ever has.”

The group was discussing Brummel and the court’s other defendant, who did not want to be identified. Riehl went around the room, getting opinions from the prosecutor’s office, law enforcement, probation and parole and others. How are the two veterans doing? Where are they doing well? Where are they falling short? What do they need to succeed?

Comments range from praise – “I don’t feel like he’s trying to be insubordinate” – to concerns – “When is he going to be adult enough to be turned loose from the court? – to obstacles in their path. Noting that one of the men actually rode his bicycle 15 miles to keep an appointment when he had no other way to get there, they discussed the lack of transportation options in Jefferson County as a major concern.

“We may eliminate all the stress we can for these guys,” one member of the group said, “but getting to these activities is adding to their stress.”

Riehl talked about the annual veterans treatment court conference meeting in Washington, D.C., which many members of the team would be attending. Meetings with members of the House and Senate from Missouri were on the agenda, with one topic at the head of the list: “Funding, funding, funding.”

After the conference in chambers, Riehl called the weekly court session to order. Acting like a stern but concerned parent, she quizzed each defendant on how his week had gone. Each had written essays, as required; one turned to the courtroom audience and read to the court out of a spiral notebook.

His message included this realization:

“I have to stop being a victim of my past and start being what the Army taught me to be, a victor.”

Both men received congratulations and applause for their accomplishments of the past week, plus a \$25 gas card they could use to help win over voluntary drivers to help them get where they need to go.

“There are many people in the community who are willing to give you not a hand out, but a hand up,” Riehl told the first defendant.

As she gave the gas card to Brummel, she said:

“You did the hard work, and because you did the hard work, that’s our way of giving back to you.”

Putting wigs on a horse

After court adjourned, Brummel sat down for an interview. He was willing to talk about his three years in the Army, including 11 months in Afghanistan, and the problems that followed him into civilian life. He also talked about the regimen that he had to follow to win the approval of Judge Riehl and the treatment court.

Is it easy?

“That depends on what you think is easy,” he replied.

He has to attend court each Monday, go to twice-weekly sessions of “ComTre” – Jefferson County Community Treatment – plus a counseling session at Jefferson Barracks. He also talked about one activity that he tried but quit.

“I was doing equine therapy,” Brummel said, “but it’s not for me. It could be for other people.”

What was equine therapy? He said he could do whatever he wanted to the horse.

“It just seemed weird to me,” he said. “You could put wigs on them. You could throw hula hoops at them. You could paint them. You could walk them, brush them, bathe them. From what they said, they have never kicked anyone.”

Brummel said the horses were supposed to help with social anxiety and anger, but “I thought it was boring.” He said he would rather be playing with his 3-year-old son.

Has the court made a difference in his life?

“If there wasn’t a treatment program,” he said, “I’d be in prison. I wouldn’t be able to see my son still. I’d be in prison.”

Brummel has plans to apply to Jefferson College, with a vague idea of what he’d like to study – maybe criminal justice, maybe the arts, maybe hydraulics with an eye to go back overseas and resume work as a helicopter mechanic.

Asked to read one of the essays he had written earlier for the court, he opened his notebook and turned to a hand-written autobiography:

“I want to stay with veterans court because I need help. The program is not meant to be a get-out-of-jail-free card, easy walk through the park. I like being free. I like hard work. Vet court is an opportunity to get my life back and under control....

“Vet court is my full-time job until the program is completed. I set high expectations for myself. Start vocational rehab. See my son. Be the dad I always wanted to be. Trying to be a diesel mechanic. Be on a giant poster of success. Failure is not an option here. I look forward coming to court. I want to stay so that one day, I’m able to help other veterans in need.”

So when you’re struggling with these kinds of problems, it’s nice to know you’re not alone, right? “Yeah,” Brummel said, “it is.”

Commanding officer

Dealing with people who come from a military culture, judges in veterans treatment court have been likened to commanding officers – someone who has the best interests of those in their command at heart, but still has to let everyone know who is in charge.

Riehl agrees with that characterization, with a little bit of parent thrown in as well.

She says not all veterans who wind up in the criminal justice system are eligible to take part in the treatment court. Serious offenses such as murder, gang-related activity or sex offenses are disqualifiers.

“We try to be as inclusive as we can without jeopardizing either the staff or the program,” Riehl said.

Once they are admitted, defendants get a participants manual and can be with the court as long as 20 months. Since the Jefferson County program just started in March, no one has reached graduation stage yet.

As they get further along in the program, Riehl said, defendants’ weekly sessions may change to monthly, but she doesn’t want them to have a jarring transition back to unsupervised life.

“We found out in our adult drug court program that having them come weekly all the way to the end made some people feel like we just dumped them out on the street,” she said, “and they didn’t get a transition from seeing me weekly to them not seeing me at all.

“So we transition them to an after-care phase, so that they are dealing with issues on their own. They don’t have to see me every week.”

Beaver, the Fontbonne professor, noted that one of the big pluses of the program is the use of volunteer mentors who are veterans themselves.

“They’re outside of that court professional interaction that they’re having with all these other treatment providers,” she said. “I think that’s a really unique component of this.”

And as they get closer to graduating, prospects for a job or further education or both become important.

“Everybody is at a different place,” Beaver said. “The veterans in the program right now are trying to find full-time employment. It is a challenge, especially with everything they have going on, then being a part of the criminal justice system. But the team has been discussing what can we do to help this person find employment, even helping them figure out what kind of employment would be a good fit for them.”

For those vets who make it through the program successfully, an earlier plea of guilty can be withdrawn. If they come in after sentencing, or if their probation has been revoked, those circumstances can be mitigated as well.

Looking down the road, what do Riehl and Beaver hope to see the court accomplish, for the veterans and for the students who will be doing their field work in Jefferson County?

“We’re running numbers every month,” Beaver said, “so we can catch mistakes in the middle of it and fix it, rather than at the end. I hope too that our students are able to gain the experience and picture into what evaluation looks like in the real world.

“I think one of the challenges with social work is that I can sit in class and talk all day, but until they’re out there, actually doing it, that’s when I think students really understand and connect what we learn in the classroom with what it looks like in the real world.”

For Riehl’s part, she hopes she can replicate the experience she has had in other special treatment courts.

“I would hope I have veterans return to me and say, ‘Judge, I just want to come and chat with you and tell you how good my life is, ’” she said. “Or one of their family members comes by and tells me that. That is what makes this process so rewarding.

“At the end of the day, you have affected someone’s life in a positive way. Many of them will come to me after I’ve seen them 10 years ago and say, ‘I want you to know how I’m doing. I went to college and got a degree. I’m doing really well, and you know, you saved my life.’ I don’t think you can get much better than that.”

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1.17 - War on the Rocks: [The VA and what veterans owe each other](#) (17 August, David Goldich, 9k online visitors/day; Washington, DC)

The VA is not perfect and needs to improve, but veterans have a role to play too. Don't shortchange your brothers and sisters when seeking VA medical care.

