



Veterans Affairs Media Summary and News Clips

10 August 2015

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

1.1 - The New York Times (AP): [Veterans Chief, Key Congressman Discuss VA's Problems](#) (10 August, 70.6M online visitors/mo; New York, NY)

The chief of the Veterans Affairs Department and the chairman of the House Veterans Affairs Committee will discuss changing the troubled agency during a joint appearance in Denver. VA Secretary Robert McDonald and Rep. Jeff Miller of Florida will speak at a Disabled American Veterans convention Monday.

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1.2 - The Wall Street Journal: [A Simple Way to Reduce VA Waiting Lists](#) (9 August, Nasser Gayed, 37.5M online visitors/mo; New York, NY)

Recent news reports suggest that despite efforts by the Department of Veterans Affairs, many veterans continue to wait a long time to get medical care at a VA facility. Yet a simple administrative change could reduce or even eliminate many of the waiting lists. I recently retired after a 25-year career as a VA physician, the last 14 years of which I spent providing primary care at an outpatient clinic.

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1.3 - Baltimore Sun: [Taking root: Soldiers turn farmers](#) (9 August, Natalie Sherman, 4.5M online visitors/mo; Baltimore, MD)

Recognition of the role for alternative therapy programs in treating problems such as post traumatic stress syndrome has increased too, said Aaron Jacoby, chief psychologist for the VA Maryland Health Care System, which offers horticulture therapy at its Perry Point facility.

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1.4 - Alaska Dispatch News: [Interim director takes reins at Alaska VA as secretary visit looms](#) (9 August, Tegan Hanlon, 1.7M online visitors/mo; Anchorage, AK)

After more than two years at the helm of the Alaska VA Health Care System, director Susan Yeager has retired. Dr. Linda Boyle, Alaska VA associate director of patient and nursing services, is serving as interim director as a national search for a new director continues.

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1.5 - WSB-TV (ABC-2, Video): [Widow says VA mistake is costing her thousands](#) (9 August, 1.5M online visitors/mo; Atlanta, GA)

A military widow is not only grieving the loss of her husband but she is also battling the U.S. Department of Veterans Affairs because, she said they wrongly withdrew funds from her account. Shirley Lane, of Kennesaw, says the trouble started when VA mistakenly recorded her husband's death date as March 3, 2015. He actually died May 3, 2015.

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1.6 - WGRZ-TV (NBC-2, Video): [Annual Naval Park event brings WNY veterans together](#) (8 August, Erica Brecher, 1.1M online visitors/mo; Buffalo, NY)

Veterans from across Western New York stopped at the Naval Park Saturday for the 11th annual "Welcome Home Veterans" Event. It's a yearly outreach opportunity by the VA Center for Western New York veterans and their families to come together and see what services are available to them.

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1.7 - Inquisitr (Video): [VA Healthcare Reform: Senators Propose Radical Changes To Give Veterans The Care They Need](#) (9 August, 918k online visitors/mo)

As veterans continue to struggle with longer wait times at the VA, both a senator and two congressmen have offered solutions for how to fix the VA healthcare system. The proposals to fix the VA healthcare system come after it was discovered that over 200,000, or one-third of veterans waiting to receive care, had died. Recommendations for fixing the system range from a simple change in appointment scheduling to privatizing the system.

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1.8 - The Buffalo News: [Buffalo's VA Medical Center has reduced wait times, but more needs to be done](#) (10 August, 658k online visitors/mo; Buffalo, NY)

It is good to know that veterans in the Buffalo area are getting better access to health care. Here's to even more improvement. As recently reported in The News, Veterans Affairs officials locally touted improved access and service in the health care arena.

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1.9 - The News Journal: [Downstate vets face health care obstacles](#) (9 August, William H. McMichael, 587k online visitors/mo; New Castle, DE)

The options are pretty lousy for many southern Delaware veterans seeking health care. The small Veterans Administration outpatient clinic in Georgetown is chronically short of care providers. That can mean long waits for primary and mental health care. Those needing a specialist generally must travel the length of the state to the main hospital near Elsmere.

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1.10 - Watertown Daily Times: [Massena VA clinic hosts ribbon-cutting and public open house](#) (10 August, Mike Hann, 504k online visitors/day; Watertown, NY)

There was consternation in the community earlier this year when the Department of Veterans Affairs announced it was ending its more than two-decade relationship with Massena Memorial Hospital and had awarded its contract to operate a Massena clinic to OnSite Occupational Health Services. But the Massena VA Outpatient Clinic was getting good reviews during an open house at its new home in the St. Lawrence Centre mall.

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1.11 - Providence Journal: [Veterans Journal: VA may widen coverage tied to contaminated water at Camp Lejeune](#) (10 August, George W. Reilly, 441k online visitors/mo; Providence, RI)

The Department of Veterans Affairs has announced that it will begin amending its regulations to cover more conditions affecting veterans exposed to contaminated drinking water at U.S. Marine Corps Base Camp Lejeune in North Carolina between Aug. 1, 1953, and Dec. 31, 1987.

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1.12 - Military Times (GovMedia): [Military Times publishes annual Benefits Guide for troops, vets and families](#) (10 August, 421k online visitors/mo; Springfield, VA)

Military Times is publishing its annual Benefits Guide, a one-stop resource on the dizzying array of pay and benefits programs offered to active-duty and reserve component service members, retirees, veterans and their families. It has everything they need to know to get the most out of their government benefits.

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1.13 - The Bulletin: [Leaders: More veterans' services a must](#) (9 August, Francesca Kefalas, 179k online visitors/mo; Norwich, CT)

Local leaders have begun the process of trying to bring more veterans' services to northeastern Connecticut. Putnam Mayor Tony Falzarano, state Rep. Daniel Rovero and state Sen. Mae Flexer have started a discussion with state and federal leaders to use part of the Dempsey Center as a veterans' center.

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1.14 - Killeen Daily Herald: [Official: 8 Texas veterans homes not part of VA](#) (9 August, Jacob Brooks, 163k online visitors/mo; Killeen, TX)

There are eight state veterans homes in Texas, including the William R. Courtney State Veterans Home in Temple. "They are owned by the state. It's not a VA facility," said Jim Suydam, a spokesman for the Texas General Land Office and Veterans Land Board, which oversee the homes.

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1.15 - Times-News: [Real people: Perry works for veterans](#) (9 August, Anna Johnson, 163k online visitors/mo; Burlington, NC)

For Brenda Perry, serving veterans is a family affair. "I spent a lot of years with (my dad) at the VA hospital," Perry, 61, said. "There were so many folks who were in need of service, and when this position became available I applied for it. I just like to help people." Perry has served as the Alamance County Veterans Services Director since 2012 and was just named the 2015 SOAR Annual Award Winner.

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1.16 - MagicValley.com (Times-News): [Twin Falls County to Open Problem Solving Court for Veterans](#) (9 August, Benton Smith, 151k online visitors/mo; Twin Falls, ID)

Twin Falls County will open a sixth type of problem solving court this fall, this one to handle an expected surge in cases involving veterans. The 5th Judicial District — which covers south-central Idaho — already has problem solving courts working with various populations within the criminal system. It hopes its new court will help keep veterans from re-offending.

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1.17 - Sentinel & Enterprise: [Smooth start for Fitchburg VA clinic](#) (9 August, Anna Burgess, 148k online visitors/mo; Fitchburg, MA)

Local veterans will continue to receive the same federal health care to which they're entitled, but will be cared for in a different facility. Thursday marked the official opening of the Fitchburg Veterans Affairs Clinic in its new location at the Philip J. Philbin Federal Building at 881 Main St.

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1.18 - Muskogee Phoenix: [VA plans clinic for Tahlequah and notes improvements here](#) (9 August, Cathy Spaulding, 96k online visitors/mo; Muskogee, OK)
Tahlequah could have its own veterans clinic by 2019, Veterans Affairs officials said. The Tahlequah clinic is one of four new community-based outpatient clinics the VA intends to start in Eastern Oklahoma within the next five years. The clinics were...announced at a recent VA media day press conference at the Jack C. Montgomery VA Medical Center.

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1.19 - KUSA-TV (NBC-9, Video): [9News Sunday Morning](#) (9 August, 42k broadcast viewers; Denver, CO)
This 30-second video summarizes Sec. Robert McDonald's speech at the DAV Conference in Denver and focuses on his statement that "trust must be rebuilt" and on construction delays at the Aurora VA.

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1.20 - South Washington County Bulletin: [Viewpoint: Culture of VA needs to change](#) (9 August, Rep. John Kline, 32k online visitors/mo; Cottage Grove, MN)
There are well more than 300,000 employees at Veterans Administration facilities nationwide and undoubtedly many are dedicated to providing quality health care for our veterans. My wife, Vicky, volunteers weekly at the VA in Minneapolis and for years has met and worked alongside numerous Minnesotans devoted to caring for our veterans. As a veteran, I have received treatment at the Minneapolis VA Medical Center.

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1.21 - KMGH-TV (ABC-7, Video): [7News at 5PM Sunday](#) (9 August, 29k broadcast viewers; Denver, CO)
This 30-second video previews Sec. Robert McDonald's Q&A session that will take place in Denver on Monday. He is expected to speak about progress at the Aurora VA.

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1.22 - WKRC-TV (CBS-12, Video): [U.S. Bank Business Watch](#) (9 August, 10k broadcast viewers; Cincinnati, OH)
This two-minute video reports on improved Cincinnati VAMC wait times and features commentary by the new Director John Gennaro. He explains his top priority is improving access to care and that he held a town hall meeting with staff to ensure veterans' concerns are met.

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[2. Ending Veterans' Homelessness](#)

2.1 - Houston Chronicle: [Structural, managerial problems force closure of program for homeless vets](#) (9 August, St. John Barned-Smith, 3.6M online visitors/mo; Houston, TX)
John Rankin had been living out of his truck for more than a year when he finally drove to Houston's Michael E. DeBakey VA Medical Center to ask for help. He owned just a few changes of clothing. To make money, he scrounged for coins and cans, but he spent whatever cash he did find on alcohol.

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2.2 - Richard Source: [Homeless veteran finds housing thanks to Mission Possible](#) (9 August, Emily Dech, 41k online visitors/mo; Mansfield, OH)
I started [Mission Possible] in 2010, so over the last five years I've really met a lot of people who can help, and I know for a veteran, the very first step is to get in contact with the VA and get services established. Once services are established, the doors just open up, Riley said.

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3. Ending the Claims Backlog – No coverage

4. Veteran Opportunities for Education/GI Bill

4.1 - The New York Times: [Hillary Clinton to Offer Plan on Paying College Tuition Without Needing Loans](#) (10 August, Patrick Healy, 70.6M online visitors/mo; New York, NY)
With Americans shouldering \$1.2 trillion in student loan debt, and about eight million of them in default, Hillary Rodham Clinton on Monday will propose major new spending by the federal government that would help undergraduates pay tuition at public colleges without needing loans.

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4.2 - Chicago Tribune: [Still waiting for peace and justice](#) (9 August, Jerry Shnay, 20.5M online visitors/mo; Chicago, IL)
A new law; the G.I. Bill, changed lives. Veterans could get low-cost mortgages, low-interest loans to start a business, a year of unemployment insurance and money to attend college at a time when the country still was struggling with the economic residue of the Great Depression. Nothing seemed too hard to accomplish.

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4.3 - Bloomberg Politics: [Hillary Clinton to Outline \\$350 Billion College Affordability Pitch](#) (10 August, Jennifer Epstein and Janet Lorin, 17.4M online visitors/mo; New York, NY)
Hillary Clinton plans on Monday to begin rolling out one of the biggest-ticket policy proposals of her presidential campaign, a \$350 billion plan aimed at reining in the ever-growing cost of college and help millions of borrowers struggling to repay student loans manage their debt.

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4.4 - Politico: [Hillary Clinton's \\$350 billion plan to kill college debt](#) (10 August, Nirvi Shah and Kimberly Hefling, 8.3M online visitors/mo; Arlington, VA)

Hillary Clinton on Monday rolled out a sweeping higher education plan — a \$350 billion proposal that would help millions pay for college and reduce interest rates for people with student loans. The plan, which would change the way a large swath of Americans pay for college, borrows ideas from the left and the right and even expands a program enacted by her husband.

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5. Women Veterans – No coverage

6. Other

6.1 - FOX News (Video): [Why Jim Webb is not your average Democrat](#) (9 August, 31.8M online visitors/mo; New York, NY)
From 1:50 of this four-minute video, Jim Webb mentions his experience in working with VA. He says what concerns him most is the “huge backlog in terms of adjudicating cases,” which stands at 900,000 claims.

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6.2 - KETV-TV (ABC-7, Video): [800 veterans compete in national event hosted in Omaha](#) (9 August, Camila Orti, 1.1M online visitors/mo; Omaha, NE)
Eight hundred veterans are in town for the next few days as athletes competing in the National Veterans Golden Age Games. The event is an opportunity to celebrate U.S. heroes. Those in attendance may be retired, but they haven't retired their running shoes.

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6.3 - AL.com (Video): [Alabamians with disabilities sew veteran burial flags with VA contract](#) (9 August, Jim Little, 5.9M online visitors/mo; Birmingham, AL)
After 1.8 million flags and counting, Phoenix has renewed its contract with the Department of Veterans Affairs to continue manufacturing American flags used in veteran burials. The contract renewal will allow Phoenix to continue to employ 22 workers, who all have some type of disability.

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6.4 - Las Vegas Review-Journal: [New Pahrump VA clinic comes with a side of politics](#) (9 August, Steve Tetreault, 941k online visitors/mo; Las Vegas, NV)
The announcement Wednesday of a new veterans clinic for Pahrump came with a heaping side of politics over how credit should be apportioned.

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6.5 - CNN (Video): [State of the Union](#) (9 August, 521k broadcast viewers; Atlanta, GA)
In this one-minute video, Carly Fiorina claims Congress passed a bill saying the 400 top senior executives at VA ought to be fired, and maybe one has been fired.

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6.6 - KUOW-FM (NPR-94.9): [A Pod Of Their Own: Washington State Prison Keeps Veterans Together](#) (10 August, Patricia Murphy, 369k online visitors/mo; Seattle, WA)

Every morning the flags at Stafford Creek Corrections Center in Aberdeen, Washington, are raised in a color guard ceremony. The 10 men who do the job are inmates and veterans. The ceremony ends with a salute, although the solemnity and reverence can seem strange in this setting.

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6.7 - Lincoln Journal Star: [Despite new law, funeral homes 'still holding' veterans' unclaimed cremains](#) (9 August, Zach Pluhacek, 221k online visitors/mo; Lincoln, NE)

Funeral homes: Bill Henry still wants your ashes. He's put about 2,800 miles on his 2010 Victory Cross Country this spring and summer, hunting veterans' cremains at three funeral homes in York, four in Grand Island, four more in North Platte.

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6.8 - WMAZ-TV (CBS-13, Video): [Dublin VA hosts memorial service to honor fallen vets](#) (9 August, Claire Davis, 12k online visitors/day; Macon, GA)

Gone, but certainly not forgotten. The Carl Vinson VA Medical Center in Dublin held a memorial service Sunday afternoon to honor veterans who have passed away over the last six months. More than twenty people attended the ceremony to remember their loved ones.

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1. Access to Benefits/Care

1.1 - The New York Times (AP): [Veterans Chief, Key Congressman Discuss VA's Problems](#) (10 August, 70.6M online visitors/mo; New York, NY)

DENVER — The chief of the Veterans Affairs Department and the chairman of the House Veterans Affairs Committee will discuss changing the troubled agency during a joint appearance in Denver.

VA Secretary Robert McDonald and Rep. Jeff Miller of Florida will speak at a Disabled American Veterans convention Monday.

Congress is unhappy about how long it has taken the VA to discipline employees over long waits for veterans health care, falsified records to cover up the delays and cost overruns at a hospital under construction outside Denver.

Miller sponsored a bill passed by the House that would make it easier to fire or demote VA workers. It's awaiting Senate action.

The White House has threatened a veto, saying the bill would take important employee rights and treat VA workers differently than others.

