1. Top Stories

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The Department of Veterans Affairs is considering a proposal to mandate influenza vaccination for health-care workers. It needs to adopt the proposal, now. The VA is the largest health-care system in the U.S., and one of the largest in the world. If the VA and its unions agree to mandatory vaccinations, it would send a strong message to the rest of the health-care industry.

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1.2 - The Des Moines Register: Sanders pledges that vets will receive the care they need (14 December, Kevin Hardy, 3.3M online visitors/mo; Des Moines, IA)
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1.4 - Orange County Register: Veterans wait longer under new program (13 December, Lily Leung, 1M online visitors/mo; Santa Ana, CA)
A $9.5 billion effort to slash wait times for military veterans seeking medical care in many cases has had the opposite effect. To schedule a doctor's visit, some vets in and around Orange County are waiting two to three times longer than what had been promised by the U.S. Department of Veterans Affairs.

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1.5 - WTVT-TV (FOX-13, Video): FOX13’s Money, Power and Politics (13 December, 26k broadcast viewers; Tampa, FL)
In this five-part, 25-minute video, host Craig Patrick provides an overview of issues with VA care and the VA scandal. The report profiles several veterans who may have not received adequate care, such as for Agent Orange exposure or PTSD… In the second half of Part 3, the host interviews Deputy Secretary Sloan Gibson who explains how VA is now at a 7 or 8 on a scale of 1-10 for progress made since the start of the scandal.
2. Access to Benefits/Care

2.1 - The Washington Times (AP): Senators to hold hearing on VA health system in Phoenix (13 December, 3.5M online visitors/mo; Washington, DC)
Arizona’s U.S. senators will hold a field hearing Monday in Gilbert to examine the management of the Veterans Affairs health care system in Phoenix. The hearing is being held by Sens. John McCain and Jeff Flake and Alaska Sen. Dan Sullivan.

2.2 - Washington Examiner (Video): Fiorina’s PAC turns to vets to boost support (13 December, Gabby Morrongiello, 2.8M online visitors/mo; Washington, DC)
Republican presidential hopeful Carly Fiorina has courted veterans issues during debates, stump speeches and town halls, and her super PAC, CARLY for America, claims she would continue to do so as president. So to gain a better understanding of the issues plaguing the Department of Veterans Affairs, Fiorina’s principal outside support group recently went to the source, hosting a roundtable with U.S. veterans.

2.3 - Omaha.com (Bellevue Leader): Cemetery presentation draws crowd (13 December, Eugene Curtin, 2.1M online visitors/mo; Omaha, NE)
About 150 people jammed Bellevue University’s veterans services building Friday to hear a presentation on the new national cemetery under construction near Springfield. Cindy van Bibber, cemetery director, gave a detailed explanation of the policies that will govern the cemetery once it begins performing interments in the fall of 2016.

2.4 - Stars and Stripes: Psychologist: Headway made on treatments for PTSD (13 December, Dianna Cahn, 1.2M online visitors/mo; Washington, DC)
Before he launched into his lecture on the long-term consequences of “the blast,” Alan Peterson, a clinical psychologist, took a moment to pay tribute to his subjects — and to get his audience’s attention.

2.5 - Las Vegas Review-Journal: Army program helps valley soldiers adapt to civilian life (13 December, Keith Rogers, 701k online visitors/mo; Las Vegas, NV)
Once a soldier, always a soldier. That's the philosophy behind the Army's Soldier for Life program. And it's not only for "lifers" — the moniker given to those who make a long-term career of the military — but for all who are serving in Army, or who have served honorably and can use the tools the program provides for making smooth and worthwhile transitions into civilian life.

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2.6 - Contra Costa Times (Video): Martinez: 'Women of Steel' show strength through giving (13 December, Sam Richards, 468k online visitors/mo; Walnut Creek, CA)
"I'm treating the vets like they are my dad," said McIntire, a member of United Steelworkers Union Local 5 in Martinez, who with other female union members organized the "Women of Steel" gift bag drive for patients at the U.S. VA' Martinez Outpatient Clinic and Community Living Center in Martinez.

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2.7 - The Advocate: Veteran, 93, gives hospital wrong insurance card in 2014, now he's on the hook for bill; VA still hasn't contacted him (13 December, Billy Gunn, 406k online visitors/mo; Baton Rouge, LA)
Sidney Hardy is a 93-year-old World War II veteran who is having to deal with the bureaucracy at the U.S. Department of Veterans Affairs and it’s not the first time he’s had to deal with them. This time the VA, whose responsibilities include providing health care and benefits to U.S. military veterans, is not paying a medical bill for which Hardy believes they’re responsible.

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2.8 - Arizona Daily Star: Tucson VA launches clinic for transgender veterans (14 December, Carol Ann Alaimo, 336k online visitors/mo; Tucson, AZ)
Tucson's veterans hospital has new help for military veterans who not long ago faced discrimination from their doctors. The Southern Arizona VA Health Care System will soon become the fourth in the country with special clinic hours for transgender veterans, those who were born male but identify as female, or vice versa.

Hyperlink to Above

2.9 - WZTV-TV (FOX-17, Video): FOX 17 News at 9:00 (13 December, 46k broadcast viewers; Nashville, TN)
This three-minute report profiles veteran Victor Gardner who suffers from PTSD, TBI and other health problems. He and his wife claim that VA is not providing quality care. In a response, VA said his medical conditions are complex and that it plans to follow up with him and his wife.

Hyperlink to Above

2.10 - El Dorado News-Times: City eyes VA project for Warner Brown facility (12 December, Tia Lyons, 16k online visitors/mo; El Dorado, AR)
The El Dorado City Council gave its OK Thursday for continued negotiations on a quitclaim deed and proposed reuse of the old Warner Brown building on Oak Street. City Attorney Henry Kinslow said the city has been in negotiations with Virginia-based real estate developer Pete Dunn to readapt the 10-plus acre property for a Veterans Administration project.

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3. Ending Veterans’ Homelessness

3.1 - The Kansas City Star: **Construction is starting on second building at St. Michael’s center for homeless vets** (13 December, Lynn Horsley, 928k online visitors/mo; Kansas City, MO)

The long-awaited groundbreaking for a second apartment building at the St. Michael’s center for homeless veterans is scheduled for Tuesday. City officials originally had hoped construction could start this past March. But delays occurred with the financing and with the final plat, which subdivided the expansive, 24-acre property that St. Michael’s Veterans Center sits on at 3838 Chelsea Drive, just southeast of the Veterans Affairs Medical Center.

Hyperlink to Above

3.2 - Public Opinion: **A homeless vet’s 'constant battle' to survive** (13 December, Vicky Taylor, 78k online visitors/mo; Chambersburg, PA)

Now, with the help of Supportive Services for Veteran Families, a Veterans Administration program, the 53-year-old Keet is trying to get the help he needs to make the necessary changes that would make it possible to live as a functioning, contributing member of society.

Hyperlink to Above

4. Ending the Claims Backlog – No coverage

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

6. Women Veterans – No coverage

7. Other

7.1 - The Washington Times (AP): **Motorcycle convoy to deliver Christmas cheer to Dorn VA vets** (13 December, 3.5M online visitors/mo; Washington, DC)

Hundreds of motorcyclists are heading across the Midlands to bring Christmas cheer to the veterans at the Dorn VA Medical Center in Columbia.

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7.2 - WLTX-TV (CBS-19, Video): **Hundreds of Motorcyclists Bring Gifts To Dorn VA Veterans** (13 December, Charles Ringwait, 2M online visitors/mo; Columbia, SC)

If you were curious as to why you saw a convoy of motorcycles passing by here’s why. Hundreds of motorcyclists rode across the Midlands Sunday afternoon all in an effort to bring the spirit of Christmas to the veterans at Dorn VA Medical Center.