Many years ago I saw a faint black marker scrawl above a roll of toilet paper in a porta-john and the memory of that has amused me ever since. It was, like the best combat graffiti, brutally appropriate and thoroughly ironic:

Brutally appropriate because earlier in the evening my Humvee had been blown up by an improvised explosive device outside of Fallujah and I was now defecating blood. Thoroughly ironic because after being medevac'd back to base I pleaded with the captain to let me go on our next patrol, telling him I was fine. I even believed it.

My symptoms continued after redeploying home, and later stateside testing was inconclusive. I stubbornly avoided medical assistance until my wife insisted that the Department of Veterans Affairs (VA) take a look at my ongoing problem. After a colonoscopy, the doctors told me I was fine, but something I overheard from a fellow patient was not.

The doctor asked the patient – also there for a colonoscopy – if he had taken his prescription: two gallons of a nauseating elixir that causes a thoroughly violent evacuation of the bowels and intestine. Merely one gallon of the stuff kept me on the toilet the entire night. My fellow veteran patient, 40-something, rather cavalierly told his doctor and nurse that he had not bothered to finish even half of the first gallon.

Before receiving my colonoscopy at the VA hospital, I had to first schedule an hour-long pre-surgery class dedicated to explaining, with pictures, the necessity of drinking all the prescribed solution. Failure to strictly adhere to preparations would render the procedure worthless because polyps or blood cannot be seen through the unemptied intestine.

During the class, the nurse had told tales of veteran patients showing up the day of their colonoscopy eating cheeseburgers and drinking Kool-Aid (the red dye inhibits proper diagnosis). Another nurse recalled a recent week with 40 scheduled colonoscopies, each requiring a surgical room, a doctor, and a lab technician. Four patients did not follow cleansing instructions and a further 10 veterans had either cancelled on short notice or did not bother to cancel at all, robbing other veterans of an opportunity to receive needed care.

And it made me wonder: How many of those who have served are needlessly delayed medical treatment because of the apathy of other veterans?

VA has a no-show appointment rate of 13 percent, double the typical average of private medical practices in the United States. From July 2014 through June 2015 (the latest month for which data is available) that means that veterans no-showed more than 8 million appointments. Yet in the wake of last year's veteran patient scheduling scandal, front-line staff members reported that a "lack of provider slots" was the single highest scored barrier to providing veterans timely access to care.

Perceptions of veterans have been understandably positive in the post 9/11 era, but public empathy is no excuse for veteran apathy. Recent scandals at the VA, highlighting many areas where the VA can improve, likewise provide no excuse of this apathy. The responsibility the VA has to those that have borne the battle does not supersede the responsibility that veterans owe each other.

Veteran patient apathy is partially an artifact of how military and veterans' health care are structured and transitioned. In private health care, the patient is the customer to be treated and billed. In the military, the primary customer is the patient's command and the cost of treatment is viewed as a function of military readiness. Understanding this, the military chain of command and the Uniformed Code of Military Justice enforce compliance with, and obedience to, medical orders.

When the soldier becomes a veteran, these distinctions change. The patient becomes the primary customer. The chain of command ceases to exist. In a heavily subsidized health care regime, this newfound freedom can exacerbate blasé attitudes about the importance of following necessary protocols. By not fully taking his prescribed cleansing solution, the veteran patient that I overheard wasted a colonoscopy appointment for himself and others. No bother, as VA doctors will likely schedule another one for him. If he should unfortunately be diagnosed with preventable colon cancer, the VA will even enthusiastically treat and care for him. But I would forgive his caregivers for wondering why they strive to better serve veterans that in many cases will not better serve themselves.

The VA has nine million veterans enrolled in its health care system. The percentage of veterans receiving disability compensation has doubled since 2001, and the average degree of those disabilities has risen by nearly 50 percent. Tellingly, three-fifths of all Iraq and Afghanistan veterans have used VA health care since 2001.

Despite this unprecedented utilization, the VA regularly bests all American health care systems in terms of average patient satisfaction. Americans neither know nor believe this. Still, whether it is the annual VA Survey of Enrollees or the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the VA regularly wins out over the competition. It does this despite treating an increasing number of veterans with combat injuries requiring specialized care. Novelty and necessity have demanded innovation: VA researchers and doctors in recent years have revolutionized prosthetics and created the nicotine patch for smoking cessation. VA personnel before them developed the first pacemaker and conducted the first liver transplant. There is good in the VA and its employees despite the refusal of many to acknowledge it.

These triumphs, however, should not overshadow areas where the VA can improve.

Sixty percent of the VA's medical facilities are more than 50 years old, and over 1,000 were built before World War II – many to treat veterans that have long since moved elsewhere. Additional medical facilities for growing populations such as female veterans are needed in an era where capital construction costs have exploded.

The VA has more than 320,000 employees, more than a third of them veterans with honorable service, but like most other federal agencies, lacks the true freedom to quickly hire personnel and match existing talent with evolving requirements in a fluid environment. From my experience at the Washington VA Medical Center, countless VA employees are excellent, many are great, some are good, and a few are not. All should strive to test the limits that the very best of their abilities allow, and many do.

There are 10,000 senior and mid-level managers at the VA, many of whom were hired based on their superior performance in previous non-management roles. This is particularly common in military-related health professions where leaders are often promoted on the basis of clinical excellence as opposed to management potential and experience. Many VA managers can overcome this leadership challenge through training that identifies, teaches, and replicates the best practices of VA's highest performing managers.

The VA is building more facilities and increasing its workforce to meet this unprecedented utilization. VA needs to better train its managers, and should. VA needs to be enabled to better use its talent, and can. VA leadership knows these challenges and is implementing the largest transformation in the organization's history to address these challenges with the goal of improving the lives of the veterans it serves.

But all the resources in the world will make little difference if we refuse to acknowledge that veterans have a role to play, too. Is that obstinate 40-something I overheard one of VA's highly satisfied patients? Maybe. Does this matter? Probably not. A highly satisfied patient can be actively disengaged in his health care decisions and responsibilities, and this meaningful distinction matters far beyond his personal satisfaction. Structural reforms alone can only accomplish so much.

Often in the service did I witness acts of self-inflicted personal neglect, many of them my own. Seldom though did I or my fellow Marines fail to seriously reflect upon how our individual actions may harm others. No better friend, no worse enemy.

I asked the captain to go back out on that next patrol because I did not want to shortchange my brothers. They needed me and I them.

That responsibility does not end when you take off the uniform.

Dave Goldich served two tours in Iraq as a Marine rifleman. He is a client development senior consultant at Gallup.

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1.18 - Rome News-Tribune: [Veterans Administration legal clinic to be open each Friday](#)
(17 August, Doug Walker, 9k online visitors/day; Rome, GA)

The new Rome Veterans Administration legal clinic is now open, taking appointments for every Friday going forward. The clinic will be in a room at the Veterans Administration medical clinic, 30 Chateau Drive in Rome.

Terry Haygood and Virginia Harman have taken the responsibility for organizing the clinic locally and Harman's firm, McRae, Stegall, Peek, Harman, Smith & Manning, has agreed to establish an award that will be presented each year to the attorney who does the most free work for the clinic and local veterans. The award will be named after a pair of local attorneys who served in World War II.