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1.2 - The Wall Street Journal: [A Simple Way to Reduce VA Waiting Lists](#) (9 August, Nasser Gayed, 37.5M online visitors/mo; New York, NY)

Recent news reports suggest that despite efforts by the Department of Veterans Affairs, many veterans continue to wait a long time to get medical care at a VA facility. Yet a simple administrative change could reduce or even eliminate many of the waiting lists.

I recently retired after a 25-year career as a VA physician, the last 14 years of which I spent providing primary care at an outpatient clinic. A large proportion of the veterans I saw were already receiving care from private doctors. However, to get their medications at a lower cost, they had to enroll in the VA system—because VA pharmacies can only fill prescriptions written by a VA health-care provider. So these veterans had to get in line along with the many others who truly do need VA health care.

When veterans who receive care outside the system get an appointment, they bring a list of medications and notes from their private physicians—and the VA physician simply prescribes the same or reasonable substitution to be filled at a VA pharmacy. The vets have to continue to see a VA physician to get additional refills or new prescriptions filled.

Based on my experience, I believe that waiting lists to see VA physicians can be reduced perhaps by a third or more if VA pharmacies can directly fill prescriptions that are written by private physicians outside the VA system. This will free up VA doctors' and nurses' time to see other patients.

There is a precedent for changing the current prescription rules. In the early 2000s, an influx of new veterans seeking benefits led to waiting lists exceeding six months. In July 2003 Justice Department lawyers determined that the secretary of Veterans Affairs had the authority “to fill prescriptions written by non-VA physicians for veterans placed on VA waiting lists.” The VA allowed its pharmacies to do so, on a temporary basis.

Many veterans are rightfully irritated and confused at the constant back and forth between their private and VA health-care providers. They may have difficulty getting to VA facilities because of the distances involved, their health conditions, or both. I’ve watched disabled veterans struggle for 10 or 15 minutes to get out of their car or van to the waiting room. They have difficulties getting to any health-care provider, but an additional visit to a VA facility is unnecessary. All this so the VA physician can pretend to provide actual care.

There is another drawback to having to see two doctors. The VA employs hundreds of quality-assurance managers who review the care provided to all enrolled veterans. They collect data and offer feedback to physicians (recommending changes or even disciplinary action) about the care they give. But a VA physician has little or no control over the care of veterans who see private doctors.

VA physicians can refuse to prescribe medication if they disagree with a veteran’s private doctor, but it is rare that they will contradict prior treatment recommendations. Doing so might shake a veteran’s confidence in the care he is getting. That is detrimental to a patient’s health.

So the VA system keeps chugging along, with providers pretending to provide care, quality managers pretending to review such care, and supervisors harassing the providers about the care provided elsewhere. Meanwhile, veterans wait and wait to get care they need.

Dr. Gayed is a professor in the departments of Medicine and Medical Information Science at the University of Illinois College of Medicine at Urbana-Champaign.

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1.3 - Baltimore Sun: [Taking root: Soldiers turn farmers](#) (9 August, Natalie Sherman, 4.5M online visitors/mo; Baltimore, MD)

The days at Talmar Gardens start early.

At 6:00 a.m., crews troop to the horticultural therapy center in Baltimore County to water, stake and trellis by hand, growing bushels of vegetables and some 5,000 flowers a week for sale to restaurants, supermarkets, florists and others.

It's a regimen that founder Catherine Murphy, a former special education teacher, has seen supply physical and mental benefits to hundreds of people with disabilities and special needs, not to mention the center's many volunteers, since she started Therapeutic Alternatives of Maryland — Talmar — in 1998. Now she plans to expand the offerings, starting with a job training program for military veterans.

"I just know how great this makes other people feel that have some issues," Murphy said. "I can't think of a better thing to happen than to get guys to dig in the land, to feel the earth, to be in a safe environment and then be able to get a job."

Murphy is joining a growing number of organizations around the country that are designed to connect soldiers to agriculture. Farming, with its rigorous schedule, physical activity and sense of purpose, is a good fit for many former military personnel, proponents say.

"We're finding that there's a lot of interest in coming out of the service and finding something meaningful, and veterans are finding this kind of work meaningful," said Michael O'Gorman, who founded the California-based Farmer Veteran Coalition in 2007.

The group now counts about 5,000 members, including 71 in Maryland. O'Gorman estimated that there are now more than 250 groups that provide agricultural training pitched to veterans, with names like "Growing Warriors" and "Armed to Farm."

Efforts to support serviceman farmers also have become increasingly formal, with grant programs, a "Homegrown by Heroes" label people can use to brand their goods, and other perks.

"For a long time, the VA and a lot of the veteran support groups just never saw agriculture as a viable option and I think that's one of the things we're really turning around," O'Gorman said.

The movement reflects a confluence of forces — a vogue for farming thanks to the growing buy-and-eat-local trend; a need to recruit younger people to the business; a bumper crop of veterans returning from wars in Iraq and Afghanistan; and a partly recession-rooted focus on job training and placement.

Recognition of the role for alternative therapy programs in treating problems such as post traumatic stress syndrome has increased too, said Aaron Jacoby, chief psychologist for the VA Maryland Health Care System, which offers horticulture therapy at its Perry Point facility.

The U.S. Department of Veterans Affairs estimates that PTSD afflicts between 10 percent and 20 percent of veterans of the wars in Afghanistan and Iraq.

Gardening can provide veterans with mental satisfaction through the care of a growing thing in a tranquil setting, while also performing soothing physical activity — though it doesn't replace traditional treatment, Jacoby said.

Marine Corps veteran Jeremy Lopez, who runs the Celestial Roots Farm in Anne Arundel County with his fiancée, Sarah Campbell, has experienced the benefits of farming firsthand.

Lopez, 34, grew up in California in a military family and joined the Marine Corps out of high school. When he left in 2004 after five years, he found himself bouncing from one college program to another, struggling with the transition to civilian life.

Eventually, he made his way to a small farm in California and started to feel back in a groove.

"There's a couple of fundamental things that are very similar between the military experience and the farming experience and I think one of them is just the sense of service," said Lopez,

who connected with the Farmer Veteran Coalition and returned to school, where he met Campbell, who suggested he run her family's farm in West River.

The couple took over the 500-acre farm last year and sell pastured meat — mostly pigs for now — as well as mixed vegetables. They also are expanding operations into the family's nearby alpaca farm.

Lopez said he did not know about Talmar's plans, but combining agricultural job training with mentoring and other mental support is important.

"Let's make sure that there's the help readily available ... instead of the veteran having to have something traumatic happen in their life in order to get the help," he said.

Murphy said she hopes to start a program at Talmar's Cromwell Bridge Road farm in March with about 16 veterans engaged in an eight-month course, with workshops, classes and other training. The veterans — and their families — also would have access to a "camaraderie garden" as well as counseling and therapy at the center.

The hope is that people would graduate with the skills to start their own businesses.

Program developer William Rhodes, 61, said he believes it will be a good fit for the area.

"It's good for Baltimore because it's got vacant lots. At the same time, we can serve food deserts," said Rhodes, a longtime Harford County farmer who did a 15-month stint as an agricultural adviser in Afghanistan's Bamyán Province starting in 2009.

Talmar currently serves about 130 people with disabilities and special needs and has more than 200 volunteers, leasing land from the Baltimore County Department of Recreation and Parks. Of the 10 acres, they use about 3.5 acres right now, so there's room to expand, first with veterans, then possibly into other areas.

Staff are applying for grants and working to get listed as a school eligible for GI Bill funding. They also are reaching out to groups that work with veterans, seeking future referrals to the program.

"This is just an extension of what we're doing now," Murphy said. "We have the land and we have the staff and the people and it's a perfect opportunity."

As she walked between rows of wonderberries growing in the hot sun during a festival Saturday to help raise funds for Talmar and the veteran program, Murphy said: "It's the plant-human connection. That's what it's all about."

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1.4 - Alaska Dispatch News: [Interim director takes reins at Alaska VA as secretary visit looms](#) (9 August, Tegan Hanlon, 1.7M online visitors/mo; Anchorage, AK)

After more than two years at the helm of the Alaska VA Health Care System, director Susan Yeager has retired.

Dr. Linda Boyle, Alaska VA associate director of patient and nursing services, is serving as interim director as a national search for a new director continues. Samuel Hudson, Alaska VA spokesperson, said the application window, managed by the Washington, D.C., office, closed Friday.

Yeager, the outgoing director, was named as the head of the Alaska VA in March 2013. Before that, she served as the rural health program director for the Alaska VA.

"Her work and her accomplishments are a true testament to the goal of serving and honoring Veterans, and she will be sorely missed," said a statement from Lawrence Carroll, VA Northwest Health Network director.

VA officials tapped Boyle as the interim director and she started in that position on Aug. 1, less than two weeks before a scheduled visit from VA Secretary Robert McDonald, the nation's top official for Veterans Affairs.

At a media event Wednesday, Boyle, who served for 25 years in the Air Force, said that she has juggled planning for McDonald's visit and an inspector general review at the Alaska VA that happens every three years.

Amid the change in leadership, Congress passed a bill that would allow the Alaska VA to move funding set aside for the Choice Program to already-established partnerships in the state -- the ones that allow veterans to get care outside of the VA at tribal and community health centers.

Alaska's congressional delegation and veterans had spoken out against the new Choice Program -- which allows veterans to seek care closer to home if they live more than 40 miles from a VA facility or face wait times of more than 30 days -- saying it jeopardized Alaska's existing VA system that the new program had used as a model. For years, the Alaska VA has partnered with tribal health programs to get rural veterans care. Last year, an overrun VA started sending some veterans to the Anchorage Neighborhood Health Center in Anchorage.

Shawn Bransky, Alaska VA interim associate director, said that the Alaska VA spends, on average, about \$103 million a year on health care purchased in the community outside the VA. That's roughly half of its total operating budget, he said. But this fiscal year, the Alaska VA only received about \$78 million to purchase care in the community.

"There was the premise that the rest of that would come from the Choice Act and by moving our patients to that source of care." Bransky said. "As we moved through the year what we found, unfortunately, was that the startup of using Choice was not as quick as the (Veterans Health Administration) had anticipated."

Bransky said Wednesday that with recent legislative action, the Alaska VA had gained budget flexibility, and with it, about \$21 million in additional funds for the remainder of the fiscal year to use for care purchased outside of the VA.

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1.5 - WSB-TV (ABC-2, Video): [Widow says VA mistake is costing her thousands](#) (9 August, 1.5M online visitors/mo; Atlanta, GA)

COBB COUNTY, Ga. — A military widow is not only grieving the loss of her husband but she is also battling the U.S. Department of Veterans Affairs because, she said they wrongly withdrew funds from her account.

Shirley Lane, of Kennesaw, says the trouble started when VA mistakenly recorded her husband's death date as March 3, 2015. He actually died May 3, 2015.

It may sound like a small typo but it has caused a host of problems for Mrs. Lane.

She says the VA withdrew more than \$2,000 of her husband's pension payments from their bank account—putting her in the red. Lane says her husband, Gerald Lane, a Korean war Air Force veteran, was alive when he received much of the pension money – but since the VA had the wrong death date, they assumed the funds were erroneously sent, and made the withdrawal from her direct deposit account. At this point, it is not clear how much they withdrew erroneously.

“It is not a lot to some people, but to me it is a lot,” Lane said.

Last week, she received a debt notice from her bank, stating that her account was overdrawn.

“They keep taking my social security check and if they are adding fees long time before I get anything,” Lane said.

Lane and her husband celebrated their 60th anniversary in late March.

“He would be very upset that I would have to go through this because it really bothered him that I would be without him,” Lane said.

Lane says she alerted the VA to the problem, and they promised to make corrections. She says she doesn't know how long that will take.

“They told me it was with the ‘process team,’” Lane said.

Channel 2 Action News sent her concerns to the VA, and they told us they would look into the situation.

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1.6 - WGRZ-TV (NBC-2, Video): [Annual Naval Park event brings WNY veterans together](#) (8 August, Erica Brecher, 1.1M online visitors/mo; Buffalo, NY)

Veterans from across Western New York stopped at the Naval Park Saturday for the 11th annual "Welcome Home Veterans" Event.

It's a yearly outreach opportunity by the VA Center for Western New York veterans and their families to come together and see what services are available to them.

It started out years ago as an event for newly discharged veterans, but really, it's open to vets of any age.

"That's why this is so important and so huge is because it's veterans helping veterans , it's community people that want to help veterans, and it's our healthcare system, and so we match it all together to tell them what's available," said Brian Stiller, director of the local VA Medical Center.

The main event was the "In Memoriam" service at the park's newest addition, the Iraq Afghanistan memorial.

Ever since its benediction last year, a lot of services are held at that memorial; a somber reminder to our current and living veterans how close that conflict hits home for them.

"Me and the command chief both have friends that are on that memorial, and you know, those were part of the community," said Sergeant Major Jason Jaskula, an Army veteran. "There's Chris Dill, Buffalo firefighter, he was my battle buddy. There's all sorts of names that are on there that we served with...only a few years ago we were hanging out with them, serving with them, doing our military duties and everything."

Organizers say they hope the opportunity for this kind of social get together helps veterans and their families meet others like themselves and find the services and help they may need.

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1.7 - Inquisitr (Video): VA Healthcare Reform: Senators Propose Radical Changes To Give Veterans The Care They Need (9 August, 918k online visitors/mo)

As veterans continue to struggle with longer wait times at the VA, both a senator and two congressmen have offered solutions for how to fix the VA healthcare system. The proposals to fix the VA healthcare system come after it was discovered that over 200,000, or one-third of veterans waiting to receive care, had died. Recommendations for fixing the system range from a simple change in appointment scheduling to privatizing the system.

As reported in the Military Times, Representative Cathy McMorris Rogers, a Republican from Washington State and the chairwoman of the House Republican Conference, proposed allowing veterans to schedule appointments online.

"We need to be welcoming new solutions, and not just protecting an outdated model or having the only solution be more money. We've already put a lot of money into VA... and clearly there's not the results."

Under Rogers' legislation, the plan would create a pilot program for six VA medical centers to allow veterans to schedule appointments online. This would give veterans more control over their VA healthcare.

In an opinion piece in the Morning Call, Representative Charlie Dent, a Republican from the 15th District in Pennsylvania, said that veterans deserve to choose their healthcare. He went on

to say that older veterans should not have to travel so far in order to receive the care they need. Only 25 percent of the 21.6 million veterans in America live within 40 miles of a VA medical facility. The other 75 percent must travel at least 40 miles and sometimes up to 250 miles to reach a VA facility.

Integrating the current VA healthcare system with the civilian healthcare system allows the VA to focus on service-connected conditions that include traumatic brain injury, prosthetics, PTSD, behavioral health, exposure to Agent Orange, and any other conditions directly related to military service. The lack of accountability at the VA is the same even though Congress took steps to make it easier for the Veterans Administration to fire bad employees.

Senator John McCain, a Republican from Arizona, also recommended that veterans have the option to seek private care. He pointed out that Veterans Affairs had been slow to implement the Choice plan, a plan that would allow veterans to seek care outside the VA.

“More than a year after the VA scandal first came to light and a year since VA reform legislation was signed into law, wait times are still too long and veterans are still not getting the care they have earned and deserve.”

What do you think is the solution to the VA healthcare crisis? Should the VA privatize all healthcare or simply allow veterans to choose their healthcare?

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1.8 - The Buffalo News: [Buffalo's VA Medical Center has reduced wait times, but more needs to be done](#) (10 August, 658k online visitors/mo; Buffalo, NY)

It is good to know that veterans in the Buffalo area are getting better access to health care. Here's to even more improvement.

As recently reported in The News, Veterans Affairs officials locally touted improved access and service in the health care arena.

Brian Stiller, director of the VA Western New York Healthcare System, spoke about the inroads that have been made in backlogs for appointments. He was at the Buffalo and Erie County Naval and Military Park on Monday for what was touted as “VA National Press Conference Day.”

What better topic to address? Veterans have been treated miserably in a health care system that was supposed to be designed specifically for their needs. Shameful.