Hyperlink to Above
7.3 - The Clarion-Ledger: **New VA network head has been accused of lying** (13 December, Jerry Mitchell, 505k online visitors/mo; Jackson, MS)  
In October, the VA named McDougall to take over as director of the Southwest Health Care Network, but after U.S. Sen. John McCain, R-Arizona, objected to her overseeing the network that included the troubled VA hospital in Phoenix, she announced she wouldn't take that job after all, choosing to work in the network that oversees Jackson VA, which has seen its share of woes.

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7.4 - WACH-TV (FOX-57): **Veterans' charity ride attracts over 6000 bikers** (14 December, Matthew Stevens, 40k online visitors/mo; Columbia, SC)  
Over 6000 bikers rode through Columbia Sunday afternoon to deliver donations and Christmas gifts to Dorn VA Medical Center. The bikers were able to shake hands with the Veterans at the hospital to thank them for their service.

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7.5 - WTTV-TV (CBS-4): **Bedford man reportedly crashed truck into courthouse over frustrations with the VA** (13 December, Kylee Wierks, 12k online visitors/mo; Indianapolis, IN)  
A Bedford man was arrested on charges of resisting law enforcement, disorderly conduct, criminal mischief, criminal recklessness, and reckless driving after he allegedly rammed his truck into the Lawrence County Courthouse Friday night. And according to police, it was because he was upset with the Veterans Administration.

Hyperlink to Above
1. Top Stories

1.1 - The Wall Street Journal: Flu Shots for Hospital Workers Save Lives. The Department of Veterans Affairs should lead the way and mandate influenza vaccination for its health-care workers (13 December, Dr. M. Todd Greene and Dr. Sanjay Saint, 39.2M online visitors/mo; New York, NY)

Seasonal flu caused as many as 55,000 deaths in 2014, according to the Centers for Disease Control and Prevention (CDC). It may surprise you to know that some of these deaths are likely the result of health-care workers transmitting the influenza virus to their patients.

Hospitals have begun requiring their staff to get vaccinated, or wear masks if they cannot or will not get vaccinated. The mandates work: A CDC survey this year showed that hospitals, physician offices, long-term care facilities and other clinics with mandatory vaccination achieved 96% coverage for their workers, compared with 44% coverage in institutions that don’t. A 2014 CDC study showed that health-care worker vaccinations reduce patients’ risk of influenza-like illness by 42%.

The CDC has long recommended annual influenza vaccination for all health-care personnel. And the U.S. Department of Health and Human Services, as part of its Healthy People initiative, wants 90% of health-care workers vaccinated by 2020.

Based on our survey of the specialists in charge of preventing all kinds of hospital-acquired infections, the U.S. is a long way from reaching this goal. The survey, conducted in 2013 and published late last month in the journal Infection Control and Hospital Epidemiology, found that only about 43% of the 386 responding nonfederal hospitals require health-care personnel to be vaccinated against the flu. Only 1%—essentially none—of the 77 Department of Veterans Affairs hospitals that answered the survey required health-care personnel to get the flu vaccine.

Why are hospitals lagging so far behind? Reasons cited by survey respondents include a resistance by administrators to mandate vaccinations or masks, and concerns about staff rights or union opposition.

Yet a number of states have statutes calling for or requiring vaccinations. Mandates that allow exemptions for religious or health reasons, and require mask use for unvaccinated workers, can protect both patients and workers’ rights.

In September, Kaiser Permanente, the giant managed-care organization, came to an agreement with a coalition of unions representing 105,000 health-care workers—including nurses, medical assistants, custodial, maintenance and food service workers, lab technicians, scientists and clerical staff—to either receive the annual flu vaccine or wear surgical masks while providing patient care during flu season. Other public unions should get on board.

The Department of Veterans Affairs is considering a proposal to mandate influenza vaccination for health-care workers. It needs to adopt the proposal, now. The VA is the largest health-care system in the U.S., and one of the largest in the world. If the VA and its unions agree to mandatory vaccinations, it would send a strong message to the rest of the health-care industry.

Dr. Greene is an epidemiologist at VA Ann Arbor Healthcare System and a research investigator at the University of Michigan Medical School. Dr. Saint is chief of medicine at VA Ann Arbor and a professor at the University of Michigan Medical School.
1.2 - The Des Moines Register: Sanders pledges that vets will receive the care they need
(14 December, Kevin Hardy, 3.3M online visitors/mo; Des Moines, IA)

MOUNT VERNON, Ia. — Sen. Bernie Sanders pledged that, if elected president, he would ensure all military veterans receive the mental and physical care they need.

Sanders, during the second of a two-day swing through Iowa, held a brief round-table discussion with veterans Sunday afternoon in a back room of the athletic building at Cornell College.

During the discussion, Sanders and the panel listed off a variety of veteran's issues, including the GI Bill, leave time from active duty and access to care through the U.S. Department of Veterans Affairs. Sanders highlighted his experience serving on the U.S. Senate Committee on Veteran's Affairs, including his two years as chairman of that committee.

"The bottom line for me is that when people put their lives on the line for this country, I think we have a moral responsibility to make sure we give them the best quality health care that we can provide and we get their benefits to them in a timely manner," Sanders said.

Sanders pointed to 2014 legislation he helped broker that pumped billions of additional dollars to the U.S. Department of Veterans Affairs. That measure allowed for the hiring of more doctors, nurses and other caregivers after a scandal uncovered extensive wait times for veterans to receive care.

"I believe the VA in general does a good job, but there needs to be a lot of improvement," Sanders said Sunday.

Sanders acknowledged both the loss of life from the wars in Iraq and Afghanistan and the lifelong battles hundreds of veterans face from post-traumatic stress disorder and traumatic brain injury.

"We have seen, my God, in a broad sense what deployment after deployment after deployment has done to people," Sanders said. "We have seen in recent years it's almost unprecedented."

One panelist asked Sanders what he planned to do about the high suicide rate among veterans, noting that more recent combat vets died at their own hand than died in recent wars.

Sanders highlighted a program in his home state of Vermont that worked proactively to identify mental health issues with returning combat veterans. He said the VA and the National Guard worked together to hire veterans, who were better equipped to approach other vets.

"People who could talk the language, who could walk the walk," Sanders said. "And what we said is you go on out and knock on doors – don’t wait on somebody to walk into the VA – and you sit down and you talk to the veteran and or his wife and get a sense of what is going on."
Donald Tyne, the Linn County director of veterans affairs, said aside from hearing loss, dental care is the number one issue local vets face. He's watched some dental problems grow so dire that maladies spread to the eyes, he said. And that has more than just health consequences.

“It’s kind of hard to go into a job interview with your teeth disfigured,” Tyne said.

Later, at a rally in front of some 1,100 supporters in the college gymnasium, Sanders again pushed the issue of veteran care.

"If elected president, I will make sure that every veteran in this country gets the quality health care they deserve and the benefits they need," he said. "People can disagree on many things. But what we cannot disagree about is that we will not turn our backs on the men and women who put their lives on the line for this country."

Sanders delivered his standard stump speech to an audience that trended very young. The Vermont senator said he has spoken in front of some 400,000 people across the country as he's campaigned for the Democratic nomination for president. In New Hampshire, he has spoken in front of 19,000 and in Iowa, he has addressed a combined 27,000 people.

"Just yesterday, we were in Anamosa, Clinton, Dubuque and Waterloo in one day," he said. "We met with over 3,000 people."

[...]

1.3 - The Times of Northwest Indiana: Choice words for VA Choice program (14 December, Giles Bruce, 1.1M online visitors/day; Munster, IN)

Ten years ago, Carlos Villarreal was serving as a Marine in Iraq when his compound was struck by mortars. He suffered hearing loss, damage to his teeth and post-traumatic stress disorder.