A grand opening is going to be scheduled for a Friday this fall, with the president of the military section of the Georgia bar Association and representatives of the VA, the Georgia Bar Association and other volunteers on hand.

The clinic is not limited to veterans who live in Floyd County, but will also serve veterans from Chattooga, Polk and Gordon counties.

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1.19 - The Ridgefield Press: [Pets for Vets gives ROAR another mission](#) (16 August, Macklin K. Reid, 100 online visitors/day; Ridgefield, CT)

“Aliana has saved my life,” Charlie Johnson, a Marine veteran of the Vietnam War told Didi Tulloch and Mary Jo Duffy of ROAR.

“I’m just so down to my soul happy with Aliana you could knock me over with a feather!” he said.

Aliana is a Australian shepherd mix that ROAR provided for Johnson, who lives in Naugatuck. Aliana is the first companion dog the ROAR Donofrio Family Animal Shelter in Ridgefield has donated through the national Pets for Vets program.

“From the moment she saw Charlie, she just started licking him,” said Tulloch, ROAR’s Pets for Vets chapter director. “She knew he needed her.

“It’s like she needed a job and Charlie needed a companion,” Tulloch said.

“He told us we’ve saved two lives — not just Aliana’s, his.”

“Aliana gives me purpose now and has become a big part of my new life,” Johnson said in one his e-mails to the ROAR women.

“You ladies have not only helped with an adoption of a shelter dog but have saved a sheltered marine!” he said.

“I wonder if you two actually realize what you’ve really done? Years and years of doctors and medicine and nothing, but you two broke down a wall they could never have dreamt of penetrating. You both are to me my ‘Sisters in Arms!’”

In a telephone interview with a reporter, Johnson was no less enthusiastic

“I could not be happier with Aliana,” he said. “She is exceptionally smart, exceptionally affectionate.”

He’d reached out to ROAR on an impulse.

“I’d heard about the Pets for Vets program,” he said. “I moved into this apartment in December. I was kind of lonely and things weren’t going too good with my mental health...

“One day I just said ‘Let me Google it’ and I left an email with them, also left a phone call. It wasn’t more than four hours later that Didi contacted me.”

It took time. He got Aliana over Memorial Day weekend.

“She’s taken a big part of my heart, already,” he said.

“Some of my PTSD has definitely calmed down. Things are looking better.

The doctor agrees, thinks that she’s done a really good job so far. And I really love her. I’m very blessed,” he said.

“Didi and Mary Jo are angels — they really are.”

Ridgefield’s Everett Ray Seymour American Legion Post 78 likes the program.

“We’re supporting this,” said Post 78 Commander George Besse.

American Legion members ask townspeople for donations, then give out symbolic red lapel poppies.

“The townspeople support us during our poppy program. People always ask us: Where’s the money going?” Besse said. “We donate to a number organizations.”

The Legion supports: Homes for the Brave, a Bridgeport-based housing and rehabilitation program that helps homeless veterans; Fisher House, which provides accommodations for families that want to stay close to hospitalized veterans; and Veterans Landing, an assisted living residence for older veterans and their spouses.

With a \$500 donation in late July, American Legion Post 78 added ROAR’s Pets for Vets program to its list.

“Its good to be able to give to something local,” Besse said.

ROAR is “incredibly grateful to George and the American Legion for their generous donation,” Tulloch said.

As a shelter, Ridgefield’s ROAR has long focused on saving dogs and cats.

In January, it began working with Pets for Vets with the goal of having some of its saved animals help veterans.

“We love our animals, and we want to thank our veterans,” said Tulloch. “We’re thanking our veterans for serving our country.”

After affiliating with the national Pets for Vets program, ROAR’s representatives went to the Veterans Administration Hospital in West Haven, met with psychologists and learned about working with people who have Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

Nationwide, Pets for Vets has 28 chapters, and ROAR is one of seven “shelter chapters” that house animals.

ROAR’s shelter has 12 kennels for dogs, a canine maternity ward, and also accommodates 10 adult cats and two or three litters of kittens.

“It’s great that we have the cats here,” Tulloch said.

“There’s going to be a veteran who can’t take care of a dog, but needs a companion.”

ROAR’s Pets for Vets program proclaims its mission as: “To help heal the emotional wounds of military veterans by using the power of the human-animal bond to provide a second chance for shelter animal by rescuing, training and pairing them with America’s servicemen and women who could benefit from having a companion animal.

“Both our veterans and shelter animals have been through traumatic events: together they can help each other heal.”

The operation is a bit like a vertical monopoly, starts with raw material and brings it step by step to become a finished product, ready for market.

“We rescue the dogs, train the dogs, we foster the dogs — the dogs are put in a home environment for four to six weeks before they’re given to the vets,” Tulloch said.

ROAR fund-raises to support the program because it helps the veterans with the cost of owning an animal.

“...We do not want to create an additional burden on the veteran; with each dog/cat match we provide all of the necessary equipment, food, preventative medications and training and support for them to start their new life together,” ROAR says.

“In addition, the pet will be healthy and up to date on all vaccinations. The cost for each veteran-animal match is \$1,500-\$2,000.”

“We’re a free service,” Tulloch said. “We set the veterans up with everything they need.

“When we bring the dog, if they’re crated we bring the crate. We bring the bowl. We bring toys, treats, pet beds, collars, leashes — everything a dog needs. Our veteran does not need to go to the store.”

The process is part match making, part job-training.

Vets are paired with a dog or cat “specifically selected to match the veteran’s personality,” according to ROAR.

Tulloch explained the process: “The veteran fills out an application. Then we meet with the veteran, and the trainer will assess and determine what the best dog for the veteran,” she said.

Mary Jo Duffy has long trained dogs to take part in ROAR’s pet therapy program — in which animals visit nursing homes, and schools. She does the assessment. Duffy and Tulloch meet with the veteran, make a home visit, and Duffy chooses the right dog for the veteran.

“Between the home visit and the meeting, the trainer will find the best suitable dog,” Tulloch said. “Then the dog goes into foster care.”

Foster care is the job training that follows the match.

“Our experienced trainers will rehabilitate the animals, which may otherwise face euthanasia, and teach them good manners to fit into the veteran’s lifestyle,” ROAR says. “Training can also include desensitizing to wheelchairs or crutches as well as recognizing panic or anxiety disorder behaviors.”

The period of foster care is important to ready a shelter dog for living with a veteran.

“To acclimate to a home environment, to understand how it feels to live in a real home with furniture, and going outside to go to the bathroom,” Duffy said.

It’s not an easy job.

“We have about 30 volunteers in our program and three or four are foster volunteers,” Duffy said.

Not easy, but critical.

“Vets have enough stress,” Tulloch said. “Its our job to work out whatever red flags there are.”

When was ROAR was ready, flyers went up around the veterans hospital in West Haven, advertising what ROAR had to offer — dogs or cats that ready to become companion to veterans.

“We’ve had one match, and we’re working two other veterans,” Tulloch said.

It’s work the ROAR volunteers are happy to do.

“We know how much love and comfort our dogs give us,” Tulloch said.

“We know the power of the pets.”