What turned out to be a long-running scandal was uncovered last year in an audit that found excessive wait times for health care and questionable appointment scheduling at some facilities across the country. The audit was conducted following reports that patients had died while waiting for appointments to see physicians at a veterans hospital in Phoenix, which hid its scheduling difficulties.

Fortunately for veterans in the area, hospitals in upstate New York, including the Buffalo VA Medical Center, were cleared of wrongdoing.

Nationally, thousands of veterans had to wait more than three months for medical appointments, and thousands of others were enrolled for treatment without ever being seen by a doctor.

In a separate scandal, the VA has struggled for years with lengthy delays in processing disability claims. There has been a significant decrease in the backlog, but delays are still too long.

The growing mountain of problems led to the ouster of Gen. Eric K. Shinseki as VA secretary and the appointment of Robert A. McDonald.

It is heartening to know that in Buffalo, officials said, “as of mid-July, 95 percent of more than 35,600 appointments for care had been scheduled within 30 days.”

While Stiller said it was a “good record” overall, he pointed out that it did not apply to appointments for all specialties. Part of the improvement included efforts to refer certain veterans on waiting lists after 30 days to private physicians.

The VA has to shorten long waiting lists for health care across the nation. The department hired several thousands more medical personnel, but problems persist.

Western New York also has its work cut out in continuing to improve services. It is the least we can do to fulfill the promises made to the people who served this country.

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1.9 - The News Journal: [Downstate vets face health care obstacles](#) (9 August, William H. McMichael, 587k online visitors/mo; New Castle, DE)

The options are pretty lousy for many southern Delaware veterans seeking health care.

The small Veterans Administration outpatient clinic in Georgetown is chronically short of care providers. That can mean long waits for primary and mental health care. Those needing a specialist generally must travel the length of the state to the main hospital near Elsmere.

Frustrated veterans can seek private care under a year-old pilot program called Veterans Choice. But while a wait of 30 days or more for an appointment qualifies for a referral for non-VA care, Sussex County vets must live more than a 40-mile drive from Georgetown. Literally no one does.

And, points out Ron Sarg, chairman of the Delaware Commission of Veterans Affairs, the rules say 40 miles from any facility, whether it offers the specialty care the veteran needs or not.

“So, yeah, they’re within 40 miles of a civilian-based outpatient clinic,” said Sarg, whose commission serves as the state’s advocate for vets. “But they’re not within 40 miles of where they’re actually going to get the care. ... The federal law has to be changed, or amended, on that.”

Just getting routine VA care in Sussex County can be an issue, veterans and advocates say.

“The VA in Georgetown always seems to be understaffed,” said Mike Rowe of Milford, an Army veteran who works for the social services nonprofit Peoples Place and runs its Veterans Outreach program serving veterans who live south of the Chesapeake and Delaware Canal. “They lost their psychiatrist. He left after six months. Before that, it was primary care.”

“I haven’t seen my primary care [doctor] in six months,” said Chuck Werner, 67, of Lincoln, an Air Force C-123 loadmaster who was exposed to Agent Orange during the Vietnam War. Werner suffers from diabetes, peripheral neuropathy and PTSD, and gets his routine care at Georgetown. “You cannot get a primary care appointment in a timely manner. ... I’ve had to wait nine months.”

“Georgetown is a big joke,” said Dennis Nazarok, 68, an Army airborne infantryman who fought in the Vietnam War, now lives near Millsboro and who receives VA treatment for PTSD. “The mental health clinic, that is.”

Wilmington officials confirm Georgetown’s psychiatric vacancy and say the clinic is also short one nurse practitioner as well as a half-time primary care provider. The nurse and primary care doctor are currently on staff but were hired for a new home primary care program that is on hold while their replacements are recruited, said Robin Aube-Warren, the Wilmington director.

To get to VA specialty care, veterans served by Wilmington’s five outpatient clinics must travel to Wilmington. From Georgetown, it’s an 85-mile trip, one way.

Those who can’t drive themselves or find someone to drive them can take a free VA shuttle bus to Wilmington that leaves the Georgetown clinic at 8:30 a.m., Monday through Thursday. It stops at the VA clinic in Dover en route for the final 52 miles of the trip. The shuttle arrives at 10:30 a.m. and begins the return trip at 2:30 p.m. This means vets already facing long waits for appointments must sometimes wait even longer to get a slot that falls within that time frame.

Some, due to age, injury or both, can’t handle it.

“Right now, I’m behind on everything ... that I can’t get, because I have to go to Wilmington,” said Nick Panco, 69, of Lewes. Panco was also exposed to Agent Orange during two combat operations tours with the Marine Corps in Vietnam. He also suffers from PTSD and currently needs specialty care – a colonoscopy, dental work, a vision exam and more. But the drive, he said, is intolerable.

“It’s not only the PTSD,” said Panco, who gets uncomfortable in busy, urban settings. “It’s my back. The pain. When I’m sitting in a certain position for too long ... doctors have told me not to drive, or ride in a car, for more than 30 minutes.”

Some of the vets being bused to Wilmington are much older. That angers many vets, including Panco.

“It makes me sick,” said Panco, who spent years trying to convince officials that it hurt too much to travel to Wilmington for treatment. “A lot of those guys are not the ones to speak out for themselves. They suck it up. My generation, there’s a bunch of us that feel that if we don’t demand at this point, these young kids are never gonna get anything.”

Some vets can't even make it to the loading point. "The problem is, a lot of guys are senior, disabled, and are unable to get to Georgetown," said Rowe. His program tries to pitch in, providing rides once a week in a 10-passenger van. Veterans service organizations such as Disabled American Veterans and the American Legion also provide shuttle service.

Delaware will have an estimated 77,354 veterans as of Sept. 30, 2015, according to VA. Sussex County will have 22,617 of these, a total predicted to slowly fall as older veterans pass away. The number won't dip below 20,000 until 2025. So demand for VA medical services is likely to remain high.

While the staff shortfalls and travel issues frustrate southern Delaware veterans, they say both could easily be alleviated if the VA would make it easier to get non-VA medical care.

A scandal erupted in April 2014 over the manipulation of wait times within VA medical facilities. VA's own inspector general subsequently found that long waits for appointments were endemic. An angry Congress established Veterans Choice. A pilot program funded for three years with \$10 billion, the law allows VA to refer patients to outside care providers.

Choice was limited to veterans who had enrolled in the VA system by Aug. 1, 2014, and recently discharged combat veterans. All are issued a Choice card they can present to the outside provider to whom they've been referred. Veterans cannot seek the care independently.

Amid loud protests, the law's 40-mile limit was amended; vets now must live less than a 40-mile drive from a VA facility. Yet practically none who live in Sussex County do so, as Aube-Warren acknowledges. Choice is not available for emergency care, or from providers who do not accept Medicare – particularly, dental services, Aube-Warren said.

Some veterans do qualify for Choice because they can't get an appointment with their care provider within 30 days, she said. Veterans, however, say they have difficulty getting referrals to outside doctors. Others feel they should be referred to closer options.

Nazarok declined a Choice referral to a psychiatrist in Berlin, Maryland – about 21 miles south – and subsequently landed an appointment closer to home. He also can get help at the VA-funded Sussex County Vet Center in Georgetown, which provides counseling services and referrals.

Nazarok believes veterans should have more flexibility for all their health care.

"I think they should have a universal card," Nazarok said.

There's another private health care option for limited outpatient care. Patient-Centered Community Care, or PC3, is governed by what Aube-Warren called "very specific regulations."

To authorize such care, she said, "We would need to be able to document clearly that there is a medical necessity for the veteran to receive that care closer to where they live. There's no options for convenience, or anything like that."

Wilmington doesn't have any leeway to make exceptions. "These are regulations that we get audited on to make sure that we're complying with them," she said. The restrictions are what in part prompted the passage of the Choice program, she said.

Those lacking transportation or who cannot easily travel may also be referred to the VA's Tele-Health program. This allows selected veterans to be clinically evaluated by primary as well as specialized care providers via secure video teleconferencing equipment and an Internet connection. It's being used by Wilmington system providers "to some extent," Aube-Warren said.

The option's effectiveness, however, is limited to the quality of the connection, providers and veterans say. Internet service is often weaker in rural areas. And while vets in more distant locations can be better served, a care provider is still required on one and sometimes both ends of the connection. While a rural vet is being better served, the evaluation can take the same amount of time as would a normal appointment. Staffing remains an issue.

Georgetown is currently staffed by two full-time primary doctors, a psychologist, 4.5 social workers and four registered nurses. So far this year, an average of 1,001 appointments have been completed each month, according to VA.

Earlier this year, those patients were experiencing long waits. In February, 12.35 percent of patients at Georgetown waited more than 30 days for their treatment, ranking it the nation's 10th worst out of 940 facilities. The percentage now stands at 3.19 days.

Conversely, while the number of veterans seeking care at Georgetown has increased 19.2 percent since 2013, there's been just a 1.4 percent increase over that time in outpatient visits, according to the hospital. Over the same time span, the Kent County VA clinic in Dover saw a 10.9 percent increase in unique patients from 2013, but its outpatient visits have gone up at a disproportionate 33.5 percent.

Aube-Warren warned against reading too much into the fluctuations. "It can be difficult to compare the outpatient visits, and the reasons for that," she said. For instance, at Wilmington's outpatient clinic in Vineland, New Jersey, 9.23 percent of appointments in February took more than 30 days to be completed. In June, that had increased to 17.04 percent.

The reason, Aube-Warren said, was that one provider was out more than six weeks due to an injury. "You get behind, and then you've got to try to make that up," she said. "So you lose those slots when a provider's not available." This then delays subsequent appointments, she said.

Aube-Warren says Georgetown's provider needs are a priority. "We're definitely monitoring the staff every week," Aube-Warren said. "We're looking at it proactively, and trying to adjust accordingly."

The toughest slots to fill are those of the psychiatrists. The problem is not limited to VA.

"Psychiatrists nationally are a very hard to fill position," she said. "There's a greater need than there are psychiatrists able to fill it. So it's not unique to Sussex County, or to Wilmington. When you have a high-demand profession, they have the ability to pick and choose." Recruiting to rural areas is more difficult as well – often for family reasons, she said.

In addition, Aube-Warren said, "Some people come to the VA expecting it to be different than what it is. It's not always a good fit. We see a lot of behavioral health patients."

This was the issue with the psychiatrist who most recently left Georgetown. “He came from a different private sector setting that he preferred, and it just wasn’t a good fit for him,” Aube-Warren said, adding that the position has been vacant for almost two months.

Aube-Warren said one option being weighed in order to serve more veterans is providing a number of very short appointments, “when appropriate.”

“There’s some discussion with VA now about offering more flexibility for 10-minute slots and things like that, because the needs of the veterans are different,” she said. First-time appointments are typically an hour; follow-ups last 15 to 30 minutes.

Sarg, the chairman of the Delaware Commission of Veterans Affairs, says the VA’s issues are understood. Fixing things, and getting the funding to do so, is the hard part.

“Right now, we’ve got much better, open communication with the VA than we’ve had in the past,” said Sarg. “And we all know what the problems are.” Both veterans and the VA are working, he said, “to make our federal and state delegations aware of the issues, and try to get them resolved.”

Improved non-VA care medical options could be in the making as the result of recent legislation that was signed into law, Aube-Warren noted. Congress has directed VA to consolidate all non-VA care under a single program. That plan is due to Congress by Nov. 1.

Sen. John McCain, R-Ariz., one-upped that effort just before the Senate adjourned for the summer last week. An original co-sponsor of Choice, McCain introduced a bill that would make the program permanent and remove the 40-mile limit. It would give veterans “the same type of access to health care that military retirees currently receive” under the military’s Tricare health program, “and civilian retirees under Medicare,” McCain’s office said Friday.

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1.10 - Watertown Daily Times: [Massena VA clinic hosts ribbon-cutting and public open house](#) (10 August, Mike Hann, 504k online visitors/day; Watertown, NY)

MASSENA — There was consternation in the community earlier this year when the Department of Veterans Affairs announced it was ending its more than two-decade relationship with Massena Memorial Hospital and had awarded its contract to operate a Massena clinic to OnSite Occupational Health Services.

But the Massena VA Outpatient Clinic was getting good reviews during an open house at its new home in the St. Lawrence Centre mall. The facility opened July 1 and is still ramping up its services.

Operation Veterans Chairman Joseph M. Cosentino said he has worked with the VA since day one in 1992, when the clinic opened at Massena Memorial Hospital. He said the new VA clinic site is larger and has the space to offer more services to veterans than its previous home.

“The last clinic was probably the size of this lobby,” he said. “I’m very impressed with this place.”

Syracuse VA Medical Center Director James P. Cody was present for the ribbon-cutting along with OnSite Occupational Health Services CEO Kyle G. Johnson and Syracuse VA Medical Center physician recruiter Richard G. Kazel.

Mr. Cody said he hopes to continue the same successful pattern in effect since the veterans clinic was first located in 1992 at Massena Memorial Hospital. OnSite submitted the bid accepted by the Syracuse area VA to provide service to veterans in St. Lawrence and Franklin counties.

“Veterans deserve our best care and that’s what they’ll receive here in the north country,” he said.

Mr. Cody said Massena’s VA clinic is beginning to see about 20 appointments a day, including lab work. He said he hopes to see those numbers increase in the coming days and weeks.

Mayor Timmy J. Currier said he is glad the VA clinic has been such a success in Massena. “You are a fabric to our community, and we are very grateful for our veterans,” Mr. Currier said, noting there are approximately 11,000 veterans in St. Lawrence County.

He said was pleased with the convenience the Massena VA clinic offers veterans. “This clinic has solved the problem of traveling for so many veterans,” he said.

The open house gave the public a chance to view a new piece of medical technology that will connect the Massena VA Clinic with medical professionals in Syracuse.

Family nurse practitioner Noreen H. VonBorstel said Telehealth is a video-monitoring program that allows VA patients in Massena to see, hear and connect with their specialists from Syracuse. She said the system has made providing health care to veterans in this area even more convenient. “It’s great for the veterans to see someone through the camera,” she said.

Licensed practical nurse Shannon M. Giarratano, who specializes in Telehealth, explained the various pieces of equipment. Although the patient can see the doctor face-to-face through the monitor, the specialist from Syracuse can also see what the doctor in Massena can through specific attachments designed to go along with the system.

“There is a stethoscope that can be used with this,” Ms. Giarratano said.

Ms. Giarratano said she can use her stethoscope on her patient in front of her, and the specialist in Syracuse will receive a reading of the veteran’s heart rhythm. Similar attachments are available for other specialties. When the otoscope attachment is used, the specialist see exactly what the nurse in Massena is seeing when examining the inside of the patient’s ears.

“Same goes for the EKG,” she said.

The electrocardiography machine is used to record electrical activity of the heart. When a patient is using this machine, Ms. Giarratano said, specialists can see any abnormal rhythm or detect whether the patient has suffered a heart attack.

The telehealth program also offers a teleretinal screen as well. “This is primarily used for diabetics,” Ms. Giarratano said.

This machine is programmed to take photos of the patient's eyes, and the specialist will study blood vessels in the eyes to determine the presence of diabetes.

Telehealth has even extended into a mental health program called Telemental. This program grants patients a private room with their personal mental health specialist. "Here patients can have a one-on-one counseling service done with their own specialist in Syracuse," she said.

This gives patients a private space with a familiar specialist face-to-face through the monitors.

Mr. Kazel said telehealth programs can connect the VA in Massena to the VA Medical Center in Syracuse, the same VA clinic to which many veterans had been traveling in the past. "It provides more privacy for veterans from the area and a very active telehealth program," he said.

Mr. Kazel said the VA clinic is also improving its women's health capabilities. He said he anticipates a projected growth to serve 2,500 veterans at the Massena clinic.

Mr. Johnson said when starting his company he took the three most important lessons he learned after he enlisted in the Navy during the first Gulf War. "Pride, professionalism and attention to detail," he said.

He said his company was involved in all aspects of planning for the new clinic site at the mall. "We build it, we manage it and we staff it," he said.