He now needs an MRI to diagnose the severity of his nerve damage from the attack. But he hasn't been able to get a timely appointment at the U.S. Department of Veterans Affairs hospital in Chicago, despite the fact the agency last year launched the Veterans Choice program, which is supposed to allow former service members to seek care closer to home in such instances.

He's says he's been trying since July and still hasn't been able to have the test done locally.

"In the entire health care system, veterans are the only ones who are told where they have to go for care," said Villarreal, 30, of Hobart. "The Choice program was supposed to take care of that. It hasn't."

Last year, the VA inspector general found that many veterans were waiting months for appointments and that some had even died on while on the wait list. The secretary of the VA resigned over the matter. In response, Congress enacted Veterans Choice.

The program is designed to enable veterans who can't see a doctor within 30 days or live more than 40 miles from a VA facility to access a local provider. But several Northwest Indiana
veterans say they've had trouble accessing the program, being kept on hold for long periods of time and not having their calls returned. Nationally, the number of veterans waiting more than 30 days for care has actually grown since Veterans Choice was implemented last year.

John Jonikas, an Army veteran from Munster, recently needed an ultrasound of his abdomen but his appointment at the Jesse Brown VA Medical Center, located on Chicago's west side, was more than a month out.

He was told that, through Veterans Choice, he could have the test done at a local facility. He lives roughly a half mile from Munster Community Hospital.

But after about a dozen calls to the Choice hotline without getting an appointment, the 68-year-old gave up. He went to the Chicago VA hospital for the ultrasound, driving an hour-and-a-half each way, because of road construction.

"Every other day I was calling. You always get a different person. They want all your information again and look it up and tell you, 'We're working on it,'" he said. "What good is this program if they don't help you?"

Program run by outside vendor

The VA doesn't run the Veterans Choice program but has outsourced that job to two outside vendors, including Arlington, Va.-based Health Net Federal Services, which handles Northwest Indiana. In 2013, that company signed a five-year, $5.1 billion contract with the federal government to coordinate community-based care for veterans.

Region vets do not make their Choice appointments directly with local hospitals but must have them scheduled through Health Net.

"We've heard veterans calling those call centers have had delays in accessing their information," said Gene Migliaccio, deputy chief business officer for purchased care for the VA. "We're working with our vendors to ensure we're toward our goals of appointments within 30 days, scheduled within five."

He noted the program was recently tweaked so appointment schedulers will now contact veterans after getting an authorization rather than waiting for them to call in. He also said Veterans Choice recently expanded its eligibility requirements to include such factors as the weather, the veterans' health status and how often they need the service in question.

"We apologize for any frustrations veterans may have had with scheduling their appointments," said Brad Kieffer, a spokesman for Health Net. "Health Net Federal Services is committed to providing excellent service, and we are making some changes that we expect will improve our service. These improvements include adding staff and strengthening training to improve workflows and expedite the overall scheduling process."

U.S. Sen. Joe Donnelly, D-Ind., and U.S. Rep. Pete Visclosky, D-Ind., are also asking the VA to consider travel times rather than just distances when deciding program eligibility, taking into consideration traffic congestion and transportation to and from shuttle stops. They have cited as an example Northwest Indiana veterans who have to travel to the VA hospital in Chicago.
Donnelly also sponsored a provision in the recent defense spending law that incentivizes community providers who receive training in veteran-specific health care issues. In a statement, the senator said he's aware some Hoosier veterans have experienced difficulties with the Choice program and is working with his colleagues in Congress to expand community care for vets.

Kevin Spicer, a spokesman for Visclosky, said veterans unable to access the Choice program should contact the congressman's office and a caseworker will work with them to schedule an appointment.

According to the VA, of the 1,068 authorizations so far for Veterans Choice patients at Jesse Brown, 851 appointments were scheduled, a success rate of 79 percent. Less than half of those appointments were completed.

Since it signed up for the program the middle of this year, Methodist Hospitals, which has campuses in Gary and Merrillville, has treated only four veterans.

"We've reached out the VA to try to expand our opportunities there," said Matt Doyle, chief financial officer for Methodist Hospitals. "We've not had success."

An economic opportunity

Tom Pappas, a veteran and retired steelworker who lives in Portage, says Indiana lawmakers and health care providers should look at this as an economic issue. He submitted a Freedom of Information Act request with the VA and found that veterans from Northwest Indiana (Lake, Porter, LaPorte, Newton, Jasper and Starke counties) were spending at least $45 million annually on care in Chicago.

"Let's keep the veterans here. Let's put that money back into the local economy. Let's get back some jobs for people," said Pappas, who himself has had luck with the Veterans Choice program; an official contacted him to let him know he was eligible.

Since the Adam Benjamin Jr. Outpatient Clinic in Crown Point is within a 40-mile drive for many Northwest Indiana veterans, they still often have to drive there, then take a shuttle to the VA hospital in Chicago, turning a medical appointment into an all-day affair.

"We served our country. We didn't run and hide. We raised our right hands and did what our country told us to do," Pappas said. "We should have a choice where we get our secondary care at. We should be treated like first-class citizens."

Bill Stack, a Crown Point veteran, was able to get an MRI through the Choice Program, at St. Mary Medical Center in Hobart. But it took multiple phone calls and hours spent on hold with Health Net, he said.

"It was a positive outcome," the 70-year-old said. "The hangup I had was when I called the Choice Program. I would talk to this person, that person, for 80, 90 minutes."

A long wait for an easy procedure
Shawn Sherwood served with the Navy in Afghanistan in 2010 and 2011, injuring his back when his battalion was hit with rocket fire. A few months ago, his bulging discs started acting up, to the point where he was taking days off work and unable to get out of bed for church on Sunday.

Because of claustrophobia caused by PTSD, he can't get a traditional MRI, the only kind offered at the VA hospital in Chicago. But he was told he could do an open MRI through the Choice Program.

On the first call to Health Net, he said, he was on the line for 18.5 minutes before it was disconnected. The second call lasted 22 minutes before he was hung up on. The third call, 32 minutes.

It took four weeks to determine his eligibility, two months to get an appointment, he said, and that happened only after he reached out to the VA outpatient clinic in Crown Point for help.

"Veterans Choice, if it was run correctly, would be a godsend to us. It just isn't run properly," said Sherwood, 44, a South Haven teacher. "You're supposed to have a 'choice.' We don't."

1.4 - Orange County Register: Veterans wait longer under new program (13 December, Lily Leung, 1M online visitors/mo; Santa Ana, CA)

A $9.5 billion effort to slash wait times for military veterans seeking medical care in many cases has had the opposite effect.

To schedule a doctor's visit, some vets in and around Orange County are waiting two to three times longer than what had been promised by the U.S. Department of Veterans Affairs.

Government data show the number of pending VA appointments that are more than 30 days away has roughly doubled to 3,400 since mid-December 2014 in the Long Beach region, which includes Orange County and the VA Long Beach Healthcare System. That system serves veterans in Orange and Los Angeles counties.

The largest portion of that multibillion-dollar initiative is the Veterans Choice program – an answer to a scandal last year that revealed the agency was concealing a massive patient backlog.

Top VA brass resigned and lawmakers pledged to make things right.

Veterans Choice was designed to connect those needing faster appointments with a network of private sector doctors.

Vets can enroll if their appointments are more than 30 days away, or if they live more than 40 miles from a VA medical facility.

On its face, it's a simple process. But now, a year in, the relatively unknown initiative has been blasted by patients for longer wait times, conflicting information from different parties and ill-equipped appointment staff members.
“Their frustration is not lost on us,” said Rich Beam, spokesman for the Long Beach VA.

The legislation that spurred the program was written with great intentions but suffered from a “bumpy implementation,” Beam said.

Carlos Fuentes, senior legislative associate at the Veterans of Foreign Wars, is hopeful that tweaks to the Choice program eventually will get vets speedier care.

“It has a lot of benefits and has improved access” for many, he said.