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2. Ending Veterans’ Homelessness

2.1 - WTIC-TV (FOX-61, Video): [The Real Story: CT’s commitment to helping vets](#) (16 August, Al Terzi, 403k online visitors/mo; Hartford, CT)

In this 10-minute video, Al Terzi speaks with Lt. Gov. Nancy Wyman and Veterans Affairs Commissioner Sean Connolly about Connecticut’s commitment to helping unemployed and homeless military veterans.

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2.2 - WESA-FM (NPR-90.5): [Annual Stand Down Veterans Event To Link Vets With Needed Services](#) (17 August, Deanna Garcia, 182k online visitors/mo; Pittsburgh, PA)

For the last several years, a nationwide effort to connect veterans with a multitude of services has been growing; in September Stand Down Pittsburgh is holding its 8th annual event.

“What Stand Down is is the community’s attempt to work with the homeless veteran population, in this case within Pittsburgh and Allegheny County, and really try to provide respite services as well as connections to potential services that veterans who are homeless or near homeless may not be aware of,” said Jesse Rodriguez, chief development and finance officer with the Veterans Leadership Program of Western Pennsylvania.

The event, at Stage AE on the North Shore, puts in one place a wide range of services all in one place.

“Haircuts is one of the most popular,” said Rodriguez. “We have also have members of the local VA who will assess and register any veterans who are eligible for VA healthcare or VA benefits but may not have access to them yet, they’re there to help.”

There will also be dental care, eye services, clothing bank and governmental and nonprofit agencies, among other things.

There are no exact numbers of the region’s homeless veterans, but Rodriguez said the number ebbs and flows; eventually the VLPWP would like it see it at zero. According to the organization’s website, the unemployment rate for young veterans is 69 percent higher than the national unemployment rate, young vets are three times more likely to be homeless than their civilian counterparts, and Pennsylvania has the fifth-highest population of veterans living below the poverty line.

“Stand down” is an old military term, according to Rodriguez. A stand down was when troops who had been through significant battle were taken off the front lines and provided respite services.

About 150 volunteers are needed for the Sept. 26 event to move supplies, pack food, serve lunch and more. The Stand Down will run from 8 a.m. to 3 p.m.

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2.3 - Daily News: [Henry: Outreach remains important](#) (16 August, Charles A. Mason, 141k online visitors/mo; Bowling Green, KY)

The help available from Operation Stand Down has grown over the past 15 years, and the outreach to homeless military veterans is still important, said the Commissioner of the Kentucky Department of Veterans Affairs on Saturday.

Commissioner Heather French Henry said she went to her first Operation Stand Down event in San Diego around 2000, at a time when an estimated quarter of a million military veterans were considered homeless. That national number has dropped to an estimated 43,000, she said. Henry said just a couple of years ago, there were an estimated 2,000 homeless military veterans in Kentucky and now that number has declined to about 1,000.

When Operation Stand Down, which provides supplies and services to veterans, started in 1993, the events were often set up as tent cities in urban areas, she said. Now they are often held inside, she said. There is more of an emphasis now on mental health stabilization and community support for returning military veterans, French explained.

“There have been thousands before you,” Henry told participants at Bowling Green’s first Operation Stand Down held at the National Guard Armory this weekend. “It is important we continue to do this,” she said.

Bowling Green’s Operation Stand Down continues today from 8 a.m. to noon at the armory, 900 Morgantown Road. Services are open to homeless veterans, active-duty soldiers and their families. Participants are asked to bring a DD214 or Veterans Administration Health Card as proof of veteran status. Services available include free help with the VA homeless program, employment, VA enrollment, VA claims assistance, medical and legal representation.

Henry said Kentucky’s plan is to identify homeless veterans and try to place them in a sustainable living environment within 30 days. The state has also identified resources to help military veterans in each of Kentucky’s 120 counties.

It is vital to help not only the military veteran but also the veteran’s family, she said.

“This isn’t a function about numbers,” said Bowling Green’s Operation Stand Down organizer Ron Georgette. “If we help one veteran today, I will sleep better tonight.”

The morning opened with a POW-MIA remembrance ceremony led by Cmdr. Denzil Lile of Veterans of Foreign Wars Post 6281 in Edmonton. Lile said he does the POW-MIA recognition consisting of single table covered with a white cloth that includes a single lit candle, a solitary flower and a place setting because it is his passion.

“I try to do something every day to help a veteran,” Lile said.

Also on hand Saturday to help veterans was Joseph “Buck” Parker of Bowling Green, who works with Kentucky Wounded Heroes. A former master sergeant in the National Guard, Parker hurt his back during an Afghanistan tour.

“When I first got back, I was in a very bad place mentally,” Parker recalled of his return in 2009. Kentucky Wounded Heroes helped him out of his dark spell and now he helps other veterans. Kentucky Wounded Heroes provides recreational fishing trips to Lake Erie and also Alaska and needs donations to fund expenses, he said. The group has an annual budget of about \$30,000.

As he spoke Saturday, 15 veterans were fishing in Alaska on one of the organized events, and the number of people participating in a Lake Erie fishing trip has grown from 30 several years ago to 90. This year law enforcement and first responders injured in the line of duty are participating in the fishing trips, he said.

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3. Ending the Claims Backlog – No coverage

4. Veteran Opportunities for Education/GI Bill – No coverage

5. Women Veterans – No coverage

6. Other

6.1 - CNN (Kaiser Health News): [Hospitals work on allowing patients to actually sleep](#) (16 August, Shefali Luthra, 75.7M online visitors/mo; Atlanta, GA)

It's a common complaint — if you spend a night in the hospital, you probably won't get much sleep. There's the noise. There's the bright fluorescent hallway light. And there's the unending barrage of nighttime interruptions: vitals checks, medication administration, blood draws and the rest.

Peter Ubel, a physician and a professor at Duke University's business school, has studied the rational and irrational forces that affect health. But he was surprised when hospitalized at Duke - in 2013 to get a small tumor removed -- at how difficult it was to sleep. "There was no coordination," he said. "One person would be in charge of measuring my blood pressure. Another would come in when the alarm went off, and they never thought, 'Gee if the alarm goes off, I should also do blood pressure.'"

"From a patient perspective," he added, "you're sitting there going, 'What the heck?'"

As hospitals chase better patient ratings and health outcomes, an increasing number are rethinking how they function at night — in some cases reducing nighttime check-ins or trying to better coordinate medicines — so that more patients can sleep relatively uninterrupted.

The American Hospital Association doesn't formally track how many hospitals are reviewing their patient-sleep policies, though it's aware a number are trying to do better, said Jennifer Schleman, an AHA spokeswoman.

And, though few studies specifically link quality of shut-eye and patient outcomes, doctors interviewed said the connection is obvious: patients need sleep. If they get more of it, they're likely to recover faster.

Traditionally, hospitals have scheduled a number of nighttime activities around health professionals' needs — aligning them with shift changes, or updating patient's vital signs so the information is available when doctors make early morning rounds. Both the sickest patients and those in less serious condition might get the same number of check-ins. In some cases, that can mean patients are being disturbed almost every hour, whether medically necessary or not.

"The reality for many, many patients is they're woken up multiple times for things that are not strictly medically necessary, or...multiple times for the convenience of staff," said Susan Frampton, president of Planetree, a nonprofit organization that encourages health systems to consider patient needs when designing care.