OnSite manages the medical center under a contract with the VA. "We've been on VA contracts all over the country," Mr. Johnson said.

He said he was happy with the results at the new location so far. "The veteran population here is high, so Massena was a good area to come to." Mr. Johnson said.

James H. Baleno, a Vietnam veteran originally from Brasher, said he was glad to see the new VA clinic open its doors.

"We needed something," he said.

Mr. Baleno said in the past he would have to travel to Syracuse at least once a year for his appointments. He is hoping that will change with the telehealth capabilities. "I'm not sure if the telehealth will help until later," he said, noting he is hopeful he can use telehealth for his diabetes care.

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1.11 - Providence Journal: [Veterans Journal: VA may widen coverage tied to contaminated water at Camp Lejeune](#) (10 August, George W. Reilly, 441k online visitors/mo; Providence, RI)

The Department of Veterans Affairs has announced that it will begin amending its regulations to cover more conditions affecting veterans exposed to contaminated drinking water at U.S. Marine Corps Base Camp Lejeune in North Carolina between Aug. 1, 1953, and Dec. 31, 1987.

This process is in addition to the health care the VA already provides for 15 conditions to eligible veterans and their family members who were stationed at Camp Lejeune for at least 30 days between the above dates.

According to Wikipedia, the Camp Lejeune water contamination occurred from 1953 to 1987 when Marines and their families living at the base bathed in and drank tap water that was contaminated with harmful chemicals. An undetermined number of former base residents later developed cancer or other ailments, which many blame on the contaminated drinking water. Victims claim that Marine Corps leaders concealed the problem and did not act properly in trying to resolve it or notify former base residents that their health might be at risk.

In 2009, the federal government began investigating allegations of contaminated water and failures by Marine officials to act on the issue. In February 2014, the Centers for Disease Control and Prevention found that the contaminated water at Lejeune significantly increased the risk of multiple cancers, including in the liver and kidney, and amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. ALS is a progressive neurodegenerative disease that causes muscle weakness, paralysis, and ultimately, respiratory failure.

In August 2012, President Obama signed the Janey Ensminger Act into law to begin providing medical care for people who may have been affected by the contamination.

Possible sources of the contamination included solvents from a nearby, off-base dry cleaning company, on-base units using chemicals to clean military equipment and leaks from underground fuel storage tanks.

The diseases that are currently being reviewed by the VA for potential presumptive service connection include kidney cancer, angiosarcoma of the liver and acute myelogenous leukemia, which are known to be related to long-term exposure to the chemicals that were in the water at Lejeune from the 1950s through 1987. The chemicals are benzene, vinyl chloride, trichloroethylene and perchloroethylene, which are known as volatile organic compounds used in industrial solvents and fuel components.

Discussions on establishing these presumptions will begin Aug. 19 between the VA and the Agency for Toxic Substances and Disease Registry. The National Academy of Sciences may also be asked to evaluate the body of scientific knowledge and research related to exposure to these chemicals and the subsequent development of other diseases. VA will consider all public comments received when determining the final scope of any presumptions.

Veterans with health problems they believe are related to exposure to the water at Camp Lejeune may file a claim for disability compensation online at ebenefits.va.gov, or call (800) 827-1000 for assistance. For further information on what happened with the water contamination at Camp Lejeune, visit the VHA Office of Public Health's website at 1.usa.gov/1gMU3DJ.

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1.12 - Military Times (GovMedia): [Military Times publishes annual Benefits Guide for troops, vets and families](#) (10 August, 421k online visitors/mo; Springfield, VA)

Military Times is publishing its annual Benefits Guide, a one-stop resource on the dizzying array of pay and benefits programs offered to active-duty and reserve component service members, retirees, veterans and their families. It has everything they need to know to get the most out of their government benefits.

The guide is a living document, updated each year with changes made by the Pentagon, the Veterans Affairs Department and Congress.

A 20-page special pullout detailing highlights of this year's Benefits Guide is included in all Aug. 17 print editions of Air Force Times, Army Times, Marine Corps Times and Navy Times.

Subscribers can access the full 76-page Benefits Guide online by logging in here, then choosing "Benefits Guide" in the menu on the right side of the screen.

Not a subscriber? Sign up now.

Active-duty service members are eligible for a free annual digital subscription, including access to the full Benefits Guide. Click here to start yours.

Some highlights of what's new in this year's guide:

The PAY & BENEFITS chapter updates the most important compensation issues that affect troops' wallets, none more so than the annual basic pay raise. In 2015, all members received a pay raise of 1 percent effective Jan. 1, duplicating the basic pay raise for 2014. These are the only two years since 1998 that the annual basic pay raise failed to keep pace with average private-sector wage growth, which was 1.8 percent in both 2013 and 2014.

The 2014 and 2015 military raises also were the smallest annual bumps in the 42-year history of the all-volunteer force — a reflection of an increasingly vocal Pentagon campaign to scale back on personnel spending, which top officials claim is growing at an unsustainable pace and putting a squeeze on funding for readiness, modernization and other defense budget accounts.

And the raise for 2016, still not finalized, may not be all that robust, either; the White House and Pentagon want only a 1.3 percent pay bump, which the House has endorsed. The Senate has signaled support for a slightly higher 2.3 percent hike, but that support appears tentative.

In addition to updating all the major pay and allowance rates, this chapter also details potential major changes to the Thrift Savings Plan that are tied to a major military retirement reform initiative still under consideration in Congress.

The SUPPORT SERVICES chapter has details of a new Defense Department service called Militarychildcare.com, which launched in January and is gradually rolling out worldwide. It allows military families to search for child care availability and sign up for waiting lists online.

The central portal aims to streamline the process for parents to get information about, and arrange for, military child care at their current duty station or their next one. Parents can get on the waiting list and monitor their request for child care while they wait for notification of an available space. And rather than contacting each child care program office at each installation, parents can visit one location for their child care needs, view information on every child development center and family child care home and see the current anticipated placement time

estimates. Parents also may view maps to see how far a child care provider is from their work or home.

Other changes: The section of this chapter on Military and Family Support Centers has been reorganized and updated, and the section on Military OneSource, the Defense Department's main portal for personal and family support services, also has been expanded.

The EDUCATION chapter has new details on the Interstate Compact on Educational Opportunity for Military Children, which has now been adopted by all 50 states. The compact is designed to address administrative issues that arise for military children when they move with their families from state to state and encounter varying policies in schools operated by local education agencies.

There is also information for military parents who have questions about how the compact works in a particular state or would like to talk to state officials involved in implementing the compact.

This chapter also has new information on scholarship and other education funding opportunities for military children and spouses, including the Spouse Education and Career Opportunities program; and has expanded information on the military services' specific professional education programs for active-duty members.

The HEALTH CARE chapter details the discussion that swirled in early 2015 about possibly privatizing the military's Tricare health program, a proposal put forth earlier this year by the Military Compensation and Retirement Modernization Commission.

The proposal, dubbed Tricare Choice, would have required beneficiaries to select a health plan from a range of programs compiled by the federal Office of Personnel Management, similar to those offered to federal employees. The committee envisioned offering a range of plans that would include traditional fee-for-service insurance as well as health maintenance organizations and preferred provider network options. Congress has rejected that idea for now, but some lawmakers have expressed interest in continuing to study that possibility.

This section also has new information on the Vet4Warriors program, which offers service members peer-to-peer counseling with other veterans, 24 hours a day. The Defense Department recently decided to cease funding for this program, but the state of New Jersey is funding it for another year. It's open to callers from any branch of service and their families.

The HOUSING chapter has the latest updates on the services' ongoing, long-term efforts to overhaul barracks and dorms for single service members, as well as a status report on where the Defense Department and the services stand with their privatized housing initiatives.

A totally new section introduced this year goes into detail on a new Defense Department initiative called Homes.mil, an online housing referral network that connects military renters with a wide range of rental properties in areas near U.S. military installations both at home and in foreign countries.

Launched in December 2014, the free tool can help service members find housing in advance of a permanent change-of-station move, making "door to door" moves go much smoother. Customizable searches allow users to search for rentals based on price, number of bedrooms and bathrooms, appliances, utilities, pet policies and more.

The RECREATION chapter updates a number of new developments in various military morale, welfare and recreation programs, including a new reservation policy for the Armed Forces Recreation facility in Europe, the Edelweiss Lodge and Resort in Garmisch, Germany. A review of the Status of Forces agreement with that country has led to a tightened policy under which guests living outside Europe cannot directly book rooms. Also updated are the sections on military community/recreation centers, Internet access in military MWR facilities, the YMCA Outreach program, and on-base libraries and movie theaters.

Also added is a small but significant change to Space-available travel rules for family members of deployed troops, which spun out of a recommendation from the Military Compensation and Retirement Modernization Commission.

The MOVING chapter includes expanded details and suggestions for service members dealing with commercial movers during permanent change-of-station moves, including new reimbursement rules on personal vehicle shipments that are not delivered by the dates requested by the member; and additional details on filing claims for damage on personal property during moves. The section on shipping pets also has been expanded.

The RETIREMENT chapter details historic potential changes that are swirling around an entirely new military retirement model. The proposed changes, which have drawn support from most lawmakers and appear likely to become law in late 2015, would transform the military retirement system from traditional pension into a “hybrid” system.

The proposal would shrink the size of the current pension by 20 percent and replace that portion of the benefit with government contributions to individual investment accounts owned by the service member. These individual investment accounts would be provided in the form of a Thrift Savings Plan.

Congress has not resolved all details regarding the contributions to the TSP, but it looks likely that a new system will include automatic government contributions equal to 1 percent of basic pay, and further government matching contributions of up to 5 percent, pegged to what the service member contributes.

Current troops would be grandfathered and could choose to stay under the old system or opt into the new one.

Finally, the full online guide includes three chapters aimed specifically at National Guard and reserve members, with details about joining a reserve component unit, various duty statuses, policies and procedures on activation and deployment, and the rights and responsibilities that come with service in a reserve component.

Our goal is to make the annual Military Times Benefits Guide as useful and informative as possible. If there are issues or programs not covered that you would like to see addressed, send suggestions to Military Times News Service Managing Editor Chuck Vinch at cvinch@militarytimes.com.

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1.13 - The Bulletin: [Leaders: More veterans' services a must](#) (9 August, Francesca Kefalas, 179k online visitors/mo; Norwich, CT)

PUTNAM — Local leaders have begun the process of trying to bring more veterans' services to northeastern Connecticut.

Putnam Mayor Tony Falzarano, state Rep. Daniel Rovero and state Sen. Mae Flexer have started a discussion with state and federal leaders to use part of the Dempsey Center as a veterans' center.

"We have a lot of veterans here," Falzarano said. "We have this great big building sitting almost empty. It makes sense."

Flexer said a meeting with local leaders and representatives of U.S. Rep Joe Courtney and senators Richard Blumenthal and Chris Murphy have sat down with State Veterans Affairs Commissioner Sean Connolly to discuss options.

"I think the biggest issue was figuring out what we might be able to bring to the region," Flexer said.

Flexer points to the success of two regional projects supporting veterans.

Quinebaug Valley Community College's OASIS center is designed for student veterans to meet, socialize, study, access information about veterans' benefits, and support one another while pursuing their education. Killingly's Veteran's Coffeehouse, run by Thames Valley Council for Community Action's Retired and Senior Volunteer Program, has been so popular it had to move into a larger location months after it began.

Flexer said the two serve different age groups of veterans with camaraderie and information but for more options, veterans often have to travel a distance.

Ryan McKenna, an aide to Courtney who specializes in veterans issues, attended legislators' meeting and said when the issue is looked at on a federal level it has to be put into context of the need veterans in some portions of the country face. He said there are places where veterans must fly to get to the closest Veterans Hospital.

Dempsey Center would have the space for a hospital, but with full-service hospitals in Providence, Newington and West Haven, the distance is probably not enough to warrant a full-service medical center in Putnam in the eyes of the U.S. Department of Veterans Affairs. A center that would serve other needs including mental health issues would be appropriate, McKenna said.

Flexer said going to the federal government with the right-sized plan will be important to success.

"Would we love to have a full service hospital here? Absolutely," Flexer said. "I think everyone would like to see that. But that will likely not go very far. But there's not doubt we have a need for mental health, housing and job services in our area."

Falzarano has written letters trying to raise awareness of the issue both locally and federally. And he's got at least two neighboring towns offering support. Brooklyn First Selectman Rick Ives

and Pomfret First Selectman Maureen Nicholson are both interested in bringing more veterans' services to the area.

"I think the coffeehouse has really shown us there are even more veterans in our area than we realized," Nicholson said. "We knew there were a lot and there are even more than we suspected. For a lot of these older veterans, driving 30 miles is not an option any more."

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1.14 - Killeen Daily Herald: [Official: 8 Texas veterans homes not part of VA](#) (9 August, Jacob Brooks, 163k online visitors/mo; Killeen, TX)

There are eight state veterans homes in Texas, including the William R. Courtney State Veterans Home in Temple.

"They are owned by the state. It's not a VA facility," said Jim Suydam, a spokesman for the Texas General Land Office and Veterans Land Board, which oversee the homes.

The homes started as an unmet need that has grown substantially in the past 10 years, officials said.

There are no Department of Veterans Affairs nursing homes in the state, Suydam said. "That's why the need for these homes are so great."

A ninth home is being planned for the Houston area. Suydam said the VA pays for construction costs through a grant, and then the state covers the maintenance and operation costs.

"It doesn't cost the taxpayers anything," he said.

Funding comes from the Veterans Land Board's land and home loan program. The interest from those loans "pays for the operation and maintenance of these homes," Suydam said.

The same program also pays for the maintenance and operations of the state veterans cemeteries, including one in Killeen.

Some residents of the homes also pay a daily fee to live in the home, which covers expenses. Veterans with a 70 percent or higher medical disability connection can live there for free, according to the Veterans Land Board. Other veterans pay \$62 to \$76 per day. Spouses pay \$146 per day if paying privately or more if using Medicaid.

In addition to Temple, the other state veterans homes in Texas are in Amarillo, Big Spring, Bonham, El Paso, McAllen, Tyler and Floresville.

They become a "focal point" for communities and groups who want to support and thank veterans, officials said. The William R. Courtney home in Temple has four motorcycle clubs that support the home, as well as other supporters.

All have between 100 and 160 beds, and a limited number of Alzheimer's beds.

Each one of the homes “are full of war heroes,” Suydam said. “You don’t want to drop the ball on them.”

The homes, officials said, are the envy of other states. San Antonio-based Touchstone Communities has a contract with the state to run all eight homes.

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1.15 - Times-News: [Real people: Perry works for veterans](#) (9 August, Anna Johnson, 163k online visitors/mo; Burlington, NC)

GRAHAM — For Brenda Perry, serving veterans is a family affair.

“I spent a lot of years with (my dad) at the VA hospital,” Perry, 61, said. “There were so many folks who were in need of service, and when this position became available I applied for it. I just like to help people.”

Perry has served as the Alamance County Veterans Services Director since 2012 and was just named the 2015 SOAR Annual Award Winner.

“I really enjoy what I do,” said Perry, who joined the county department in 1991. “I am in this job so I can help folks, and that is my main goal. The veterans of this county really are my heart and soul.”

The SOAR award was created to recognize employees who go “above and beyond” their normal scope of work within the county.

“This award could not have gone to a more deserving person,” County Manager Craig Honeycutt said. “She had a desire and a headstrong attitude about wanting to recognize our veterans on Veterans Day. She felt there needed to be a parade and she was the one who organized it, had the idea for it and organized it with the city of Graham and the county and the veterans. It was her baby, and now I think we are going to have an event that everyone can look forward to each year.”

Overwhelmed, Perry said she had no idea she was selected for the annual award and was immensely honored.

Perry grew up in Alamance County, and her father was severely injured after serving in the U.S. Navy during World War II. She knew after spending time with him she wanted to help veterans, including the more than 11,000 who call Alamance County home.

“I see a lot of frustrated people right now,” she said. “The VA is slow in making decisions, and there are people who are not satisfied with what they received. And then we have a great number who are appreciative of what they receive. I have met so many wonderful people it is overwhelming.”