WORST-CASE SCENARIO

For now, though, Robert Cobble’s monthslong struggle to find a specialist to diagnose a mysterious mass located on a portion of his brain stem is a classic example of what can go wrong with Choice.

The Orange County native and Vietnam War vet was told in October that January was the soonest an in-house neurologist was free to examine the 1-centimeter lump discovered during an emergency room visit in September.

Fearing it was a tumor, based on his primary care doctor’s consult, he asked for something earlier.

A VA staff member told him to call TriWest Healthcare Alliance, one of two federal contractors hired to coordinate Choice appointments. After dozens of phone calls to TriWest, outside doctors and the VA, an exasperated Cobble has yet to secure a visit.

“It was a comedy of errors at this point,” said Cobble, 60, of Hawaiian Gardens, a city of 14,000 surrounded by Los Alamitos and La Palma.

How did that happen?

Blame it on a string of delays and missteps, said Beam, the VA hospital spokesman.

First, Cobble’s primary care doctor may have spoken too soon by saying Cobble’s mass could be a tumor, local VA officials told The Orange County Register, with Cobble’s permission.

Other issues included Cobble being given the wrong kind of MRI, which set him back about a month, and having to navigate alone a system that involves different, overburdened health care providers.

“That’s the part that makes it challenging: coordinating three to four entities for one guy,” Beam said.

FED UP

After the Register inquired about Cobble’s case, the VA promised to shepherd it to a neurologist as soon as possible. But at this point, the father of two is too burned out from the process to move forward.
“No one should have to go through this,” he said.

Harry Brunke, a Korean War veteran who lives in Anaheim, got fed up, too.

The Purple Heart recipient enrolled in the Choice program after the VA told him in October he had to wait about two months to see an in-house doctor about his pain-ridden, potentially arthritic knee.

All Brunke needed, he said, was someone to administer a series of three shots to numb the pain.

He snagged an appointment with a private doctor within a week of contacting TriWest.

The turnaround time was great, he said – except the doctor was based in Santa Monica, 80-plus miles round trip.

He asked for someone closer. TriWest called back two weeks later with another appointment.

That doctor was also in Santa Monica.

Frustrated, Brunke bore the pain and stuck with his original December appointments with the VA.

“It was a little bit ridiculous,” said Brunke, 80. “I said, ‘Forget it.’ I let it go.”

Such cases have become all too common, government officials concede.

‘PERVASIVE’ ISSUES

A report from the Office of Inspector General released this summer found “pervasive dissatisfaction” with the VA’s contracts with TriWest, which handles Choice appointments for 28 states, including California, and Health Net, which oversees mainly the East Coast.

They serve as brokers in a number of non-VA care programs, including Choice, which is the largest one.

The July findings show both companies failed to involve several patients before setting up appointments, or to provide a large enough network to handle demand.

Choice proponents said contractors were given the gargantuan task of creating a program from scratch and getting it off the ground within a few months.

Then came the surge in demand.

When the program debuted, TriWest's call centers handled up to 300 calls a day. Now, roughly 1,500 are pouring in daily, company officials said.

Responding to rising demand, the company said it has increased the number of medical providers in its network by 60 percent, to 150,000, and opened more call centers, one recently in San Diego.
Two more, in Texas and New Orleans, are slated to go online in the next few months.

“Increasing our capacity, this is a very labor-intensive process,” said Dr. Frank Maguire, TriWest’s chief medical officer.

EXPANDING ITS REACH

Within the Long Beach VA system, more than 4,800 veterans, or 29 percent of those who are eligible and are on the Choice list, have accessed the Choice program; the remainder have opted to stay with in-house health care, data show.

The Phoenix-based, privately held company receives referral fees for sign-ups but declined to say how much. “The amount TriWest is paid is proprietary,” the company said.

Earlier this month, the VA eased eligibility rules, which will open the doors to Choice for an additional 160,000 vets.

VA staff members now have broader authority to decide if a veteran qualifies, based on some kind of “unusual or excessive burden,” including a serious medical condition and frequency of care.

Beam and others worry the changes may stress an already burdened system.

All types of veterans care “should be the same,” he added. “We’re not there yet.”

FOOT, HEARING ISSUES

Exacerbating delays are longtime problems within the traditional VA health care system, which is prone to high turnover and vacancies.

Limited specialist availability has been a major pain point for the program. Such physicians, including audiologists and podiatrists, are already hard to come by outside the VA.

Recruiting is another challenge. Positions at the VA tend to be lower-paying compared with those in the private sector, Beam said.

It’s worsened by the fact the VA facility in Long Beach sees a high volume of older veterans, which translates to an influx of foot- and hearing-related issues.

LUCK HELPS

Doug Stuman, 74, of Irvine is among the lucky ones. Staff at the VA hospital in Long Beach gave the retiree a hearing exam and fitted him for a hearing device on a recent weekday. Stuman, a Vietnam War-era Army veteran, suffers from hearing loss related to artillery training.

If it weren’t for a last-minute cancellation, he would have had to wait until March to see an audiologist.
1.5 - WTVT-TV (FOX-13, Video): FOX13’s Money, Power and Politics (13 December, 26k broadcast viewers; Tampa, FL)

In this five-part, 25-minute video, host Craig Patrick provides an overview of issues with VA care and the VA scandal. The report profiles several veterans who may have not received adequate care, such as for Agent Orange exposure or PTSD. A former VA scheduler gives his view of how some call centers were managed. In the second half of Part 3, the host interviews Deputy Secretary Sloan Gibson who explains how VA is now at a 7 or 8 on a scale of 1-10 for progress made since the start of the scandal. He also addresses the issue of VA mistakenly declaring veterans deceased.

2. Access to Benefits/Care

2.1 - The Washington Times (AP): Senators to hold hearing on VA health system in Phoenix (13 December, 3.5M online visitors/mo; Washington, DC)

GILBERT, Ariz. (AP) - Arizona’s U.S. senators will hold a field hearing Monday in Gilbert to examine the management of the Veterans Affairs health care system in Phoenix.

The hearing is being held by Sens. John McCain and Jeff Flake and Alaska Sen. Dan Sullivan.

The Phoenix VA Health Care System was at the center of a national scandal last year about wait times and other problems that led to a system-wide overhaul.

The former director of the Phoenix operation lost her job amid reports administrators falsified waiting lists in order to collect bonuses.

The hearing will focus on patient wait times, the quality of health care and other topics.

Witnesses will include veterans, a former employee of the Phoenix VA Health Care system and officials from the U.S. Department of Veterans Affairs.

2.2 - Washington Examiner (Video): Fiorina’s PAC turns to vets to boost support (13 December, Gabby Morrongiello, 2.8M online visitors/mo; Washington, DC)

Republican presidential hopeful Carly Fiorina has courted veterans issues during debates, stump speeches and town halls, and her super PAC, CARLY for America, claims she would continue to do so as president.

So to gain a better understanding of the issues plaguing the Department of Veterans Affairs, Fiorina’s principal outside support group recently went to the source, hosting a roundtable with U.S. veterans.
"None of us knew each other, but we were able to commiserate with one another at a veteran level, and that is an experience lacking in the federal government today," retired Navy Capt. Kevin Dillon explains in a video released Sunday evening by the PAC.

Dillon is one of several veterans featured in the four-minute video. He is among those who blame government bureaucracy for corruption and inefficiency in the VA.

"If we believe that the government can solve the problem with more bureaucracy, it won't work," says one veteran in the video.

"They don't even speak the same language," adds Dan Hill, a retired U.S. Air Force captain.

Fiorina was one of three GOP hopefuls to participate in separate "Veterans and Military Town Hall" events hosted by the Concerned Veterans for America earlier this fall. Though she has publicly backed CVA's proposal to privatize veterans' healthcare, she has yet to issue a detailed VA reform plan of her own.