Changing that "seems like kind of easy, low-hanging fruit," said Margaret Pisani, an associate professor at Yale School of Medicine. She is working with other staff at the Yale hospital to reduce unnecessary wake-ups, using strategies like letting nurses re-time when they give medicines to better match patient sleep schedules, changing when floors are washed or giving nurses checklists of things that can and should be taken care of before 11 p.m.

Not only is the push for better patient sleep part of a larger drive to improve how hospitals take care of their patients, but it is fueled in part by measures in the 2010 health law tying some Medicare payments to patient approval scores. As more hospitals try to improve those numbers, experts said, more will likely home in on improving chances for a good night's sleep.

"There's a movement toward patient-centered care, and this is definitely a part of it," said Melissa Bartick, an assistant professor at Harvard Medical School.

That focus makes sense, since federal patient approval surveys specifically ask about nighttime noise levels. A number of hospitals initially struggled to get good scores on that, said Richard Evans, chief experience officer at Boston-based Massachusetts General Hospital.

His hospital instituted quiet hours -- a couple of hours in the afternoon and between six and eight hours at night, depending on the hospital unit, in which lights are turned low and staff encouraged to reduce their noise levels. It also encourages staff members to consider whether patients really need particular care at night before waking them. "We're trying to [increase awareness] that patients need to rest, and we need to structure our care as much as possible to allow that to happen."

It's hard to delineate the degree to which such efforts have affected patient approval scores, Evans said. Anecdotally, though, patients have expressed appreciation, he added.

The Department of Veterans Affairs New Jersey Health Care System is taking this concern even further. In addition to quiet-time restrictions, in which they try to reduce the use of noisy equipment, staff chatter and things like phone volume, patients can opt to have lavender oil sprayed in their rooms or an evening cup of herbal tea to facilitate sleep.

All of these kinds of changes can help, said Planetree's Frampton. But they don't get at the real problem for most patients.

"Low scores on quiet-at-night [questions on patient surveys] are not because it's overly noisy...but because patients are woken up repeatedly," she said. "Their sleep is disturbed so they're lying awake."

To address that, hospitals may need to look at less obvious questions. At New York's Mount Sinai Hospital, doctors are rethinking when they prescribe medicines as well as what kind, said Rosanne Leipzig, a professor of geriatrics and palliative medicine and who practices at the hospital. For instance, some antibiotics can be given at six-hour intervals rather than four-hour intervals, reducing the need for nighttime interruptions. And some drugs usually given every six hours can instead be given four times a day during the hours patients are usually awake.

The hospital is also working to develop a system to classify patients who need repeated checks from the medical staff, such as those who might face imminent health threats or are at risk for serious infections such as sepsis. For those patients, frequently checking vitals is important,

even if patients sleep less, Leipzig said. But not every patient's condition requires that they be roused every four hours, she added.

About half of all patients woken up for vitals checks probably don't need to be, according to a 2013 study published in JAMA Internal Medicine. The study suggests waking those patients may contribute to bad patient results and dissatisfaction, and could increase the odds of patients having to come back to the hospital.

Another study, published in 2010 in the Journal of Hospital Medicine, looked at efforts to encourage patient sleep — particularly by rescheduling activities, nighttime checks and overnight medication doses so as not to wake patients. That paper, co-written by Bartick, the Harvard professor, found a 49% drop in the number of patients who were given sedatives. That can have the added benefit of improving patient outcomes, since sedatives are associated with dangerous side effects such as falling or hospital delirium or confusion.

"Sleep disruptions are actually not benign as far as patients are concerned," said Dana Edelson, an assistant professor of medicine at the University of Chicago and an author on the 2013 study. "We're putting them at unnecessary risk when we're waking them up in the middle of the night when they don't need to be." And possibly making the recovery a bit more difficult.

"Patients will tell you, 'I was so exhausted, I couldn't wait to get home and go sleep,'" said Yale's Pisani.

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6.2 - The Washington Times (AP): [Sen. Tim Kaine embarks on 5-day tour of Virginia](#) (17 August, 3.7M online visitors/mo; Washington, DC)

RICHMOND, Va. (AP) - U.S. Sen. Tim Kaine is embarking on a five-day tour of Virginia that focuses on job creation and economic development.

The Democrat plans to start the tour Monday at the Hampton VA Medical Center. He and U.S. Sen. Mark Warner are expected to speak at a Hampton Roads Chamber of Commerce forum later Monday in Virginia Beach.

Kaine also has a visit to Richmond on his schedule Tuesday. He'll meet with black business leaders before visiting the Amazon facility in Chester.

On Wednesday Kaine will start a two-day tour along U.S. Route 58 with stops planned in Emporia, South Hill, Boydton, South Boston, Danville, Martinsville, Hillsville, Galax and Pulaski.

He'll participate in a discussion on prescription drug abuse in Radford on Friday before making stops in Roanoke and Lexington.

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6.3 - The Washington Times (AP): [Bush starting South Carolina visit by meeting with veterans](#) (17 August, 3.7M online visitors/mo; Washington, DC)

CHARLESTON, S.C. (AP) - Jeb Bush is beginning a campaign swing through South Carolina by meeting with veterans.

On Monday, the former Florida governor is in Charleston for a meet and greet with veterans who support his campaign for the Republican presidential nomination. The campaign says attendees include Medal of Honor recipient Kyle Carpenter and former Veterans Affairs Secretary Anthony Principi.

The meeting is closed to press, but his campaign says Bush will hold a media available following the event at the Hilton Garden Inn in Charleston.

Later Monday, Bush is going to Columbia, where he will participate in a town hall meeting with veterans and members of the military. The event at Seawell's Catering at the state fairgrounds is hosted by Concerned Veterans for America and is open to the media.

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6.4 - Stars and Stripes (The Commercial Appeal): [World War II veterans honored with wreath ceremony](#) (16 August, Katie Fretland, 1.3M online visitors/mo; Washington, DC)

MEMPHIS, Tenn. -- The sound of a bugler playing taps rang out and a wreath was presented Saturday at Memphis National Cemetery to honor World War II veteran Eddie Spencer and all members of his generation.

The event, marking Spirit of '45 day, observed the 70th anniversary of the end of the war when "the healing of the world began," said cemetery director Amanda Rhodes-Wharton.

"It was the Greatest Generation's greatest day," she said.

Taps was played by Alex Smith of Bugles Across America, the Pledge of Allegiance was recited and a red, white and blue wreath was presented at the base of a flagpole.

"Let us all continue to honor the legacy of our World War II generation by striving to lead lives dedicated to the spirit of '45," said Rhodes-Wharton. "The spirit of service, community and national unity."

Spencer, 95, of Memphis, served 39 months in the Army stationed with the 403rd Anti-aircraft Artillery Gun Battalion during the war. He was drafted in February 1942.

Bob May, commander of the American Legion Post 97 in Adamsville, Tennessee, read a release from the Army that told of Spencer's battalion shooting down eight German planes one winter and giving "endless" field artillery support to six infantry divisions.