On a typical month, Perry sees 300 to 350 folks, and they’re all veterans seeking some sort of benefit or help.

“Brenda is probably one of the most loved county employees,” Honeycutt said. “Her work with veterans is just exemplary. Her dad was a veteran, so she has a special place in her heart for veterans of Alamance County, and she really does give her all to make sure that veterans are receiving the benefits they deserve.”

Most recently, Perry was instrumental getting the Veterans Day parade off the ground, and had more than 80 participating groups, organizations and businesses in the first parade and she’s expecting an even larger group this year.

“I think the most rewarding part was we rode in the very back, and as we rode by, veterans stood up with tears rolling down their cheeks, thanking us instead of thanking them for what they’ve done,” Perry said. “That was the thing I am most proud of.”

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1.16 - MagicValley.com (Times-News): [Twin Falls County to Open Problem Solving Court for Veterans](#) (9 August, Benton Smith, 151k online visitors/mo; Twin Falls, ID)

Twin Falls County will open a sixth type of problem solving court this fall, this one to handle an expected surge in cases involving veterans.

The 5th Judicial District — which covers south-central Idaho — already has problem solving courts working with various populations within the criminal system. It hopes its new court will help keep veterans from re-offending.

To slow growing dockets, Idaho expanded its problem solving courts in the early 2000s. Today the 5th District has five such courts, focusing on substance abuse, mental health and DUIs.

“We aren’t looking to get people just clean and sober, but we work to provide more stability in all aspects such as mental health and getting them settled, all of that,” said Shellie Phinney, Family Reunification Drug Court coordinator.

The goal: reducing incarceration costs by reducing repeat offenses.

Twin Falls County’s new Veterans Treatment Court will handle trauma, substance abuse and mental health cases involving veterans.

“A current trend we have been seeing is they will come back from deployment and there is a couple years’ delay before they start having blowups,” said Richard Neu, problem solving court manager for the 5th District. “We looked at the National Guard schedule, and we are prime to start seeing more.”

In 2011, Twin Falls County Prosecutor Grant Loeb approached Neu to create a veteran track within the Mental Health Court to mimic aspects of Ada County’s new Veterans Treatment Court. Loeb’s office was prosecuting a case involving a veteran diagnosed with post traumatic stress disorder, arrested and charged with malicious harassment.

While deployed, the man was seriously injured when an improvised explosive device blew up near him. In December 2010, he was near the electronics department in Walmart when he saw a Muslim woman and threatened her, Neu said.

With the defense, Loeb worked on a plea agreement that got the veteran into an individually tailored track of Mental Health Court. Since then, veteran tracks have been added to other problem solving courts in the 5th District.

Twin Falls County's new court, approved by the Idaho Supreme Court, will consolidate those efforts.

What Are Problem Solving Courts?

Problem solving courts — which began in 1989 with Dade County Drug Court in Miami — help keep offenders out of prison by granting ones who meet certain criteria the chance to participate in an intensive court-monitored program.

“A lot of times what we find is they are using their substance abuse as a part of self-medication,” said Carl Weeks, a Burley vocational rehabilitation counselor who works with three of the courts. “The more involvement these people have and the more team members they have the more successful they are.”

Each court has requirements for its participants such as attending classes, counseling and support groups and passing writing and reading assignments and drug testing. Failure to do any of the steps can result in punishments including additional assignments, work details and jail time.

“People are more effective with coerced treatment and with mandates,” Neu said.

The problem solving courts become less intensive as participants move further into them, and graduation comes after a participant has remained drug- and alcohol-free for a certain time and has established a style of life which makes re-offending less likely.

“We want to target high-risk individuals, and if we identify them then we can help turn their life around,” said Israel Enriquez, Felony Drug Court coordinator for the 5th District.

Before anyone is sent to a problem solving court, opinions are gathered from counselors, probation officers, court coordinators and others with knowledge of the case. If the prosecutor and defense attorney believe the individual is a good candidate for a particular problem solving court, they make a recommendation before the presiding judge. The judge has final say on the individual's sentence.

In March 2014, the Idaho Supreme Court ruled on a Twin Falls case involving a woman with a drug charge and a history of mental health problems. The woman said Mental Health Court considered her a good candidate, but the prosecutor didn't agree. In the case, District Judge Richard Bevan said the prosecutor's office had an “absolute veto” over eligibility for problem solving courts.

But the Idaho Supreme Court said Bevan had erred and that granting prosecutors post-judgment veto power would violate Idaho's doctrine of separation of powers. The Supreme Court said the process should remain collaborative, with the judge making the decision.

Problem Solving Courts in Idaho

After seeing the effects of problem solving courts around the country, Idaho made its expansion a priority in the 2000 legislative session. That year the Legislature passed bills to designate the Idaho Supreme Court, the Idaho Department of Correction and the Idaho Department of Health and Welfare as overseers of the problem solving courts and set aside funding to expand the number of courts.

The funding became available in 2001. By the end of 2003, every judicial district in the state had a drug court and some were beginning to add mental health courts and child protection courts as well.

Today Twin Falls County has five types of problem solving courts: Mental Health Court, DUI Court, Family Reunification Drug Court, Juvenile Drug Court and Felony Drug Court.

“These are all highly specific issues that have done poorly traditionally in the judicial system,” Neu said. “With a more targeted effort we are seeing better outcomes.”

Problem solving courts aren’t just about helping participants avoid prison sentences. Problem solving courts in Twin Falls have helped individuals who never finished high school to get their GEDs, helped participants find employment and helped reunite divided families. Family Reunification Drug Court focuses on the latter.

“I serve families who have been disrupted due to substance abuse resulting in a child protection case,” Phinney said. “Our motto is that it is not about parents getting their children back, it’s about children getting their parents back.”

Problem solving courts have drawn some criticism.

“I think the biggest criticism we hear from the clients is that the program is hard,” Phinney said. “You always have those who aren’t quite ready to make the changes in their lives and those are the ones you hear the negative feedback from.”

Some outside the system have criticized problem solving courts as well, but have taken the opposite view, Neu said. Critics sometimes refer to the program as a soft approach to felons.

“The fallacy of a lock-them-up mentality is you can only lock them up for so long,” Neu said. “These are issues that can be treated, and they don’t get those treatments in prison. Problem solving courts are looking for long-term fixes.”

In 2014, 578 participants graduated from drug and mental health courts around the state; many might otherwise have been sent to prison. The Idaho Supreme Court estimates that incarceration of each of those offenders would cost \$20,000 per year.

To compare, Scott Ronan, senior problem solving court manager for the state, said the Idaho Supreme Court provides \$4,142 in funding per court slot in a normal budget year.

Neu gave another example: While the 7th Judicial District in southeast Idaho was building its first Mental Health Court, it monitored spending on psychiatric hospitals and incarceration for

cases with mental health problems for the two years before the court opened and two years after.

“They found close to a 97 percent reduction in cost for those cases over the four-year period,” Neu said.

Who Gets Help

Mental Health Court in Twin Falls graduated four participants July 25. The four gathered with their loved ones and shared stories about the toll that their mental health and perhaps substance addictions took on their lives before Mental Health Court. The ceremony featured guest speakers Sen. Lee Heider, R-Twin Falls, and District Judge Richard Bevan, who congratulated the four as they joined the ranks of the 34 Mental Health Court graduates before them.

“If you think about 38 people, that is less than here in this room now, but that is 38 lives changed,” Bevan said.

Graduate Mark Olson shared his story that day.

Olson got into drugs and his wife divorced him, rendering him homeless. Olson picked up two felonies in Boise and while visiting Twin Falls was convicted of a third for a drug offense. Olson said he was looking at a life sentence or an application to Mental Health Court.

“I decided on Mental Health Court because I thought that it would be easy,” Olson said. “It is not easy, but what I found is that it was life-changing.”

At the ceremony, Olson stood in front of his family and friends a sober man. Olson has employment and said his life is stable and much better than he could have imagined two years ago.

“I can’t see myself ever going back to the person I was, so thank you Mental Health Court and thank you Judge Bevan for giving me a second chance on life,” Olson said.

When Pamela Holloway started Mental Health Court, she had learned to live in fear — of family, law enforcement and loss of freedom and, most of all, of changing.

“I pretended that I didn’t have any of these fears,” Holloway said. “It was a really tiring way to live.”

Holloway said her life is much better now, and she’s enrolled to begin classes at College of Southern Idaho in the fall.

A New Court

The Veterans Treatment Court scheduled to open Oct. 1 in Twin Falls County will be the fifth in the state. The court is meant to help veterans with mental health and substance abuse problems who end up in the court system.

Veterans have been going through the other problem solving courts. DUI court in the 5th District has served 34 veterans since it came to Twin Falls County in 2006. Felony Drug Court and

Mental Health Court have handled veteran cases as well, but while these courts can help with substance abuse and stress disorders to a degree, they are not equipped to handle all the effects of war.

“In the tracks of other courts our veterans have felt like outsiders and have not wanted to share,” Neu said.

Veterans Treatment Court will try to get veterans reintegrated into their communities.

“When you go into the military there are three months where you are indoctrinated and taught how to be a soldier, but when you come back there aren’t programs,” Neu said. “Social reintegration and trauma are hard to overcome.”

The court will develop classes with help from U.S. Department of Veterans Affairs physicians and psychiatrists, tailoring its approach to veterans’ common problems and to military culture. The psychiatrists will host online conferences with individual veterans in the court in Twin Falls.

“One thing we know is the Army really has a culture of drinking which can lead to using alcohol as a coping tool,” Neu said. “Another one is that the separation from their fellow squad really takes a toll when they come home.”

The push to get Veterans Treatment Court opened in the 5th Judicial District came from both Loeb and veterans. Neu said Loeb approached him a few years ago asking to open a veterans court. Before building another problem solving court, Neu worked with the U.S. Department of Veterans Affairs to see if there was a large enough need. They found there was a high concentration of veterans from the wars in Iraq and Afghanistan living in the Magic Valley.

“The biggest community push,” Neu said, “has been from Vietnam veterans who want to ensure that veterans from Iraq and Afghanistan have better resources than they did.”

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1.17 - Sentinel & Enterprise: [Smooth start for Fitchburg VA clinic](#) (9 August, Anna Burgess, 148k online visitors/mo; Fitchburg, MA)

Local veterans will continue to receive the same federal health care to which they're entitled, but will be cared for in a different facility.

Thursday marked the official opening of the Fitchburg Veterans Affairs Clinic in its new location at the Philip J. Philbin Federal Building at 881 Main St.

The clinic, which began operation at the Philbin Building on July 21, was previously located at the Burbank campus of HealthAlliance Hospital. Part of the VA of Central and Western Massachusetts, the Fitchburg clinic serves 2,500 veterans in the North Central Massachusetts region.

One of its first patients the day after the official opening also happened to be an elected official who spoke at Thursday's ribbon-cutting: state Rep. Dennis Rosa.

"I'm very happy that the VA center stayed in Fitchburg," Rosa, a Leominster Democrat, said Friday. "It's wonderful for the region, and for Fitchburg."

Medical support assistant Vanessa Owen explained the center moved from Burbank when space opened up at the Philbin Building, which houses several other federal services in downtown Fitchburg, including a post office.

"We were given the opportunity to move into a federal building with a brand-new, fully renovated space," Owen said. "It's been a relatively smooth transition."

She added: "All of our services have remained the same. Everything that was offered at Burbank is offered here, and we're looking to expand our services in the near future."

"

These services include primary care, mental health and social work, grant liaisons, a facility for blood work and procedures, and technology services such as video-call appointments and secure messaging between health care providers and patients.

Before the ribbon-cutting at Thursday's opening, Fitchburg Mayor Lisa Wong, state Rep. Stephen DiNatale, Rosa and John Collins, the director of VA of Central and Western Massachusetts, each said a few words about the clinic.

"I thanked everybody for their service, and said, 'I'm one of you, more or less,'" Rosa said.

"In my wildest dreams, I would never have imagined needing VA services at age 66," Rosa added on Friday. "I've been advocating for veterans for so long, I didn't imagine I would need the service I was advocating for."

Rosa said, in the past, he has had to drive to Jamaica Plain to access the services he needs. It's certainly an advantage to veterans in this region to have the clinic in Fitchburg, he said.

Owen said one specific advantage to the new location is its easy accessibility for elderly and handicapped populations.

For this and several other reasons, she said, "I think the new location does help us achieve our mission to provide the best quality care to veterans in a compassionate and timely manner."

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1.18 - Muskogee Phoenix: [VA plans clinic for Tahlequah and notes improvements here](#) (9 August, Cathy Spaulding, 96k online visitors/mo; Muskogee, OK)

Tahlequah could have its own veterans clinic by 2019, Veterans Affairs officials said.

The Tahlequah clinic is one of four new community-based outpatient clinics the VA intends to start in Eastern Oklahoma within the next five years. The clinics were announced at a recent VA media day press conference at the Jack C. Montgomery VA Medical Center.

Richard L. Crockett, acting director of the Eastern Oklahoma VA Health Care System, said the system intends to activate a community-based outpatient clinic in Tahlequah in fiscal year 2019. However, he said the clinic is in early planning stages.

"Right now, we're getting approval to go to Tahlequah, so we can't say much more than that. Even location, we don't know yet," Crockett said. "We just know we need it there."

"We have nearly 37,000 veterans enrolled throughout Eastern Oklahoma," he said. "When we compare the figures to last year, we are up 4.5 percent. Those aren't just visits, those are actual patients using our health care system."

The system posted 351,000 outpatient visits this fiscal year, up 2.7 percent from FY 2014, he said. The number of women veterans served has jumped more than 18 percent from June 2014 to 2,260, he said.

Eastern Oklahoma VA Health Care system operates Muskogee's VA medical center, the Ernest Childers VA Outpatient Clinic and a behavioral medicine center in Tulsa, as well community-based outpatient clinics in Vinita and Hartshorne.

The VA also plans to activate community based outpatient clinics in McCurtain County and Bartlesville in fiscal year 2017 and Okmulgee in fiscal year 2018. They plan to move the Hartshorne clinic to McAlester in 2017 and expand Tulsa's community based outpatient clinic by 2021.

Health care officials also touted technical and patient-care advancements at the Muskogee hospital.

For example, the hospital has five new Xenex robots that use high energy ultraviolet light to disinfect rooms. Crockett said the robots helped housekeepers reduce infection rates. According to the Xenex website, the robots scan the area with ultraviolet light, and the energy passes through cell walls of bacteria, viruses and bacterial spores and kills them.

The hospital also began an Honor Walk, honoring deceased veterans, about a month ago, Crockett said. Announcements are made 15 minutes before the deceased patient and family leaves the hospital. Employees in the hall stop, stand quietly at attention by saluting or with the hand over the heart while the veteran, family and chaplain pass by.

Another new program, "No Veteran Dies Alone," has volunteers help guide and assure dying veterans in their final days and hours of life.

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1.19 - KUSA-TV (NBC-9, Video): [9News Sunday Morning](#) (9 August, 42k broadcast viewers; Denver, CO)

This 30-second video summarizes Sec. Robert McDonald's speech at the DAV Conference in Denver and focuses on his statement that "trust must be rebuilt" and on construction delays at the Aurora VA.

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1.20 - South Washington County Bulletin: [Viewpoint: Culture of VA needs to change](#) (9 August, Rep. John Kline, 32k online visitors/mo; Cottage Grove, MN)

Through their service and sacrifice our veterans have protected our nation and deserve a government that fulfills the promise of quality care.

There are well more than 300,000 employees at Veterans Administration facilities nationwide and undoubtedly many are dedicated to providing quality health care for our veterans. My wife, Vicky, volunteers weekly at the VA in Minneapolis and for years has met and worked alongside numerous Minnesotans devoted to caring for our veterans. As a veteran, I have received treatment at the Minneapolis VA Medical Center and I, too, have witnessed dedication to the treatment of those who have served. But we continue to learn troubling details of failed leadership and severe mismanagement at facilities across the country.

Tragically, our heroes and their families are now encountering a bungled bureaucracy operating under little transparency and less accountability.