Fiorina will join eight of her Republican rivals in Las Vegas, Nev., on Tuesday for the final GOP primary debate of 2015. The debate will air live at 8:30 p.m. ET on CNN.

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2.3 - Omaha.com (Bellevue Leader): Cemetery presentation draws crowd (13 December, Eugene Curtin, 2.1M online visitors/mo; Omaha, NE)

About 150 people jammed Bellevue University's veterans services building Friday to hear a presentation on the new national cemetery under construction near Springfield.

Cindy van Bibber, cemetery director, gave a detailed explanation of the policies that will govern the cemetery once it begins performing interments in the fall of 2016.

The cemetery is being built on 263 acres purchased by the National Cemetery Administration in 2012 for $6.2 million. It is located at 14250 Schram Road, which is the intersection of Highway 50 and Schram Road.

Van Bibber said the cemetery will take several years to achieve a full level of service.

The first interments will be held in the fall of 2016 and will be restricted to in-ground burials for caskets and cremation urns.

By the fall of 2018, services are expected to include above-ground placement for cremated remains.

Veterans, their spouses, their children below the age of 27, and children of any age who developed a disability before reaching the age of maturity are all eligible for burial at the cemetery, she said.
Subsequent spouses are also eligible, though divorce renders the non-veteran spouse ineligible.

Van Bibber said cemetery benefits include the opening and closing of the burial plot, the plot itself, the marker, any inscription, and the perpetual care. Funeral home expenses remain the responsibility of the family.

No gravesite services will be conducted, she said.

A “committal shelter” will be available, where final prayers may be said and military honors conferred, but lengthier services should be conducted before arriving at the cemetery.

Attendees will not travel to the gravesite after the committal ceremony but will be able to visit the site later in the day once it is closed and floral displays — of which there may be no more than three — arranged.

Basic military honors are provided by the Department of Defense and are not the business of the cemetery, she said.

Honors not provided by the Department of Defense, for example, rifle salutes, can usually be provided by veterans service organizations, van Bibber said, and funeral directors will know how to make those arrangements.

It is unnecessary, van Bibber said, that a military veteran served in combat to be eligible for burial in a national veterans cemetery.

It is enough that he or she served in the military and received an honorable discharge.

Veterans already buried may be transferred to a free plot at the veterans cemetery, though the transfer costs are the responsibility of the family.

Discharge papers are the only documentation required to prove eligibility.

The cemetery is expected to serve the burial needs of more than 112,000 veterans over the next 100 years.

Full information on National Cemetery Administration policies are available at cem.va.gov.

2.4 - Stars and Stripes: Psychologist: Headway made on treatments for PTSD (13 December, Dianna Cahn, 1.2M online visitors/mo; Washington, DC)

Before he launched into his lecture on the long-term consequences of “the blast,” Alan Peterson, a clinical psychologist, took a moment to pay tribute to his subjects — and to get his audience’s attention.

“This time of year, keep in mind, we have a lot of people who are deployed,” said Peterson, who is the behavioral medicine chief at the medical school of the University of Texas Health Science
Center at San Antonio. “For our troops who are deployed, Merry Christmas, Happy Hanukkah and …”

“BOOM!” he said, in a sudden shout.

Beside him, images flashed across a screen: ripped, ragged limbs, pools of blood, furniture — and people — thrown like rag dolls.

Peterson’s voice was shaky. “There was just this incredible, loud boom, and all you could, just, like, the smell was of carbon, like a metal taste in my mouth,” he said. “There was moaning and there was screaming and the medics showed up. People were just blown to pieces. And they were helping people and there was just so much blood.”


“Oh God, that one dude, I could see inside of his head. And there was just kind of mass chaos. There was just so much blood … so much blood.”

He paused. The screen stopped on an image of the tent, giant holes torn through its walls and roof in jagged, violent angles. Peterson turned to the room full of medical colleagues.

“That’s the way that blast occurs, right?” he said. “You are at a rock concert, in Paris, you are having a good time, the next thing you know it is mass, mass chaos.”

The IED, or improvised explosive device, is considered the number one culprit for battle wounds in the Iraq and Afghanistan wars. It evolved into the go-to weapon for enemies of U.S. forces as they patrolled the streets trying to reach out to people. Nearly 80 percent of combat injuries to U.S. forces in those conflicts were from blasts — the highest proportion in the history of large-scale conflict, Peterson said.

For U.S. forces, that has meant myriad complex injuries ranging from burns and amputations to musculoskeletal, skin, genital, organ and brain injuries, as well as psychological consequences that can last decades.

But the proliferation of the blast also has meant a robust focus on protection and treatment. Forces are now equipped with better body armor, bomb detectors, robots and protective vehicles, along with more focused training and human intelligence. Far more survive.

And while some injuries — to the brain in particular — are still confounding scientists, doctors are making tremendous headway in treating not only the physical wounds of these wars, but also another signature injury: post-traumatic stress disorder.

PTSD and traumatic brain injury often overlap, said Peterson, who is part of a south Texas consortium studying the treatments of PTSD. Often, those suffering from TBI have PTSD as well. Many of the symptoms are similar — trouble sleeping, memory problems, poor concentration, depression, anxiety and irritability.

But there are differences as well. TBI patients struggle with headaches, dizziness, fatigue and light and noise intolerance, while symptoms unique to PTSD involve re-experiencing the trauma, avoiding reminders or triggers, negative changes in thought processes and moods and heightened excitement.
The symptoms compound each other, Peterson said. A PTSD sufferer stops going outside, doing his or her favorite things for fear that something will trigger symptoms. That leads to isolation and depression, he said.

Military forces can train for the horrors of war and to be resilient, Peterson said. But the trauma comes when the unexpected happens. So while special operations forces might be the most resilient and prepared, they are also the most exposed and at risk of experiencing things that one could not have imagined in advance.

“Things occur that no human being could possibly anticipate would occur,” he said. “Oftentimes, these are the things people struggle with.”

The cost for these injuries is also staggering, Peterson said. The costs for disability payments alone for a servicemember claiming PTSD can tally $500,000 during a lifetime, he said. That’s not including medical, unemployment and other associated costs.

Though many treatments might work, the departments of Defense and Veterans Affairs have sanctioned two of them for pervasive use: prolonged exposure therapy, in which a patient reviews the traumatic experience again and again until the event becomes historical and stops setting off triggers, and cognitive processing therapy, in which the patient reviews symptoms and accounts of the trauma and works to modify thoughts and beliefs related to it — more of an adaptation of perspective.

A 2012 study found 80 percent of civilians treated with these therapies were basically cured, and remained that way five years later.

But doctors have yet to conclude that it works as well on military veterans. Part of the problem, Peterson said, is that active-duty servicemembers don’t manage to show up for sessions during a 12-to-15-week period. Doctors are now trying compressed treatments, in which the sessions are daily for two weeks, rather than spread out over a longer period.

In Israel, a 2011 study found early intervention following a trauma can help prevent the full onset of PTSD. The study divided nearly 300 participants into five groups receiving exposure therapy, cognitive therapy, medication, one placebo and one on a wait list. At the end of five months, 20 percent of the two therapy groups developed full-blown PTSD while 60 percent of the other three groups developed the symptoms.

More than 25 PTSD research studies are being conducted by the consortium at the UT Health Science Center, where Peterson is one of more than 100 investigators. The group, called STRONG STAR — the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience — is the largest of its kind in the world, involving more than 30 collaborating institutions, including the VA’s National Center for PTSD.

Several of the studies are being conducted by the doctors who developed exposure and cognitive therapies, Peterson said.

One being conducted at Fort Hood, Texas divided 370 people into four groups, comparing standard prolonged exposure therapy with the same therapy compressed into two weeks. A third group that did standard therapy, known as present center therapy, and a fourth group received minimal contact. Those results are not out yet.
A study published this month in the Journal of Consulting Clinical Psychology compared prolonged exposure, cognitive processing and present center group therapies, Peterson said. Cognitive processing was most successful, and prolonged exposure a little less so. But neither worked as well as 80 percent — the results in the civilian study, he said.