"The mountain-climbing (anti-aircraft artillery) men nevertheless didn't call themselves frontliners until the first attacks below Cassino, (Italy), where they wrote a footnote to history," he said.

The battalion "pioneered" 90 mm anti-aircraft artillery fire on German ground targets, was commended for stopping German counterattacks and became an "integral front line unit," he said.

Spencer, in a green jacket adorned with honors, saluted the flag. His advice for this generation?

"Join the Army," he said. "Go fight the ISIS."

Friends and supporters who attended the ceremony Saturday included Linda McKinley of Lakeland, who emphasized the importance of recognizing the country's military veterans.

"I think they deserve every honor we can give them," she said.

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6.5 - WIS-TV (NBC-10, Video): [Ceremony at Ft. Jackson marks 70th anniversary of WWII end](#) (17 August, Mike DeSumma, 1.2M online visitors/mo; Columbia, SC)

Seventy years after Japanese forces officially surrendered marking the end of World War II, dozens in Columbia would gather to honor the legacy and memory of those who served in the conflict.

The U.S. military suffered more than 400,000 casualties in WWII. At present there are 585 graves at Fort Jackson National Cemetery which belong to WWII veterans. Early Sunday a wreath was placed under the cemetery's main flagpole to remember those veterans who made the ultimate sacrifice.

"This ceremony this morning just reinforces the memory bank a little bit and makes you realize what we fought for," said Gene Otto, who served in the U.S. Navy during the war. "These individuals, it's a labor of love for them and I can just ever see the effort being diminished."

Directors at Fort Jackson say they are taking steps to keep the memory of World War II vets alive. The cemetery currently offers several tours for school groups.

Staff say the launch of a new 'Legacy Initiative' will keep those programs going.

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6.6 - Sun Herald: [Ceremony honors WWII vets buried in Biloxi National Cemetery. Remembered as America's 'greatest generation'](#) (16 August, Robin Fitzgerald, 784k online visitors/mo; Gulfport, MS)

Biloxi National Cemetery held a wreath-laying ceremony Sunday to honor members of America's "greatest generation," including thousands of World War II veterans buried at the national shrine off Veterans Avenue.

As if on cue, geese honked and flew in a wedge formation as cemetery director Graham L. Wright III explained the reasons for the ceremony.

"We are here today to honor and remember the 'greatest generation' who secured our freedom at great personal cost and to remember the Spirit of '45 to help insure we don't forget their sacrifice," Wright said.

The second Sunday of August is National Spirit of '45 Day, set aside by Congress to commemorate those in uniform who helped bring about peace by defeating a quest for world dominance, ended the horrors of the Holocaust and brought an end to WWII.

Journalist Tom Brokaw penned the term "greatest generation" in his 1998 book by the same name. He referred to the men and women who endured hardships of the Great Depression and then fought in WWII, "not for fame and recognition, but because it was the right thing to do." He also referred to those who worked on the homefront to support war efforts and later united to build a better America.

On Aug. 14, 1945, President Harry Truman announced Japan had surrendered, signifying the war's end.

A total of 16.1 million American military personnel fought in the war; of those, 405,399 were killed and 670,846 were wounded. About 90 percent of the survivors have since died, according to Veterans Administration statistics.

"We want to make sure the next generation does not forget this sacrifice," Wright said.

The wreath-laying and the 70th-anniversary celebration of the war's end were held in conjunction with similar ceremonies at national cemeteries around the nation.

Biloxi's ceremony included the presentation of colors by an Armed Forces honor guard, a bugler's sounding of "Taps" and a three-volley salute by a seven-member rifle team.

"I think my Dad would have liked this," said Marcia Caplan of Biloxi. "I believe he is smiling."

Her father, Louis Caplan, was a member of the Army when he fought in the Battle of Normandy. He died when she was 15.

"I started researching it and was amazed to learn that it took ships 16 days to take the troops there," Caplan said.

She brought to the ceremony buttons with pictures of her father and two uncles, who also served in WWII.

Wright read a proclamation from Gov. Phil Bryant, who declared Keep the Spirit of '45 Alive a celebration in Mississippi.

Americans greeted news of the war's end with "joyous celebration, humility and spiritual reflection," and military personnel and civilians became "a model of unity and community that serves as a source of inspiration for current and future generations," the proclamation said.

Cmdr. Mark Seymour of Ocean Springs VFW Post 5699 was among those attending the ceremony. He was in the Navy 22 years.

Said Seymour, "I wanted to come to remember the 'greatest generation' and all they did for us and the rest of the world to keep us free."

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6.7 - The Columbus Dispatch: [New car could limit mortgage options](#) (16 August, Kenneth R. Harney, 686k online visitors/mo; Columbus, OH)

Could that shiny new car you just financed with a big dealer loan or lease put a damper on your ability to refinance your mortgage or move to a different house?

Could your growing debt — for autos, student loans and credit cards — make it tougher to come up with all the monthly payments you owe?

Absolutely.

And some mortgage and credit analysts are beginning to cast a wary eye on the prodigious amounts of debt American homeowners are piling up.

New research from Black Knight Financial Services, an analytics and technology company focused on the mortgage industry, reveals that homeowners' nonmortgage debt has hit its highest level in 10 years.

New debt taken on to finance autos accounted for 81 percent of the increase — a direct consequence of booming car sales and attractive loan deals. The average transaction price of a new car or pickup truck in April was \$33,560, according to Kelley Blue Book researchers.

Student-loan debt is also contributing to strains on owners' budgets. Balances are up more than 55 percent since 2006.

Credit-card debt is another factor, but it has not mushroomed like auto and student loans have. Nonetheless, homeowners carrying balances on their cards owe an average \$8,684, according to Black Knight data.

The jump in nonmortgage debt is especially noteworthy among owners with Federal Housing Administration and Veterans Affairs home loans. These borrowers — who typically have lower credit scores and make minimal down payments (as little as 3.5 percent for FHA, zero for VA) — now carry nonmortgage debt loads that average \$29,415. By contrast, borrowers using conventional Fannie Mae and Freddie Mac financing have significantly lower debt loads — an average \$22,414 — but typically have much higher credit scores and have made larger down payments.

Is there reason for concern? Bruce McClary, vice president at the National Foundation for Credit Counseling, thinks there could be if the pattern continues.

Some people have lost sight of the ground rules for responsible credit and are “pushing the boundaries,” he said.

Auto costs — monthly loan payments plus fuel and maintenance — shouldn’t exceed

15 to 20 percent of household income, he said. Yet some people who already have debt-strained budgets are buying new cars with easy-to-obtain dealer financing that knocks them well beyond prudent guidelines.

According to a recent study by credit bureau Equifax, total outstanding balances for auto loans and leases surged by

10.5 percent during the past 12 months. Of all auto loans originated through April, 23.5 percent were made to consumers with subprime credit scores.

Ben Graboske, senior vice president for data and analytics at Black Knight Financial Services, cautions that although rising debt loads might look ominous, there is no evidence that more borrowers are missing mortgage payments or heading for default. Thanks to rising home-equity holdings and improvements in employment, 30-day delinquencies on mortgages are just 2.3 percent, he said, the same level as they were in 2005, before the housing crisis. Even FHA delinquencies are relatively low at 4.53 percent.