Last month, we learned more than 238,000 of the approximately 847,000 veterans with pending applications for VA health care are likely deceased. According to The Associated Press, applications go back nearly two decades and some applicants may have died years ago, although there is no way to tell when or why the person died.

A year ago, we learned that records of dead veterans were changed or physically altered to hide how many people died while waiting for care at the Phoenix VA hospital. Tragically, it was revealed 110 VA facilities across the country maintained secret waiting lists to hide wait times for our veterans. Reports of manipulation of VA appointment records in Minnesota came to light following nationwide reports of such tampering.

When this disturbing news was first reported, I sought answers from Minneapolis VA Health Care System Director Patrick Kelly about wait times and access to care issues on behalf of Minnesota veterans. We also discussed VA issues nationwide and I received an update on VA audits of the Minneapolis system. Recognizing the scope and seriousness of the VA's issues, I joined the entire Minnesota congressional delegation in pressing Sec. Robert McDonald for answers by sending a letter.

Seeking answers is an important step, but it is not enough.

Days ago, Congress took a significant step toward increasing oversight and transparency, and enforcing accountability when it passed the VA Accountability Act. This bipartisan legislation, which I co-sponsored, would give the VA secretary new authority to fire corrupt or incompetent employees — putting the treatment of our veterans before bureaucrats. The bill comes in response to the VA's long and well documented history of not holding problem employees accountable. This commonsense legislation has received strong support from some of our country's largest veterans organizations including the American Legion and the Veterans of Foreign Wars (VFW).

There is much more work to be done. Recently, I was notified the VA discovered unbilled co-pay amounts for inpatient care provided to Minnesota and Wisconsin veterans over a five-year period. Most concerning, our veterans will be assessed co-pays ranging from \$1,000-\$3,000 because the VA erred in not charging veterans at the time of care. Our veterans sought treatment at the VA in good faith and should not be suddenly saddled with thousands of dollars in bills years later due to the VA's inability to properly track, record and bill for services. Upon learning of this, I reached out to my colleagues in Minnesota and Wisconsin, and led a letter to express our outrage to the VA. I also spoke with Sec. McDonald personally to share my frustration and press for a quick resolution for these veterans.

As a 25-year veteran of the U.S. Marine Corps whose wife is a retired Army nurse and son has served three tours in Iraq and Afghanistan, it continues to be one of my top priorities in Congress to ensure promises made to our veterans and their families are promises kept.

Your elected officials in the White House and Congress are expected to keep the public's trust and meet our commitments — especially to those who have sacrificed for our nation. We must work tirelessly to change the culture of bungled bureaucracy and mismanagement at the VA, and restore faith that our veterans will receive the health care they deserve.

Republican U.S. Rep. John Kline serves on the House Armed Services Committee. He also is the Chairman of the House Education and the Workforce Committee. His 2nd District includes part of south Washington County.

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1.21 - KMGH-TV (ABC-7, Video): [7News at 5PM Sunday](#) (9 August, 29k broadcast viewers; Denver, CO)

This 30-second video previews Sec. Robert McDonald's Q&A session that will take place in Denver on Monday. He is expected to speak about progress at the Aurora VA.

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1.22 - WKRC-TV (CBS-12, Video): [U.S. Bank Business Watch](#) (9 August, 10k broadcast viewers; Cincinnati, OH)

This two-minute video reports on improved Cincinnati VAMC wait times and features commentary by the new Director John Gennaro. He explains his top priority is improving access to care and that he held a town hall meeting with staff to ensure veterans' concerns are met.

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2. Ending Veterans' Homelessness

2.1 - Houston Chronicle: [Structural, managerial problems force closure of program for homeless vets](#) (9 August, St. John Barned-Smith, 3.6M online visitors/mo; Houston, TX)

John Rankin had been living out of his truck for more than a year when he finally drove to Houston's Michael E. DeBakey VA Medical Center to ask for help. He owned just a few changes of clothing. To make money, he scrounged for coins and cans, but he spent whatever cash he did find on alcohol.

"I got tired of being tired," said Rankin, a Coast Guard veteran, former oil worker and recovering alcoholic. "When you're 31 years old, living in truck - it hit home, the self-esteem, respect. I had lost a lot of basic dignity."

Rankin later moved into the VA's domiciliary, a residential complex where veterans also received comprehensive services, including group therapy, job training, medical help and educational classes. Since 2008, the facility on Fannin Street south of the Medical Center has helped more than 700 people like Rankin rebuild their lives.

Just this June, city and government leaders declared victory over veteran homelessness here at a celebration at Minute Maid Park. Left unmentioned was that serious structural and managerial problems had forced the closure of the domiciliary and another won't open until at least 2017. VA officials say other programs will absorb veterans who might have received treatment at the domiciliary, but advocates and relatives of the homeless worry the assistance will not be as comprehensive or supportive.

One Army veteran committed suicide a few weeks after being displaced, leading his family to wonder if it may have contributed to his death.

"Of all the places, why are you going to close a government-funded program that served our vets?," said Richard Letourneau, younger brother of 49-year-old Ralph Letourneau, who slit his wrists in May underneath a Midtown overpass. "They deserve better than what they get ... It was like, 'To hell with all y'all.' "

'Out of the blue'

VA officials dispute any notion the veterans were forced out too quickly or have since received lower quality treatment provided through other programs the agency offers, either here or in other parts of the country.

"Every veteran had an individualized discharge plan that was appropriate for them," said Dr. Laura Marsh, head of the DeBakey Center's Mental Health services. "And every veteran was working well with staff to get to the next level of transition."

The VA expects to reopen a new domiciliary in about a year and a half, Marsh said.

Veterans advocates said the decision to close the facility in May surprised them and could complicate efforts to house and treat some of the city's most vulnerable veterans.

Tom Mitchell, executive director of the Texas chapter of USVETS, a nonprofit which provides services to homeless and at-risk veterans, said the news the domiciliary was shutting down "came out of the blue."

"It acted as that middle (piece) - not in a hospital but a more secured environment," he said. "It was a good transition ... which we don't really have now."

Lynda Greene, director of De George at Union Station, a permanent housing complex downtown on Preston Street, said she often received referrals from the domiciliary after veterans had finished their treatment.

It was "a tremendous asset," she said. "Not having it there, I think it creates a void."

Tumult with Riverside

The multifaceted program opened seven years ago, touted as a middle ground between more intense hospital-like environments and independent situations like individual apartments. As many as 40 veterans were treated at a time.

But even as they were helping veterans get back on their feet, VA officials were often battling with Riverside General Hospital, which owned the complex where the program was housed, over a raft of maintenance issues. The VA contracted with the hospital and paid \$375,000 a year in rent.

In 2012, the hospital fell under federal scrutiny in a Medicare billing scam. Earlier this year, former Riverside CEO and president Earnest Gibson III, 70, was sentenced to 45 years in prison. His son, Earnest Gibson IV, who operated the domiciliary, received a 20-year sentence.

VA records show that the younger Gibson and his associates failed to maintain the complex over the last seven years. Letters from VA officials to Riverside as far back as October 2008 - when the facility was damaged in Hurricane Ike - show the agency had to evacuate the site because of unsafe levels of mold, which Riverside eventually remedied.

Other records showed the VA contacted Riverside after the ceiling in an electrical room caved in 2013 and with complaints of rodent, roach and mosquito infestations. Complaints also included worms in bathroom tubs, roof leaks, faulty heating and air-conditioning systems, exposed nails tripping patients and staff and dry-rot throughout the facility.

Riverside appears to never have addressed many of the concerns. Gerry Hilliard, a financial adviser appointed last year to a three-member conservatorship committee that now oversees daily operations, did not return calls seeking comment.

Then, in April, after parts of the ceiling in an office and classroom space collapsed, the VA inspected the facility. Shortly after, the government decided to wind down operations there, though department officials said it was not based solely on that incident.

VA officials stopped hiring new staff or accepting patients in the spring, transferring residents to other treatment programs around Texas, Marsh said.

'Everything fell apart'

Ralph Letourneau, an Army veteran, was one of the final residents to be transferred when the facility finally closed.

He enlisted in the Army four days after graduating from Willowbridge High School in 1984.

"Our family wasn't wealthy," his younger brother, Richard Letourneau, in a phone interview from his home in Arkansas. "He couldn't afford to go to college and he didn't do anything to prepare, so the military was next option."

Letourneau mustered out in 1992 and earned his associate degree in nursing from Houston Community College and worked at several local hospitals.

Then, his younger brother said, "Everything fell apart in the last year and half."

In April 2013, Letourneau gave blood-pressure medication to a patient suffering from tachycardia and hypertension. The patient went into cardiac arrest, but survived, according to records.

The Texas Board of Nursing sanctioned him and mandated retraining, according to a disciplinary report the agency filed in May 2014. His relatives said the requirements - which had to be completed within 24 months - were so onerous that he lost his job and was unable to find a new one.

"It had a major effect," his brother said. On top of that, Letourneau, who had previously talked about committing suicide, was struggling with depression and bipolar disorder and was trying to kick a dependency on Xanax, he said. Letourneau said he attributes some of his brother's mental anguish to growing up gay in their deeply religious, Pentecostal, family.

New environment

All of which brought Letourneau to seek help in March at the domiciliary, where he met Rankin.

"It was very calm and relaxing," said Rankin, now in recovery and preparing to start a new job as a maintenance worker in Kerrville. "Between the staff and living conditions, there was a sense of renewal."

Over his six weeks in the program, Letourneau started to come out of his shell, Rankin said.

"He seemed a lot happier towards the end," he said.

Then, on April 24, just weeks after VA officials told veterans they were closing the domiciliary, Letourneau and Rankin were transferred to a program run by USVETS in Midtown.

It was a different environment, said Rankin - one more centered on helping veterans find jobs - instead of treatment.

In May, Letourneau went missing. Authorities found his body in a car on Blodgett under an overpass a few days later. County records show that he killed himself by cutting his wrists.

"He was going through a lot, and I guess it was more than he could bear," his brother said.

Rankin wonders if Letourneau's departure from the domiciliary aggravated his mental anguish and contributed to his suicide.

"I think the switching of environments was what did it," he said.

2.2 - Richard Source: [Homeless veteran finds housing thanks to Mission Possible](#) (9 August, Emily Dech, 41k online visitors/mo; Mansfield, OH)

James Harris III finally has a place of his own.

For years, the 59-year-old Navy veteran lacked permanent, stable housing. He used to sleep in abandoned houses until he entered a homeless shelter.

A couple years ago, he was caught stealing diapers and faced jail time.

"I stole some Pampers from a dollar store for a girl whose baby didn't have diapers," he said.

He said he served one year in Trumbull County Jail and then another six months in Richland Correctional Institution for a breaking and entering charge.

After he was released in May of this year, he said, "I didn't have anywhere to go."

Though he has some relatives living in the area, he said, "My one brother, he works all the time, him and his wife, and they're never at home, and then my other brother is a drug addict. I can't stay with him. And I have a daughter here. She's got three kids, plus she's raising her daughter's kids, so I didn't have nowhere to stay."

He said he stayed with a friend for a week, "but this girl, she drinks and she smokes dope, so I couldn't be around that stuff," he said.

It wasn't too long, however, before he crossed paths with J.D. Riley, founder of Mission Possible, an organization that aids those who have served or are currently serving in the military.

Harris, who was unaware of the local resources that could be of assistance, greatly benefited from his relationship with Riley, who could connect him to different services.

"I started [Mission Possible] in 2010, so over the last five years I've really met a lot of people who can help, and I know for a veteran, the very first step is to get in contact with the VA and get services established. Once services are established, the doors just open up, Riley said.

"But you have to know what doors to open up and you have to know who to contact...which is why my organization is so important for these veterans because I know whose door to knock on first."

In Harris' case, "He had nothing," expressed Riley. "He didn't have a birth certificate, he didn't have a driver's license, he didn't have an ID--and you can do nothing without those things."

For starters, she took him to the VA to get him a Veterans Identification Card. "Then we got him his birth certificate and state ID. Now that he's got his state ID, we're getting his Social Security card," she said.

While helping him obtain his identification forms, Riley connected Harris to the Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) program. This

program is a joint effort between HUD and VA to move veterans and their families out of homelessness and into permanent housing.

By enrolling in this program, Harris now has a place to call home. He's living in a one-bedroom apartment in downtown Mansfield.

"It feels great to be in my own place," he said. "Just having my own key makes me happy."

Some supporters of Mission Possible have donated furniture and other household essentials to help Harris with his transition.

Riley said it's been encouraging, not only for her, but others who have supported Mission Possible, to witness Harris' progress. "There's a collective sense of pride," she said.

She commented, "James is your classic case of the American dream that just gets a little off track. You just gotta' help him get the train back on, and that's what we're doing little by little, day by day."

Harris is currently working on getting a job.

As one of 10 children, he had to work at a young age to support his family. "I got to tenth grade and had to quit school because I had to go to work," he said.

A year later, he moved to Mansfield to work at Ohio Brass.

At 19, he enlisted in the Navy, and thereafter found odd jobs to support himself.

"I'm good painter. I paint and I do roofing," he said.

Riley, who still maintains close contact with Harris, encouraged people to contact her at missionpossiblegroup@mission-possiblegroup.org if they know of available job opportunities for Harris.

Riley tries to keep in touch with all whom she serves.

"I know everybody I take care of by name," she said. "I don't just hand them food and walk away from them. I find out what they need--whether housing, jobs, whatever."

She said her organization, which she emphasized is 100 percent nonprofit, has helped other individuals find housing, in addition to Harris.

To learn more about Mission Possible, visit the website or Facebook page.

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3. Ending the Claims Backlog – No coverage

4. Veteran Opportunities for Education/GI Bill

4.1 - The New York Times: [Hillary Clinton to Offer Plan on Paying College Tuition Without Needing Loans](#) (10 August, Patrick Healy, 70.6M online visitors/mo; New York, NY)

With Americans shouldering \$1.2 trillion in student loan debt, and about eight million of them in default, Hillary Rodham Clinton on Monday will propose major new spending by the federal government that would help undergraduates pay tuition at public colleges without needing loans.

Mrs. Clinton does not go as far as her Democratic presidential opponents in promising to end tuition debt altogether, since her plan would still require a family contribution that could involve parents taking out loans to cover some tuition.

But her proposals, which would cost \$350 billion over 10 years and include new refinancing options for those already struggling with debt, are an aggressive response to what many Americans — Democrats and Republicans alike — see as a worsening crisis forcing young adults to move back home with their parents and struggle to get out from under repayment bills.

Under the plan, which was outlined by Clinton advisers on Sunday, about \$175 billion in grants would go to states that guarantee that students would not have to take out loans to cover tuition at four-year public colleges and universities. In return for the money, states would have to end budget cuts to increase spending over time on higher education, while also working to slow the growth of tuition, though the plan does not require states to cap it.

Many states have reduced college spending sharply since the recession; one of Mrs. Clinton's Republican rivals in the presidential race, Gov. Scott Walker of Wisconsin, signed a two-year budget last month that cuts spending for the University of Wisconsin system by \$250 million. Tuition and fees for in-state residents at public colleges nationwide have increased by more than 40 percent since 2004 after adjusting for inflation.

Mrs. Clinton would pay for the plan by capping the value of itemized deductions that wealthy families can take on their tax returns. The tax and spending elements of her proposal would need support from Congress — a tall order, since it is now run by Republicans — while the plan's goals would depend on support from state governors and legislators, more and more of whom have been Republicans recently.

But some education analysts said they believed her debt relief ideas would have a chance in a Republican-led House and Senate because anxieties about high tuition cross party lines.

“There is a lot of bipartisan interest in issues of college affordability, and bipartisan support for Pell Grants, student loans and other federal programs,” said Robert Shireman, who advised President Obama and President Bill Clinton on education issues, and who offered input on the plan to the Clinton campaign. “The compact proposed by Hillary Clinton is a strong starting point for a discussion that zeros in on the issues that are in the public mind and have been raised by leaders in both parties: accountability, outcomes, college costs, and manageable loan repayment.”