A third study compared group and individual cognitive processing therapies and initial findings are showing the individual therapy is more successful, Peterson said.

Ultimately, he said, treating PTSD is oddly similar to treating cancer. There are all these different treatments, Peterson said. If one doesn't work, keep trying until you find one that does.

2.5 - Las Vegas Review-Journal: **Army program helps valley soldiers adapt to civilian life**
(13 December, Keith Rogers, 701k online visitors/mo; Las Vegas, NV)

Once a soldier, always a soldier.

That's the philosophy behind the Army's Soldier for Life program.

And it's not only for "lifers" — the moniker given to those who make a long-term career of the military — but for all who are serving in Army, or who have served honorably and can use the tools the program provides for making smooth and worthwhile transitions into civilian life.

That's where their leadership and teamwork skills can be applied to jobs in the private and public sectors, and to make their communities better places to live.

"We are the connection arm to ensure that soldiers, veterans and family members have resources available in society and communities as they transition from the military," said Lt. Col. Derwin Brown, Western Region director of the Soldier for Life program.

Brown, 46, and Master Sgt. George Palmer, 39, the program's Western Region deputy director, have both served multiple tours in the Middle East and elsewhere in Southwest Asia during the nation's Global War on Terrorism.

They visited Southern Nevada last week on a mission to discuss their goals with community leaders and colleagues in the Veterans Affairs health care system.

They also checked out UNLV's military science and ROTC program, which Palmer described as "absolutely rare" because the university is so veteran friendly with on-campus access to VA benefits and educational services.

Brown and Palmer serve in the Army's Office of the Chief of Staff where their jobs become increasingly more important as the Army plans to reduce its force of active-duty soldiers from 490,000 to possibly 450,000 "depending on what happens," Brown said.
"In the bigger scheme when you look at regular retirements from service and the drawdown transitioning, over the next three years we’re talking about 374,000 transitioning from the Army component," he said.

"Essentially that was the main driving force for the chief of staff of the Army to create our program so we can ensure that those transitioning service members, family have a soft landing as they come out into society."

The Soldier for Life program helps cushion the "landing" by cultivating combat-trained soldiers to learn how to apply for civilian jobs, write a resume, "dress for success," as Palmer puts it, and use their GI benefits to pursue college courses tailored for landing jobs in the public and private sectors.

The program complements the Army's Partnership for Youth Success — PaYS program — which serves as a recruiting and post-service employment tool. It allows young soldiers to prepare for the future while they serve their country. At the same time it allows for America’s corporations to reconnect with the Army.

The PaYS program is based on pacts with private industry, academia, businesses and state and local institutions for which future soldiers and ROTC cadets are guaranteed a job interview and possible employment with a participating partner of their choice.

The list of more than 500 PaYS partners includes the Metropolitan Police Department and companies such as Coca-Cola and Raytheon.

The Soldier for Life program is based on three pillars: health and wellness, employment and education.

"These all revolve around the soldier's life cycle. Start strong, serve strong, reintegrate strong and remain strong," Brown said.

Said Palmer: "The last phase is remain strong. That is when you go out and join your communities and serve as ambassadors for the Army to promote the all-volunteer force."

2.6 - Contra Costa Times (Video): Martinez: 'Women of Steel' show strength through giving (13 December, Sam Richards, 468k online visitors/mo; Walnut Creek, CA)

MARTINEZ -- Raylynn McIntire said her father and son are veterans, which made delivering packages Sunday assembled by local Steelworkers union members for local Veterans Affairs' patients all the more personal.

"I'm treating the vets like they are my dad," said McIntire, a member of United Steelworkers Union Local 5 in Martinez, who with other female union members organized the "Women of Steel" gift bag drive for patients at the U.S. VA' Martinez Outpatient Clinic and Community Living Center in Martinez.

"It's emotional for us. We've run into former Steelworkers in the hospital, too."
This is the fifth year female members of the Martinez-based local have solicited goods and money and assembled packages for the VA hospital patients. This year, the group assembled 150 gift bag project packages -- blankets, toiletries, puzzles, books, movies, undergarments and other such items -- at the Local 5 union hall near downtown Martinez on Sunday morning and later took them over to the VA facility to give to long-term and short-term VA residents, and a few to vets they know to be homeless.

The Local 5 members enjoyed an escort from Fred "Spike" Schau. He and his Military Escort Team are a group of motorcycle riders who regularly take part in welcoming local troops home from military action, and helping escort the bodies of fallen area soldiers.

The gift bag project hits home for many of the union members.

"A lot of our members are veterans, or are related to them, and therefore this cause is close to our hearts," co-organizer Lacey Hatfield said.

Of Local 5's 1,500 or so members, 110 of them are women, McIntire said, toiling in what remains essentially a man's profession. They work primarily at central Contra Costa County refineries -- Shell Martinez, Tesoro Golden Eagle and Valero in nearby Benicia -- as well as at some area chemical companies, including Dow in Pittsburg.

Hatfield, a metallurgical inspector at Tesoro, said that in addition to the seven to 10 women who worked this year on the main gift drive committee, other women -- and men -- are key to making the gift bag project happen. They include members of Steelworkers Local 1440 in Pittsburg and Local 326 in Rodeo. About $20,000 was raised for this year's drive, McIntire said -- about twice as much as the first year. Virtually all of that came from Steelworkers members.

"Our members have been pretty generous," said McIntire, a senior quality control operator at Chevron's Richmond refinery, sitting in a room at the union hall last week with as-yet-unpacked provisions sitting in a corner.

It all started, she said, when her daughter was a pharmacy intern at the VA hospital, and realized the long-term patients there usually had to pay for things like toenail clippers, razors and shampoo, along with more personal items like underwear, socks and deodorant.

"I said, 'No way,' I couldn't believe it," McIntire said. "That struck a note with me."

The Women of Steel, and those helping them, make a point of not just bringing the gifts to the Martinez hospital but also to spend quality time with the patients.

"The things these people, and everyone who brings gifts like this, bring are things our patients can use," said Lutricia Starks-Dillahunty, a volunteer service specialist with VA Northern California Health Care System's East Bay Division in Martinez. "These patients come from many different places to this hospital, and they don't always have friends or family nearby, so what groups like this do is very important."

Hatfield said she's glad to be part of it. "We do want to support our community, and we want to give back where we can."

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BREAUX BRIDGE — Sidney Hardy is a 93-year-old World War II veteran who is having to deal with the bureaucracy at the U.S. Department of Veterans Affairs and it’s not the first time he’s had to deal with them.

This time the VA, whose responsibilities include providing health care and benefits to U.S. military veterans, is not paying a medical bill for which Hardy believes they’re responsible.

“I’m the kind of guy (who believes that) if the government says they’re going to pay for it, they should pay for it,” said Hardy, who is “Sid” to friends and family.

There’s no question Hardy qualifies for the 100 percent medical coverage the VA is suppose to provide: A soldier in Gen. George Patton’s Third Army, Hardy fought through Normandy and in the Battle of the Bulge in northern France. He spent the last 102 days of the war in a German prison camp where a Nazi SS officer smashed his front teeth with the butt of a rifle.

Almost 70 years later, in December 2014, Hardy was feeling poorly. He had a friend drive him from his Breaux Bridge home to the Lafayette VA clinic where a nurse observed he was flushed, dehydrated, sweating and coughing up mucus.

“I think I have that flu they been talking about on TV,” he told VA personnel, according to medical records provided by Hardy.

The doctor at the clinic on Jefferson Street referred him to the Alexandria VA Medical Center in Pineville, over 80 miles away in central Louisiana. Unable to get a ride to Pineville, Hardy was told by clinic personnel that he could check into any emergency room in Lafayette, and that the VA’s “continuity of care” would follow him, according to Hardy’s records.