But Graboske agrees that other consequences of high debt totals could limit homeowners’ financial options: They “are going to have less wiggle room” in refinancing their current mortgages or obtaining a new mortgage to buy another house.

Why? Because debt-to-income ratios are a crucial part of mortgage underwriting and are stricter and less flexible than they were a decade ago. The more auto, student-loan and credit-card debt you have along with other recurring expenses such as alimony and child support, the tougher it will be to refinance or get a new home loan.

If your total monthly debt for mortgage and other obligations exceeds 45 percent of your monthly income, lenders who sell their mortgages to giant investors Fannie Mae and Freddie Mac could reject your application for a refinancing or new mortgage, absent strong compensating factors such as exceptional credit scores and substantial cash or investments in reserve. FHA is more flexible but generally doesn’t want to see debt levels above 50 percent.

Bottom line: Before signing up for a hefty loan on a new car, take a hard, sober look at the effect it will have on your debt-to-income ratio. When it comes to what Graboske calls your mortgage wiggle room, less debt, not more, might be the way to go.

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6.8 - La Crosse Tribune: [Veterans enjoy special day at Necedah refuge](#) (16 August, Kevin Damask, 178k online visitors/mo; La Crosse, WI)

Through the dedicated work and generosity of others, a group of 28 veterans enjoyed a special day Tuesday at the National Wildlife Refuge in Necedah.

Three buses from the VA Hospital in Tomah transported veterans to the refuge for lunch and a full tour of the facility. Tuesday's event was hosted by the American Veterans Inc., a volunteer organization of veterans that lead special events for other veterans.

Charles Roth, representing AMVET Post 2180 of Necedah, said the local AMVET post has been organizing special trips for veterans, many of them elderly and disabled, for about 10 years.

"We've been doing it for at least 10 years and we have about 30 events a year that we put on for the veterans," Roth said. "We try to do this event every year and this is the first year where the vets can tour the whole facility. We have several state officials here and we're very well represented."

Tuesday's group of veterans that toured the refuge were excited to see nature up close in Necedah's state-of-the-art facility.

"Our whole program is about veterans helping veterans, and we feel that a lot of times the hospitalized and homeless veterans are the forgotten veterans," Roth said. "We try to bring a little cheer to them."

Roth also praised the staff at the wildlife refuge for taking time from its busy schedule to provide a special day for veterans.

Emily Berna, the Wisconsin AMVETS White Clover Princess, also attended Tuesday's event and appreciated time spent with those who bravely served our country. Berna, who was selected White Clover Princess in June, has enjoyed representing Wisconsin's AMVET organization at events throughout the state.

"I've been at picnics, parades, a pow-wow and the white clover drive," Berna said. "Coming up, I'm going to be visiting veterans hospitals and then heading down to lay the wreath at the Tomb of the Unknown Soldier in Washington D.C. in March."

Roth was proud to have Berna, an incoming high school junior, represent AMVETS during Tuesday's tour of the wildlife refuge.

"She represents all the veterans in the state," he said.

In turn, Wisconsin veterans have welcomed Berna to events with open arms.

"Everyone has been so exciting and so nice to me; giving me helpful advice and really just treating me as if I were family," Berna said. "That's what's so nice. It's really a family organization."

For Roth and Berna, bringing a smile to the face of a disabled veteran makes events like Tuesday's refuge tour well worth the time.

"It's been such an honor to meet everyone," Berna said.

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6.9 - Odessa American: [Our View: 'American Sniper' memorial will be a fitting tribute](#) (16 August, 108k online visitors/mo; Odessa, TX)

Odessa will soon have a memorial to famed “American Sniper” Chris Kyle, who was born here and lived here a few years. The memorial will be located in an appropriate spot — near the Veteran Affairs clinic located off of Highway 191. Volunteers kicked off a national fundraising campaign Wednesday for everyone to get involved.

We wholeheartedly support this and here’s why: Kyle was a man who not only spent the majority of his short life serving his country but he was also a man who came home and saw trouble, but faced it rather than turning away from it.

The famed U.S. Navy SEAL, an Iraq War veteran considered the deadliest sniper in U.S. history, detailed in his autobiography “American Sniper” not only his military career, but also his struggles after leaving the military and how he began working with other troubled veterans. His story was made into an Academy Award-winning movie starring Bradley Cooper and directed by Clint Eastwood.

Kyle and his friend Chad Littlefield were killed in February 2013 by a troubled vet. He was shot to death while trying to help heal a fellow veteran.

His death was a tragedy that moved many in Texas and throughout the country to attend his funeral — a funeral that had the longest known procession in Texas history.

Kyle was born in Odessa and lived here a few short years while his father worked for Southwestern Bell. That Odessa tie prompted an ad hoc group of volunteers to join with the Odessa Community Foundation to make plans for a memorial.

“This is a public statue honoring a hero who was born here in Odessa,” Odessa Chamber of Commerce President Mike George said. “We wanted the community to have a buy-in and have the opportunity to be a part of this.”

Funds raised for the statue have reached \$175,000 and organizers have launched a national campaign to allow everyone to get involved in making the memorial a reality here in the Permian Basin.

In advance of the public campaign announcement, Medical Center Health System trustees voted earlier last week to accept the statue and memorial site. As part of the agreement, Medical Center will assume responsibility and upkeep of the memorial once it has been completed.

“The MCH (lot) was the ideal place to put this,” said Kirk Edwards, CEO of Latigo Petroleum and acting chairman of the volunteer group. The ad hoc committee has been working closely with the Odessa Community Foundation, which is a non-profit subsidiary of the Odessa Chamber of Commerce and will act as the place where people can donate to the cause.

Originally, the ad hoc committee had planned for just a statue in honor of the military hero. However, Edwards said the scope has broadened.

Now the plan includes a 2,800-square-foot plaza composed of granite and Texas limestone, cut from a quarry near Odessa. And the site will be shaded by live Oak trees from former President George W. Bush's ranch.

"The family has visited with Vic Payne (the sculptor) and it has been really good to work with them on this project and to have their input," Edwards said. "They were honored and humbled that Chris' birthplace would take the initiative to have this done (in his honor)."

George said that the Odessa Community Foundation will use social media and other forms of communication to inform the public about the statue and fundraising efforts.

Edwards said the new funding goal is about \$400,000, and any excess funds would be donated to the Medical Center Health System Foundation to be used for veteran services.

And a tentative deadline to unveil the memorial site is spring 2016.

"We don't want this to just be an Odessa project, we want this to be a Texas project and a United States project," Edwards said.

We applaud the volunteer committee, the chamber and the Medical Center Hospital System for joining together for such a worthy cause. This effort is yet another reason why Odessa is such a special place, where we celebrate those who serve this great country and never forget our own — no matter how far their destiny takes them from our city limits.

We feel confident all Odessans will support this effort. And we hope that others throughout the rest of the country will see it as a worthy and important project, as well.

WANT TO DONATE?