Mrs. Clinton, who will officially announce the plan at a campaign event on Monday in Exeter, N.H., would also allow Americans to refinance private loans at lower interest rates; let students use their Pell Grants fully for living expenses; expand the AmeriCorps national service program,

which provides an education benefit and was started by President Clinton, to 250,000 members from 75,000 members; and impose penalties on colleges whose graduates cannot repay their loans.

The Clinton proposals might fare better than those offered by her two main opponents for the Democratic nomination, Senator Bernie Sanders of Vermont and former Gov. Martin O'Malley of Maryland, because unlike them, she is not relying mostly on the government to deal with student debt. Colleges would have to hold down costs and show improvements on graduation rates, for instance. Mr. Sanders has proposed spending about \$47 billion a year to end public college tuition, with another \$23 billion a year coming from states; Mr. O'Malley has proposed his own debt-free plan, though a campaign spokeswoman said there was no cost estimate yet.

Sandy Baum, an independent higher education policy analyst who advised the Clinton campaign on the plan, said it "doesn't pretend that the federal government can wave a magic wand and fix everything."

Yet her plan does not go as far as some liberal advocacy groups would like, because she still expects families to make a "realistic" contribution to cover some tuition costs — through savings or loans — while students would contribute based on wages from 10 hours of work per week. In contrast Mr. O'Malley proposed "an aggressive goal — to give every student and their family the opportunity to go to college debt-free," said Lis Smith, his deputy campaign manager .

Rohit Chopra, a former student loan ombudsman at the federal Consumer Financial Protection Bureau, said that the plan would "clean up much of the chaos" in the college loan industry by overhauling subsidies for student loan companies and for-profit colleges, helping students refinance loans at lower interest rates, penalizing schools that defraud veterans using their G.I. Bill benefits, and making it easier for more students to tie their monthly loan repayment amount to their income.

"As a regulator, I spotted manipulation of payments to maximize fees, steering into repayment plans that were not in the best interest of borrowers, and illegal mistreatment of military families," Mr. Chopra said. "The plan helps to fix all of these problems."

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4.2 - Chicago Tribune: [Still waiting for peace and justice](#) (9 August, Jerry Shnay, 20.5M online visitors/mo; Chicago, IL)

World War II ended on Aug. 14, 1945, when Japan accepted terms of unconditional surrender. Newspapers were filled with stories of joyous celebrations. Flags flew and patriotic songs were sung. Strangers hugged and kissed. Confetti fell on Times Square, State Street and Hollywood Boulevard.

We looked to the future. Families with little blue star flags hanging in a window were counting the days until a loved one would be home. Gold star emblems were silent tributes to those who would not return. The cost had been dear, but "peace" was the word on millions of lips and "equality" and "justice" were in millions of hearts.

It took a while then – and even now – to fully understand what those words mean. Food rationing and Red Points were a thing of the past. The builders of dull camouflage-colored tanks quickly returned to producing shiny new cars. This thing called television was just around the corner.

"Don't you know there's a war on?" was a catch-phrase that gave way to "When can I get it?"

A new law; the G.I. Bill, changed lives. Veterans could get low-cost mortgages, low-interest loans to start a business, a year of unemployment insurance and money to attend college at a time when the country still was struggling with the economic residue of the Great Depression.

Nothing seemed too hard to accomplish. When there was a problem, there always seemed to be a solution. Can't get what you want at the store? Start your own company. Can't find good housing for your family? Park Forest, America's "G.I. Town," south of Chicago, was the answer.

Some veterans who witnessed the terrible toll of war returned to the classroom. All they wanted was time to change the world. The world had other ideas. Less than five years after August 14, 1945, American soldiers were fighting in Korea and the effort to keep America secure at home had morphed into the "Red Scare," affecting the lives of thousands. Both the guilty and the innocent were punished. "You have to break eggs to make an omelet" was pathetic reasoning and not justice.

By 1956, more than two million veterans had benefited from the G. I. Bill. The next generation, those who thrilled to tales of wartime heroism, seemed a different breed of cat. The veterans stirred the pot and left, replaced by others who never seemed to make waves.

There were always some exceptions. Civil rights was becoming an exception.

In 1955, some 14 months after the United States Supreme Court declared segregated schools were illegal, five students at the University of Missouri wondered why a fraternity on campus waved a huge Confederate flag at football games and flew it from a flagpole in front of their house. It was decided that, in the wake of the legal decision, something should be done. The next morning the flag was gone.

It was not much of a statement. Nothing changed. There were more flags in the fraternity storeroom. Perhaps it was merely a typical college prank. But today, in light of recent events, it seems what was done 60 years ago takes on much greater significance.

We won a world war 70 years ago and hoped for the gods of peace and justice to reign. We are waiting still.

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4.3 - Bloomberg Politics: [Hillary Clinton to Outline \\$350 Billion College Affordability Pitch](#)
(10 August, Jennifer Epstein and Janet Lorin, 17.4M online visitors/mo; New York, NY)

Hillary Clinton plans on Monday to begin rolling out one of the biggest-ticket policy proposals of her presidential campaign, a \$350 billion plan aimed at reining in the ever-growing cost of college and help millions of borrowers struggling to repay student loans manage their debt.

Drawing on many of the same ideas and advisers on which President Barack Obama built his college affordability agenda, Clinton's proposals—to be formally unveiled at campaign stops in New Hampshire on Monday and throughout the rest of the week—include federal incentives for states to boost their spending on public higher education, options for students to graduate from state colleges and universities without taking out loans, and pushing for a program to help borrowers refinance existing debt first pitched by Obama.

If Clinton is elected, this slate of higher education proposals would be a top priority in the first year of her administration, said a campaign official who declined to speak on the record before Clinton formally announced her proposals. Most of the programs would require congressional approval, as would the campaign's preferred way of funding them, by capping the value of itemized tax deductions for the wealthy.

The Democratic front-runner's pitch will likely satisfy many education advocates on the left, and allow Clinton to offer a detailed plan to the many voters voicing concerns about student debt and college affordability on the campaign trail. Nearly seven-in-ten of those graduating from college take out student loans and total student debt owed in the United States exceeds \$1.3 trillion.

At the same time, Clinton's seizing of the college affordability issue could turn Republican presidential hopefuls—especially Gov. Scott Walker of Wisconsin, Gov. John Kasich of Ohio and former Gov. Rick Perry—into prime targets of her campaign. All three oversaw cuts in state higher education funding, though Kasich earlier this year proposed increasing state higher education funding and tuition.

The so-called New College Compact is designed to do the same thing for higher education that the Affordable Care Act did for health care, bending the cost curve, and requiring that non-educational costs—expenses like marketing a university or building a new football field—compose a smaller percentage of an institution's spending.

Dueling Democratic Proposals

Clinton's proposals are more targeted—and less expensive—than those put forward by her top opponent for the Democratic nomination, Vermont Senator Bernie Sanders, who in May put forward the College For All Act, which would eliminate undergraduate tuition and fees at all public colleges and universities, with the federal government pitching in two-thirds of the funding and one-third coming from the states. But his approach has drawn criticism from some student advocates, including the influential Institute for College Access and Success, because it would not provide support for students struggling with their living expenses. In all, it would cost \$750 billion over a decade, funded by new taxes on Wall Street.

Another contender for the Democratic nomination, former Maryland Governor Martin O'Malley, is proposing making attendance at in-state public college and university debt-free for all Americans. His campaign hasn't yet estimated how much his proposal would cost or decided on how to pay for it, spokeswoman Haley Morris said.

The Clinton campaign sees its proposal hitting a strong middle ground for the left, meeting the standards set by Demos and the Progressive Change Campaign Committee, two groups with close ties to Massachusetts Senator Elizabeth Warren while coming in at less than half the cost of Sanders's pitch.

Clinton's Two-Pronged Approach

Aides divide Clinton's proposals into two categories: ensuring that "costs won't be a barrier" for prospective students at public colleges and universities, and that "debt won't hold you back" after graduating or leaving college.

Programs in the first category would cost an estimated \$200 billion and are centered around an effort to incentivize states to spend more on public higher education that would make it more possible for students to graduate without taking on loans for tuition and for those from low-income families to use Pell Grants to pay for their room and board costs. Students from higher-income backgrounds could graduate from college without incurring debt if they agree to join AmeriCorps, a program that Clinton wants to expand from 75,000 members to 250,000. AmeriCorps participants already get help repaying their student loans.

Forty-seven states spent less per student during the 2014-15 academic year than they did before the recession, a Center on Budget and Policy Priorities analysis found. Clinton hopes to stop and eventually reverse that trend by offering federal funding to states that set out plans to begin spending on their public colleges and universities. Legislatures and governors will have to take action to turn on the spigot of federal funding, potentially provoking the same kind of partisan fights in state capitols created by the Affordable Care Act's option for states expand Medicaid.

It would also require public institutions to show that they are tightening their belts

"It gives them an incentive to find ways to reduce costs, like lower the cost of textbooks or have free online textbooks," said Bob Shireman, a former deputy undersecretary of education in the Obama administration who has been advising the Clinton campaign since May. "Right now they have little incentive there because they just impose those costs on students."

Other Obama administration alumni advising the Clinton campaign on higher education policy include Rohit Chopra, the Consumer Financial Protection Bureau's former student loan watchdog; Carmel Martin, former assistant secretary for planning, evaluation and policy development at the Education Department; and Zakiya Smith, a former senior adviser on education in the White House Domestic Policy Council. Sandy Baum, a professor at George Washington University and longtime adviser to the College Board, has also been involved.

Student Debt Refinancing

A second set of proposals, costing \$150 billion in all, focuses on helping people who already have student debt repay it.

Clinton is following the lead of Warren and the Obama administration in calling on Congress to create a way for people who already have student debt to refinance their loans at the current federal rate. It would benefit an estimated 25 million borrowers, including most people with federal loans, as well as those who are current on their loans from private lenders.

Congress twice last year rejected bills to create a refinancing program but Shireman said he's optimistic that Clinton could follow through. "It has come close and it's gaining momentum and is much needed," he said.

"So many borrowers have been cheated by the student loan industry, just like we saw in the subprime mortgage market," said Chopra, who left the CFPB earlier this summer. "There needs to be beefed up consumer protections to cut down on the conflicts of interest."

Clinton is also proposing consolidating four income-based repayment programs into one, reducing confusion for borrowers and capping payments at 10 percent of discretionary income and forgiving any unpaid debt after 20 years. Republican Senator Lamar Alexander of Tennessee has proposed his own option for streamlining the income-based repayment programs and the Obama administration is working on its own option.

Targeting For-Profit Colleges

Clinton's plan would expand consumer protections, including creating a new Borrower Bill of Rights to inform people who take out student loans of their options; banning loan servicers and bill collectors that consistently break the law; and helping students who have been defrauded—like those who attended the Education Department-shuttered Corinthian Colleges—discharge their debt.

It would also expand the Obama administration's efforts to root out bad actors in the for-profit college industry by strengthening the current administration's gainful employment regulations and requiring colleges to take on some of the financial responsibility when borrowers default on their student loans.

"You need to cut down on the waste, fraud and abuse," Chopra said. "That does mean holding some of the law-breaking for profit colleges accountable."

Clinton would also seek to modify the "90/10 rule," which limits revenues coming from federal sources to 90 percent of a for-profit's overall revenues to include federal support from the Post-9/11 GI Bill in that 90 percent.

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4.4 - Politico: [Hillary Clinton's \\$350 billion plan to kill college debt](#) (10 August, Nirvi Shah and Kimberly Hefling, 8.3M online visitors/mo; Arlington, VA)

Hillary Clinton on Monday rolled out a sweeping higher education plan — a \$350 billion proposal that would help millions pay for college and reduce interest rates for people with student loans.

The plan, which would change the way a large swath of Americans pay for college, borrows ideas from the left and the right and even expands a program enacted by her husband. It includes ideas already being discussed in Congress and for which groundwork has been laid by the Obama administration. The proposal, dubbed the New College Compact, is unlikely to win over many in the GOP because the \$350 billion over 10 years would come from cutting tax deductions for the wealthiest Americans.

Clinton will discuss the plan, a litmus test of sorts for progressives, at campaign stops Monday and Tuesday in New Hampshire. And at a yet-to-be-announced stop later in the week, Clinton will offer additional proposals intended to help nontraditional students — such as those who are already parents — complete their degrees, the campaign said. And the plan's roll out is timed to

coincide with college students heading back to school, potentially luring a voting bloc critical for President Barack Obama that Clinton needs to court as well.

A senior campaign official called the combination of ideas and the intense emphasis on the issue of paying for college a “bold transformation of how we would do higher education financing in our country.”

The compact’s baseline goals are to allow students to attend a four-year public college without taking out loans for tuition, attend a community college tuition-free, push states to spend more on higher education, encourage institutions to cut costs while boosting graduation rates and reward innovation.

“This is a real political organizing opportunity,” the official said. “We have heard everywhere Hillary Clinton goes, literally everywhere she goes ... from young people who are being held back or families who have no idea how they’re going to pay for” college.

Republicans, including Senate education committee Chairman Lamar Alexander have argued that public college tuition is largely affordable now and that stories of students who have racked up more than \$100,000 of debt are outliers.

“Members of the Senate education committee are working on a plan to help students graduate more quickly with less debt,” a Republican aide said. “Students, taxpayers and voters should react with great skepticism to any proposals that would amount to a Washington takeover of higher education and jeopardize the autonomy and independence that has made our higher education system the best in the world. These kinds of ideas usually go hand in hand with higher state taxes, increased costs and fewer choices.”

Clinton’s plan places the blame on states for cutting back on their investment in higher education, hiking tuition even as federal scholarships for low-income students — Pell Grants — were being increased and awarded to more students to keep up. Her compact calls for more federal investment in colleges but only in exchange for pledges that colleges will invest more, too.

The campaign praised some Obama administration initiatives, including the boosts in Pell Grant spending and the expansion of programs that allow graduates to repay loans based on the size of their paycheck. But Clinton wants to address the underlying issue that led to the need for those changes and the nation’s collective \$1.2 trillion in student loan debt.

“We haven’t dealt with crux of the problem: How do we actually stem the cost curve?” the campaign official said.

Barmak Nassirian, director of federal policy analysis at American Association of State Colleges and Universities, said overall he thinks it’s a “very positive plan” touching on many pieces of the puzzle. He said it’s good that it encourages state investment in colleges and universities. “It’s a pretty solid approach.”

According to the College Board’s 2014 pricing guide, published in-state tuition and fees at public four-year institutions ranged from a low of \$4,646 in Wyoming and \$6,138 in Alaska to highs of \$14,419 in Vermont and \$14,712 in New Hampshire.

Clinton's plan walks the line between the "debt-free" college and free tuition proposals offered by fellow Democratic contenders Martin O'Malley and Bernie Sanders, respectively. States that keep students from going into debt to pay for their living expenses would get additional federal cash in Clinton's plan. And low-income students who qualify for Pell Grants would be able to use those for living expenses.

And taking a cue from many GOP presidential candidates focused on higher education, the plan emphasizes accountability and innovation. It pushes colleges to make sure students complete their degrees and suggests financial aid for students earning so-called digital badges and other credentials from online courses.

The plan also draws from Massachusetts Democratic Sen. Elizabeth Warren, who has condemned the federal government for supposedly profiting on student loans. (The administration has said the interest on student loans is spent on things like Pell Grants and the loan-repayment programs that make repayment proportionate to a borrower's income.)

Clinton's compact also would allow refinancing so existing borrowers could sharply cut their interest rates, another Warren idea congressional lawmakers rejected last year. It would have been paid for by taxing the wealthy.

"If you want to fix the student debt problem in America, you can't just focus only on the future generation of borrowers," said Rohit Chopra, the former student loan ombudsman at the Consumer Financial Protection Bureau. He noted that there are about 8 million student loan borrowers in default owing approximately \$115 billion.

Chopra, a senior fellow at the Center for American Progress who provided advice to the campaign on some aspects of the plan, said any such plan must address both the symptoms and the disease and include components such as ensuring that student loan servicing companies are giving good advice to borrowers about available plans to help them repay their loans before going into default.