At Lafayette General Medical Center, where he chose to go, Hardy gave the admitting nurse his insurance card for Medicare and not his VA card. Hardy said he thought his VA insurance would pay the portion not paid by Medicare. He was wrong: A Dec. 5-8, 2014, stay in the hospital was billed at almost $8,000, and Medicare paid roughly 85 percent of the bill.

VA Public Affairs Officer Tammie Arnold, who works at the VA Medical Center in Pineville, said last week that Hardy erred by offering his Medicare card and not the VA card.

“There’s only one government payer,” Arnold said Tuesday, explaining that the VA either is the primary insurer that pays 100 percent of a bill, or it pays zero.

Arnold said she would have to check into Hardy’s case, and somebody at the VA would contact him soon. By Friday afternoon, Hardy said, no one at the VA had contacted him about the bill.

For almost all of 2015, Hardy knew there was an unpaid balance. He said he received mailed bills from Lafayette General that claimed he owed $1,216 for the portion of the hospital bill that Medicare didn’t pay.
Hardy said he ignored the bills, figuring the notoriously slow-moving VA would eventually pay the balance. Again, he was wrong.

In November, a Baton Rouge attorney representing Lafayette General sent him a demand letter. This time Hardy didn’t ignore the bill: Like he’s done a few times in the past six years, Hardy called his friend Mike Day, a Vietnam War veteran who is active in Disabled American Veterans, a nonprofit organization.

The first time Hardy reached out to Day and DAV was at a 2009 outreach program for disabled veterans where Hardy told the organization that he never received the military benefits he was entitled to for his service in World War II. Hardy told DAV the reason was a 1973 fire at the St. Louis military personnel center had destroyed his records.

Without the records, the VA had no proof that Hardy had served in the U.S. Army, or had been part of Patton’s Third Army, or that he was held in a German POW camp.

Day said the first indication they could find of Hardy’s military service was in a book about Cajun soldiers, which had a photo of Hardy at the German prison camp. But Hardy’s bad luck struck again: the photo was of him, but his face was unrecognizable because it was heavily bandaged after the Nazi officer busted his teeth.

“It was just a fiasco,” Day said last week.

It took years of looking for records before the VA acknowledged in 2012 that Hardy was a war veteran and awarded him the benefits he’d missed out on for 67 years. It was a bittersweet victory: In June 2010, Hardy’s wife of 39 years, Agnes, passed away.

Last week, pointing to a photo of him and Agnes that hangs on the wall of their modest home, Hardy said, “Two months after she took this picture here she left me.”

Day said Hardy’s bill, the lost records, and the decades when he didn’t receive military benefits have been frustrating and absurd, “a comedy of errors, really.”

Daryl Cetnar, public information officer for Lafayette General, said a hospital liaison is working with Hardy to pare down or eliminate the balance owed to the hospital.

Hardy said he’s working with Lafayette General, and he appreciates the hospital’s efforts.

But he has not heard a word about the bill from VA officials at the medical center in Pineville, though he did receive a call from a VA official this week about knee braces that Hardy requested months ago.

“They asked me if I still needed the braces,” Hardy said. “Of course I still need them. … It’s like one hand doesn’t know what the other is doing.”

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2.8 - Arizona Daily Star: **Tucson VA launches clinic for transgender veterans** (14 December, Carol Ann Alaimo, 336k online visitors/mo; Tucson, AZ)

Tucson’s veterans hospital has new help for military veterans who not long ago faced discrimination from their doctors.

The Southern Arizona VA Health Care System will soon become the fourth in the country with special clinic hours for transgender veterans, those who were born male but identify as female, or vice versa.

It’s a population that’s booming in Tucson, having grown from about 50 to 130 in the last five years, local VA officials said. A similar trend is occurring at VA hospitals nationwide, they said.

The new clinic is the latest of many changes that began in 2011 when the U.S. Department of Veterans Affairs ordered all its medical facilities to take better care of such patients.

Before that, discrimination was not uncommon, said Dr. Sonia Perez-Padilla, who heads the local VA’s transgender treatment team.

Most VA employees had no training in the needs of transgender patients, and some felt uncomfortable being around them, she said.

Today, many training sessions later, the situation is much better, she said, but there still may be some employees who don’t understand that being transgender “is not a choice. It’s something innate.”

Tucson’s veterans hospital is now recognized by the VA as a national center of excellence for transgender care, she said.

The VA now routinely provide treatments such as hormone therapy, mental-health care and pre- and post-operative care for sex-change surgery. The surgery itself still isn’t covered, though Perez-Padilla thinks it will be eventually.

The new clinic, which launches Wednesday afternoon, provides a place where patients can see a pharmacist, a physician, a psychologist and others experienced in transgender care — all in a single hospital visit. Details are available by calling 629-4885.

A growing body of research shows the military is a magnet for biological males with gender issues who often try to quell their inner conflict through “hypermasculine” pursuits, said Nadine Cole, a clinical psychologist on the local VA treatment team.

The suicide rate for such veterans is “20 times higher” than their peers, Cole said.

Many are combat veterans who suffer not just from war trauma but from the added angst of gender transition after they leave the military, she said.

More changes in care could follow next year when the Defense Department plans to lift its longstanding ban against transgender troops serving openly.

The ban is “outdated,” U.S. Defense Secretary Ash Carter said in announcing the move.
“At a time when our troops have learned from experience that the most important qualification for service members should be whether they’re able and willing to do their jobs, our officers and enlisted personnel are faced with certain rules that tell them the opposite,” Carter said in a statement in July.

The rule change for transgender troops is one of several under the Obama administration, which also abolished a ban on open service by gay and lesbian troops and recently opened combat positions to women.

Erin Russ of Tucson, a former Army captain who transitioned from male to female in 2001, said the changes in transgender acceptance are welcome, though long overdue.

Russ said she was kicked out of the service in 1990 following an after-hours traffic stop in which she was dressed as a woman but had a man's military ID. She now lectures on transgender awareness to train VA personnel.

“It's making a big difference for a lot of veterans” Russ said of the recent changes.

“The VA is moving forward and making progress faster than I could have hoped.”

2.9 - WZTV-TV (FOX-17, Video): FOX 17 News at 9:00 (13 December, 46k broadcast viewers; Nashville, TN)

This three-minute report profiles veteran Victor Gardner who suffers from PTSD, TBI and other health problems. He and his wife claim that VA is not providing quality care. In a response, VA said his medical conditions are complex and that it plans to follow up with him and his wife.

2.10 - El Dorado News-Times: City eyes VA project for Warner Brown facility (12 December, Tia Lyons, 16k online visitors/mo; El Dorado, AR)

The El Dorado City Council gave its OK Thursday for continued negotiations on a quitclaim deed and proposed reuse of the old Warner Brown building on Oak Street.

City Attorney Henry Kinslow said the city has been in negotiations with Virginia-based real estate developer Pete Dunn to readapt the 10-plus acre property for a Veterans Administration project.

Kinslow said it is the intent of the city to transfer ownership to Dunn, who has similarly revitalized the El Dorado Federal Center and the Armstrong building, which is home to PJ’s Coffee, El Dorado Creamery and The Spot.

Kinslow said Dunn is courting a VA project and considering other ideas to reuse the old Warner Brown building, adding that the city has to provide the VA documentation of intent.
He also explained that once the Medical Center of South Arkansas vacated the Warner Brown complex, the city assumed ownership, as stipulated in a decades-old deed.

“It’s not worth anything unless you use it as a hospital. The hospital abandoned, so you could move in something similar,” Kinslow said.

He noted environmental issues with asbestos, and Mayor Frank Hash said Dunn is expected to send an environmental crew to El Dorado soon to “get the ball rolling.”

“Mr. Dunn’s taken this on to do something other than to tear it down,” Hash said.