>><http://odessachamber.com/chris-kyle-memorial>

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6.10 - Idaho State Journal: [Grandfather uses pepper spray on toddler](#) (16 August, 60k online visitors/mo; Pocatello, ID)

Police were called to the Veterans Administration Clinic on Wednesday after a 3-year-old was sprayed in the face with pepper spray by his grandfather.

Pocatello police Lt. Jim McCoy said the boy was at the clinic, 444 Hospital Way, with his grandparents, and his grandmother was a patient at the clinic.

When the toddler began acting up and the grandfather was unable to quiet him, a staff member at the clinic gave the grandfather pepper spray and suggested that he try it to settle the boy down.

The grandfather sprayed the canister and the child was struck in the face. The incident happened at about 9:30 a.m.

Staff members at the clinic washed the boy's face and eyes and called police.

McCoy said Child Protective Services and the child's mother were notified, and the incident is still under investigation.

The names of the grandfather and the staff member have not been released, and no one could be reached at the VA Clinic for comment Saturday.

More information about the incident is expected to be available Monday.

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6.11 - WOFL-TV (FOX-35, Video): [FOX 35 News at 10](#) (17 August, 35k broadcast viewers; Lake Mary, FL)

This one-minute video mentions the Florida National Cemetery's wreath laying ceremony, which marked the 70th anniversary of the end of World War II.

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6.12 - The Baxter Bulletin: [Obama opposes legislation to fix the mess we know as VA. After the corruption, we should believe government-run healthcare is better than the free market?](#) (16 August, Susan Stamper-Brown, 21k online visitors/mo; Mountain Home, AR)

We are created with an innate sense of right and wrong and a desire for justice, so when we hear about maddening scandals like the one at the Veterans Administration last year, we expect those in charge to quickly take action to right wrongs. If only it were that easy.

A little background: Public awareness of the VA scandal erupted after evidence surfaced that a large number of veterans died while waiting for appointments at a medical care facility in Phoenix, Ariz. Investigations also found the problem was nationwide, with approximately 120,000 veterans waiting for care. VA employees created "secret" waiting lists and fudged scheduling to give the appearance veterans were receiving appropriate care in a timely manner.

According to the Arizona Republic, the VA acknowledged the Phoenix facility "manipulated patient wait-time records to trigger bonuses." All the while, taxpayer-funded bonuses and above-average performance ratings were divvied out for VA execs about as frivolously as the Obama administration dispenses Obamaphones. So, after all the corruption, we should believe that government-run healthcare is better than the free market?

Of course, we should also believe Veterans Affairs Secretary Robert McDonald's claims on NBC's "Meet the Press." McDonald said, "Nine hundred people have been fired since I became secretary. We've got 60 people that we fired who have manipulated wait times."

Apparently, VA Secretary McDonald's claims were just a wee bit exaggerated. The Washington Post gave him a "Four Pinocchio's for "wildly inflating his 'firing' statistics." In reality, internal documents showed in April that just eight people were "punished." Of the eight, five were

reprimanded or temporarily suspended, one was forced into retirement, and one had a termination pending. Only one was fired in relation to the VA scandal. And that one was not the person at the center of the Phoenix scandal.

After seven months of administrative leave, the Phoenix VA executive was fired for “inappropriately accepting gifts,” not the VA scandal. She’s suing to get her job back. Who wouldn’t, considering in 2013 she received \$57,000 in incentives above her \$170,000 salary?

Outraged yet?

CEO of Concerned Veterans for America, Pete Hegseth, wrote in May that new top leadership and additional funding did not help the VA. Instead, he said the situation is worsening, with appointment wait time actually “increasing in many parts of the country.” Enter: House Republicans passing H.R. 1994 with little support from House Democrats. This legislation helps to streamline the firing process for bad VA employees.

Also enter: President Obama, who threatens to veto H.R. 1994 because he fears it “could make conditions of employment in the VA significantly less attractive compared to other federal agencies.” So, let me see here, “less attractive” means what? And we’re supposed to care that well-paid and exceptionally-benefited federal employees would be expected to do their jobs or be fired? Sounds like a plan to me. Why not apply it to all agencies across the board?

In a statement released July 28, the White House said it “strongly opposes H.R. 1994” and threatened a veto suggesting among other things, the House bill is redundant, claiming that under current law, federal employees “may be terminated for a variety of reasons.” Sure. If that’s the case, then why so few firings over the VA scandal?

Mr. Obama’s tortured reasoning is precisely what’s wrong with the VA and why it is very difficult to fire federal employees. It is about as hard to fire employees as it is for Speaker of the House John Boehner to grow some ... eh, courage.

President Obama recently said he’s “still not satisfied” with the progress at VA hospitals — despite hiring a new Secretary and authorizing \$16.3 billion bill for an overhaul. Obviously, though, he’s not unsatisfied enough to fix what’s really wrong.

It just goes to show you, money doesn’t fix corruption; in the wrong hands and without accountability, money galvanizes it.

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6.13 - The Town Talk: [A Cenla man’s wish for dying WWII vets](#) (16 August, Miranda Klein, 6k online visitors/day; Alexandria, LA)

PINEVILLE – Wade Jenkins tried to bring his 93-year-old father — a World War II veteran — to the “Spirit of 45” ceremony held Sunday morning at the Alexandria National Cemetery in Pineville.

Sadly, because of health reasons, “he just didn’t feel like it,” said Jenkins, who also is a veteran and treasurer for the local chapter of Disabled American Veterans.

“This is something that if we don’t celebrate and get some of them (WWII veterans) out here, there’s going to come a year when they’re not here,” Jenkins said of the event, which commemorated the 70th anniversary of WWII ending.

“And that year is coming soon,” Jenkins added.

Alexandria Veterans Affairs Health Care System officials together with the cemetery started Sunday what they hope will become a tradition each year — a “Spirit of 45” service — held on the second Sunday of August.

Similar ceremonies, by the same name, take place around the country.

Tammie Arnold, public affairs officer for the Alexandria VA, told Sunday’s crowd part of the event’s purpose will be to remind the public of the sacrifices and accomplishments of the WWII generation.

To Jenkins, it can serve another purpose, too, at least for a little while longer. The WWII generation, repeatedly called “the greatest generation” by speakers on Sunday, is dying off fast. Before they do, Jenkins wants them to see the celebration that started 70 years ago — when Aug. 14 was marked as “Victory over Japan Day” — continues among Americans.

For a small crowd on Sunday morning, it did.

The ceremony, held around the flagpole in the cemetery, included a wreath laying, the playing of taps and remarks from Peter Henry, the interim director for the Alexandria VA. Like Jenkins, Henry has personal ties to “V-J Day.” Henry said that day meant his father could come home and meet his son for the first time.

“Me,” Henry said.

Jenkins hopes that the first “Spirit of 45” ceremony will just be “the start.” He wants to see many more people, including WWII veterans in the community, know about and come to next year’s event.

While stationed at a military base in England, Henry remembers similar celebrations held to commemorate the Battle of Britain victory. They included parades, bands and involvement from mayors and other dignitaries.

“I would to see this turn into that,” Jenkins said. “I hope that they can build on this.”

And he hopes, for the sake of his dad and other veterans, it will happen fast.

“My dad may not live to be here next year,” Jenkins said.

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