Clinton's overall \$350 billion budget for the proposal breaks down like this: More than half of the total would be spent on the grants for state and colleges. Another third would be the expense of cutting interest rates for students who have outstanding student loan debt. And the rest would be spent on innovations, rewarding college completion and boosting support for parents.

But when it comes to refinancing existing debt and lower current interest rates, the reality could be more costly than Clinton's campaign estimates because of the size of these programs, said Mark Schneider, a vice president and institution fellow at American Institutes for Research and president of College Measures.

"When we talk about changing student debt, I get nervous about how much many of these changes will cost," Schneider said.

He also questioned why if she's interested in getting all schools to provide a quality education she doesn't endorse gainful employment standards for all sectors of education. The regulation requires career training programs to track their graduates' performance in the workforce and eventually will cut off funding for those that fall short.

"If gainful employment is good for proprietary schools, why isn't it good for everybody?" Schneider said.

Clinton's plan does incorporate a recent proposal from Republican Sen. Orrin Hatch of Utah and Democratic Sen. Jeanne Shaheen of New Hampshire that would have colleges with low student loan repayment rates send money to a fund supporting colleges serving high percentages of low- and moderate-income students.

And it draws from another bipartisan proposal, from Sens. Alexander of Tennessee and Democrat Michael Bennet of Colorado: simplifying the federal student aid application.

Though much of the plan builds on ideas already proposed or enacted by others, some aspects carry a distinct Clinton's stamp. The plan would expand the volunteer program AmeriCorps from 75,000 to 250,000 members and expand the college cost benefits extended to these volunteers. (Former President Bill Clinton created the volunteer program in his first term.)

Another Hillary Clinton trademark is a focus on veterans. Her plan would expand a program that supports vets who pursue their degree. And it would change the way for-profit colleges calculate how much revenue they draw from federal student aid programs by including GI Bill benefits and Defense Department tuition assistance money, which aren't part of the calculation now.

Also on for-profits, the plan would expand regulators' power to crack down on for-profit colleges that engage in deceptive marketing or fraud. Taking a cue from the closure of for-profit giant Corinthian, Clinton would streamline the process for students to cancel their student loan debt and reset benefits for defrauded GI Bill students, a nod to a proposal by Democratic Sen. Richard Blumenthal of Connecticut.

The plan would make permanent the American Opportunity Tax Credit that can help students pay for tuition, fees and materials. Colleges and universities would have to become more upfront about graduation rates, likely earnings and debt and how that compares to other schools.

Clinton's plan targets nontraditional college students, too, her campaign said, in part to cater to the modern worker, who may need additional skills to advance or change careers even if they already have a degree. Clinton's plan would allow the Education Department to pursue more experiments that allow students taking some types of online courses to draw federal financial aid.

Her campaign said she's intrigued by the partnership forged by Arizona State University and Starbucks last year in which employees can work on completing their degrees online with Starbucks picking up some of the tab in the long run. Another new ASU offering allows students to earn credits very inexpensively toward their freshman year of college via a partnership with the online nonprofit edX.

"A presidential election is the time to consider broad changes to public policy, and this is a big, bold and complex proposal," American Council on Education President Molly Corbett Broad said.

"With the widespread public interest in helping students and their families finance a college education," she said, "it is not surprising to see this and other proposals put forward as part of the conversation around how to make college more affordable and encourage states to invest appropriately in higher education."

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5. Women Veterans – No coverage

6. Other

6.1 - FOX News (Video): [Why Jim Webb is not your average Democrat](#) (9 August, 31.8M online visitors/mo; New York, NY)

From 1:50 of this four-minute video, Jim Webb mentions his experience in working with VA. He says what concerns him most is the “huge backlog in terms of adjudicating cases,” which stands at 900,000 claims.

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6.2 - KETV-TV (ABC-7, Video): [800 veterans compete in national event hosted in Omaha](#) (9 August, Camila Orti, 1.1M online visitors/mo; Omaha, NE)

Eight hundred veterans are in town for the next few days as athletes competing in the National Veterans Golden Age Games. The event is an opportunity to celebrate U.S. heroes.

Those in attendance may be retired, but they haven't retired their running shoes.

"I have a favorite line: I'd rather wear out than rust out," WWII veteran Gilbert Hill, 89, said.

The games are being held for the first time in Omaha, Hill's hometown. He signed up for three track events, including the 100-meter sprint.

"(I) ran track in high school and college and in the Navy, so I just figured I better keep doing it," Hill said.

From heroes in battle to heroes in their own healthy lifestyles, organizers said the event is about bringing together service members.

"Events like this gives them the opportunity to come back together once a year," event spokesperson Will Ackerman said. "Or maybe some of these folks haven't seen each other in years and they pick up right where they left off."

Veterans can compete in a couple dozen different sports, from horseshoes and billiards to basketball and table tennis. The event isn't so much about who wins or loses, but about supporting those who supported the country.

"We welcome you and we thank you for your service and for your dedication," Mayor Jean Stothert said at the event.

The event is put on by the National Department of Veterans Affairs. It'll wrap up Wednesday at the CenturyLink Center.

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6.3 - AL.com (Video): [Alabamians with disabilities sew veteran burial flags with VA contract](#) (9 August, Jim Little, 5.9M online visitors/mo; Birmingham, AL)

After 1.8 million flags and counting, Phoenix has renewed its contract with the Department of Veterans Affairs to continue manufacturing American flags used in veteran burials.

The contract renewal will allow Phoenix to continue to employ 22 workers, who all have some type of disability.

Phoenix is a nonprofit organization founded in 1973 whose goal is to help approximately 1,200 people with disabilities a year find work, according to President and CEO Bryan Dodson.

In 1995, Phoenix started manufacturing flags for the VA at its Huntsville facility. Since then, workers at Phoenix have been shipping out approximately 350 cotton flags a day.

"We know that every one of those flags becomes essentially a cherished family heirloom," Dodson said. "We get to be a part of honoring people who honored this nation by serving."

More information about Phoenix can be found at their website or Facebook page.

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6.4 - Las Vegas Review-Journal: [New Pahrump VA clinic comes with a side of politics](#) (9 August, Steve Tetreault, 941k online visitors/mo; Las Vegas, NV)

The announcement Wednesday of a new veterans clinic for Pahrump came with a heaping side of politics over how credit should be apportioned.

Republican Rep. Cresent Hardy, whose district includes Nye County, sought kudos after a \$12.1 million contract award. But at the same time he raised eyebrows when he charged Democrats who also had pushed the VA to finalize the long-delayed project couldn't get the job done.

Hardy, eager for good news as a freshman who faces a tough re-election, said that during his seven months in office, he had written a letter to VA Secretary Robert McDonald, met with regional officials and assigned staffers to engage "all levels of the VA bureaucracy."

But at the same time he claimed credit, Hardy took a swipe at U.S. Sen. Harry Reid and at former Rep. Steven Horsford.

"Congressman Hardy's predecessor, as well as Senator Harry Reid, had each promised progress on the clinic in years past, but ultimately could not cut through the red tape, and the project continued to languish," Hardy's statement said.

Reid's office said he lobbied McDonald's predecessor, Eric Shinseki, in 2013. In June 2014, Reid and Horsford summoned VA officials to a meeting in Reid's office to press the agency to finalize the project. Two months later, Horsford reported McDonald had signed off to begin the permitting process, with construction to start by the end of the year.

VA officials said the project struggled through internal legal and cost issues that were finally resolved before a construction contract was announced Wednesday to an Illinois-based company, W&J Development LLC.

Reid's staff took to social media to rebut Hardy.

"He just got to Congress seven months ago. He had nothing to do with this," Reid Deputy Communications Director Kristen Orthman said of Hardy on Twitter. She posted a 2004 Pahrump Valley Times news clip of Reid talking about a veterans clinic for the community.

Hardy's office did not respond if he had done anything different than other lawmakers that led to success where others may have fallen short.

"Lots of people have worked on a getting Pahrump a new VA clinic, well before Nevada's Fourth Congressional District existed," Orthman said in a statement. "There is no question this has been far too long of a process — that's why we continued to pressure the VA — but it should be noted that this isn't something that was magically solved in the last few months."

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6.5 - CNN (Video): [State of the Union](#) (9 August, 521k broadcast viewers; Atlanta, GA)

In this one-minute video, Carly Fiorina states that Congress passed a bill saying the 400 top senior executives at VA ought to be fired, and maybe one has been fired.

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6.6 - KUOW-FM (NPR-94.9): [A Pod Of Their Own: Washington State Prison Keeps Veterans Together](#) (10 August, Patricia Murphy, 369k online visitors/mo; Seattle, WA)

Every morning the flags at Stafford Creek Corrections Center in Aberdeen, Washington, are raised in a color guard ceremony.

The 10 men who do the job are inmates and veterans.

The ceremony ends with a salute, although the solemnity and reverence can seem strange in this setting.

The color guard, still in formation, walks along the concertina wire past the guard shack back to their housing unit, which they call their pod.

Washington is among a handful of states that have started such programs to house incarcerated veterans together.

Correctional unit supervisor Tera McElravy said the two-year-old program doesn't aim to recreate the military. Rather it enables the state Department of Corrections to use the inmates' shared life experiences to help with rehabilitation and transition.

"We want to recapture that positive stuff that they learned in the military and then have them apply it to civilian life," McElravy said.

The 90 or so men move about their unit freely. The walls are painted with armed forces insignia and flags.

The program is attractive to prison officials largely because it doesn't cost extra money. Inmates with non-violent behavior while in prison are eligible; they work with the State Department of Veterans Affairs to sign up for VA benefits, services and job training.

Inmate Michael Kent began serving time for robbery in 2011 and came to the vets pod a year and a half ago.

"When I came to the pod, people greeted me. I was like, 'Whoa, something is different here,'" Kent said. A common background helped to foster a sense of responsibility.

"There wasn't all the politics. There wasn't all the other garbage to be involved in," he said. "All they were trying to do is help each other out. "

At Kent's feet was Snickers, a chocolate-colored dog, whose tail beats a steady thump on the tile floor. Kent is training Snickers as a service dog for a wounded veteran. It's one of a few community service programs inmates can participate in.

There are skeptics who question the effectiveness of inmate-veteran programs in Oregon, Florida and Colorado.

Among them is William Brown, a criminal justice professor at Western Oregon University. He's also a veteran.

Brown said it makes sense that housing veterans together works well in prison. He said they're used to participating in what's known as a total institution – or a closed, formally structured way of living.

"They've already adapted to the basic indispensable factors of the military total institution: obedience, discipline, survival and sacrifice," Brown said.

Brown said the test of a program's success depends on what happens after the inmates are released. "Eventually you're going to have to put them into the civilian culture. How are they going to navigate there?"

Even within this prison, inmates who are veterans face special challenges. Kent has experienced pushback from guards who were in the military. He has been called out by fellow Army Rangers while working out at the prison gym and jeered while serving on the color guard.

"It's almost like, 'What right do you think you have to touch the flag? You broke the law. You let people down,'" Kent said.

That's something he and others in this unit know they will need to deal with on the outside. Not only being an ex-con, but being perceived as a failed veteran.

"That may be true, but that doesn't mean that we can't find it within ourselves to redeem that – to reach back," Kent said.

So far eight offenders have been released from the veterans' pods in Washington. One is back in prison.

McElravy, the unit supervisor, said the program is a work in progress, but so far the results have been positive, and the state plans to expand it – to accommodate more of the approximately 1,500 Washington state inmates who once served in the armed forces.

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6.7 - Lincoln Journal Star: [Despite new law, funeral homes 'still holding' veterans' unclaimed cremains](#) (9 August, Zach Pluhacek, 221k online visitors/mo; Lincoln, NE)

Funeral homes: Bill Henry still wants your ashes.

He's put about 2,800 miles on his 2010 Victory Cross Country this spring and summer, hunting veterans' cremains at three funeral homes in York, four in Grand Island, four more in North Platte.

"They ought to rename I-80 'Bill Henry 80,'" he says. "I have basically hit every funeral home close to I-80 from Lincoln to Ogallala."

Henry, a Vietnam War veteran, wants to recover the unclaimed ashes of Nebraska veterans who died alone and connect them with next of kin when possible, or arrange a military funeral when it isn't.

He figured a bill lawmakers passed in March — intended to eliminate liability for funeral homes when they work with groups like Henry's — would have helped.

So far, it hasn't much.

"The funeral homes are still holding them," Henry, who lives in Papillion, said last week.

His group, Nebraska's Missing in America Project, has helped deliver cremains of 19 veterans to their next of kin or a final resting place, and plans to take two more to Fort McPherson National Cemetery later this month. But Henry believes hundreds of veterans' cremains are still out there.

The new law, sponsored by state Sen. Sue Crawford of Bellevue, allows funeral homes and crematoriums to work with VA-affiliated groups like the Missing in America Project to identify unclaimed ashes of veterans or spouses, then turn them over if they qualify for interment in a veterans' cemetery.

It wasn't illegal before, but Crawford's bill helps keep those involved from getting sued if distant family turns up later.

Some funeral directors are still reviewing the new law, Henry said.

"I ran into quite a few funeral homes that they didn't even know about it."

Others just say no — even after admitting they're storing cremains Henry's group might want. They don't always explain why.

"You know how Nebraskans are," Henry said.

Similar groups have encountered the same challenges in other states, even those with laws similar to Nebraska's.

"Maybe there's a way we can work with him a little more," said Jon Reichmuth, who owns Reichmuth Funeral Homes in the Omaha area and is a past president of the Nebraska Funeral Directors Association.

Reichmuth was one of the first funeral directors to work with Henry's group, and he testified in favor of Crawford's bill on behalf of the trade group.

Henry helped Reichmuth connect the cremains of a veteran and his wife with their daughter, whom the funeral home had struggled to contact.

"I gave him the name, and she responded right away," Reichmuth said.

He can't understand why other funeral directors wouldn't be interested, although he hasn't heard their reasons, he said.

Henry has already mailed every funeral home in the state — nearly 300 — and plans to visit them face-to-face as quickly as he can. So far, just five or six have agreed to work with him.

"I'm going to hit, eventually, every funeral home," he said.

"All I can do is keep trying."

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6.8 - WMAZ-TV (CBS-13, Video): [Dublin VA hosts memorial service to honor fallen vets](#) (9 August, Claire Davis, 12k online visitors/day; Macon, GA)

Gone, but certainly not forgotten.

The Carl Vinson VA Medical Center in Dublin held a memorial service Sunday afternoon to honor veterans who have passed away over the last six months. More than twenty people attended the ceremony to remember their loved ones.

The Carl Vinson VA Medical Center hosts a memorial twice a year to remember and honor those who have died. More than 40 veterans were honored at the service.

JoNell Lee remembers her father Arthur Afdahl as a soft spoken, but strong willed soldier and Navy electrician's mate.

"He was in the Navy from 1933 to 1937 and mainly on the Indianapolis," she said.

Afdahl left the military and went to school, but as soon as World War II broke out, he was determined to return to the military and fight for his country.

"The Birmingham was rendering aid to the U.S.S Princeton, and the Princeton was along side the Birmingham, and it blew up," she said. "He was wounded, and he was down in sick bay. And they were tending to his wounds, and he kind of pulled the curtain back and looked and saw the others, and he said 'I'm not hurt.' And he went up and started fighting. He just left and went back and started fighting."

Lee says her father received a purple heart for that injury, one of the many memories she's kept over the years. But the relationship she had with her dad is one memory she'll never lose.

"He had a great sense of humor, really. His memory started to go, but I mean, he was there," she said. "When you talked to him, he was there. He didn't fade away."

Lee says her father passed away from prostate cancer in May. He was 100-years-old.

"(It) doesn't matter if they're 50 or 100. You still miss them," Lee said. "I'm still having a hard time."

But Lee says those hard days become easier because of places like the Carl Vinson VA Medical Center in Dublin.

"They didn't forget him either, you know," she said. "I mean, he's not forgotten. They're thinking about us and what we're going through."

She says the memorial service reminds her of the life he led and the keepsakes she'll hold onto forever.

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