Kinslow said the cost to raze the facility would be exorbitant.

“There’s lots of options. In addition to the VA stuff, there’s assisted-living facilities and other things that could mean jobs,” Kinslow added.

Alderman Billy Blann asked that the city include a stipulation that ownership is returned to the city if Dunn’s plans for the building do not materialize.

[...]

3. Ending Veterans’ Homelessness

3.1 - The Kansas City Star: Construction is starting on second building at St. Michael’s center for homeless vets (13 December, Lynn Horsley, 928k online visitors/mo; Kansas City, MO)

The long-awaited groundbreaking for a second apartment building at the St. Michael’s center for homeless veterans is scheduled for Tuesday.

City officials originally had hoped construction could start this past March. But delays occurred with the financing and with the final plat, which subdivided the expansive, 24-acre property that St. Michael’s Veterans Center sits on at 3838 Chelsea Drive, just southeast of the Veterans Affairs Medical Center.

The first $11 million building at St. Michael’s opened with 58 apartment units in July 2014 and quickly filled, creating a waiting list that now includes 95 applicants. Social service agencies estimate about 1,800 veterans are in need of permanent housing in the Kansas City area.

Now all the pieces have fallen together for the second phase, and construction is slated to begin on a site north of the existing building. Officials hope this second building can open in late 2016, with 59 one- and two-bedroom apartments.

“They won’t even have to look for tenants,” said Stuart Bullington, Kansas City’s assistant director for neighborhood and housing services, who has worked on the planning for St. Michael’s.
The first building included about 2,000 square feet of office space for veterans’ health care and support services. But the second building will connect to a 7,500-square-foot support services center, providing substance abuse counseling, job training, medical and dental care, and other help to give veterans a new lease on life.

The support center was made possible in part with a city contribution of $1.2 million in federal community block grant money.

The $11.4 million apartment building was financed in large part through federal and state low-income housing tax credits. U.S. Bank invested $8.3 million in purchasing those tax credits and also provided a construction loan.

“After our nation’s veterans have served their country, this is our opportunity to give back to them, especially those who are enduring homelessness or disabilities,” said Lynn Craghead, senior vice president for U.S. Bancorp Community Development Corp., in a statement.

The project is the result of a partnership between Catholic Charities, which oversees the support services; Yarco Co., which constructs and operates the buildings; and U.S. Bank.

A third apartment phase is contemplated, but the financing has not been identified. The full campus development is projected to cost more than $33 million and include 174 units of housing.

The entire campus is near 39th Street and Emanuel Cleaver II Boulevard. Officials have touted its proximity to the VA Medical Center and have said it helps provide a new community for struggling veterans to rebuild their lives.

3.2 - Public Opinion: A homeless vet’s ‘constant battle’ to survive  
(13 December, Vicky Taylor, 78k online visitors/mo; Chambersburg, PA)

CHAMBERSBURG -- James Keet is nothing if not a survivor, but thanks to a group that helps homeless veterans, he is now looking at a life that is more than just surviving.

Keet has already spent 18 years of his life homeless and without direction, yet never giving up hope that someday, somehow, life would get better.

"Ya (sic) know, I have been in a constant battle trying to get my life back," he said this month, admitting his lifelong struggle battling alcoholism has left him at times living in abject poverty.

He calls the path out of homelessness and into a more stable living situation "a long and winding road."

Now, with the help of Supportive Services for Veteran Families, a Veterans Administration program, the 53-year-old Keet is trying to get the help he needs to make the necessary changes that would make it possible to live as a functioning, contributing member of society.
SSVF is designed specifically to help homeless vets and their families, providing temporary housing and steering them to the medical and mental health services necessary to make the lifestyle changes that will take them out of the homeless category and put them on a path toward productivity.

Keet is currently being housed at a local motel while SSVF works to get him the help he needs to overcome 18 years of homelessness.

Keet's is a story of a long path down the road that eventually led him to a nomad lifestyle that included some productive years in the work force, and even a six-year failed marriage, but many more years as a homeless man living hand-to-mouth, building temporary shelters in the woods, fishing and hunting small game and looking for edible plants to survive.

Today, Keet talks about years of living outside, building lean-to shelters for protection from the elements, once wrapping himself in a heavy construction-type garbage bag and hunkering down by a large fallen tree to spend an especially stormy, cold night out in the elements.

One year he got what he now calls a "wild idea" of building a log cabin in the woods near Carlisle using an ax and a bow saw to cut up fallen trees for building materials.

"I got money from a friend (for the tools) and built a fireplace with rocks for cooking and to keep warm," he said.

He finally got the enclosure walled in to the extent that it provided some protection from the elements. The next year, he even started a garden.

By the next year, Keet was again looking for a place to lay his head, as well as shelter from the elements. He decided to move to the Pine Grove Furnace area above Bendersville Road, and built a lean-to against a large downed Jack pine.

"I ate fish, drank sassafras tea, found wild edibles that I read about in survival books, and built small fires for cooking and warmth," he said.

He lived there three months before moving on, constantly trying to figure out how to make the homeless life work for him. Wherever he went, whatever the form of shelter he devised, he lived off the land, using a fishing rod and a compound bow to fish and hunt small game to feed himself.

He remembers one time in 2005 when he had a fire going and was getting ready to cook some bass he had caught.

"It was around dusk and this coyote pack came investigating," he said. "I had a fire going and I was in a good location with 20 yards of grass around me."

Beyond that was thick brush, and Keet said the next thing he knew the coyotes were in the thickets, circling, waiting for an opportunity to attack. He said he had enough wood cut to build a large enough fire to scare the pack off.

Two days later the Middlesex police found him and told him to leave. He was trespassing.
By 2007 he was living in a tent on a farmer's land along the Conodoguinet Creek. The next year, still homeless, he moved the tent to another location, then the next year, he built another lean-to in the woods, this time near a campground where he had gotten a job as a maintenance worker.

"I had an open fire pit for cooking and warmth, and a small battery-operated radio for company," he said.

One evening he was at the lean-to getting ready to fix hot dogs for dinner when he heard on the radio that a hail storm and possible tornado were heading his way.

"I looked to the west to Shippensburg and the sky was black," he said. "I picked up every tool and object I could and put them into my lean-to then wrapped myself tight in blankets and hunkered down (to wait out the storm)."

At one point, he peeked out through the blankets and watched the sky turn orange, then green, then purple.

As he often did over the years, he prayed.

A faith in God and prayer had been his go-to solution over the years as he battled alcoholism and coped with what had become a homeless lifestyle.

"I give God the credit for not giving up on me even though at times I'd go into my funk and not care, or wave my fist in the air and ask 'why,'" he said.

Today, he says he knows there was a reason for each season of his 18 years of homelessness.

Keet hadn't always been homeless. He enlisted in the Navy following graduation from Big Springs High School in 1982, hoping to follow in the footsteps of his Navy veteran father, Richard Keet.

He served as a cook aboard the USS Yellowstone AD41 out of Norfolk, Virginia.

He admits to drug and alcohol problems during that time. He said that he foolishly asked for an early out, something he still regrets.

"I really messed up," he said. "But I did learn many values (in the Navy)."

His entire post-Navy life hasn't been spent in homelessness either. At times he held jobs -- first a four-year stint working for his brother, later at a ski resort where he was seriously injured in an after-hours skiing accident, another time at Wilson College and still another at a discount store chain.

He married in 1999 and lived in a mobile home in Cumberland County with his wife, who owned the home, then became homeless again in 2005 after the marriage ended.

Twice he tried to find purpose by hiking the Appalachian Trail.

"I'm at a point in my life where I want to turn things around, but I haven't been sure how to go about it," he said.
He hopes SSVA and its programs can help him do just that.

He said his vision today is to help others who have been in his shoes, perhaps as a counselor or as a volunteer somewhere.

"I would really love to open a homeless shelter for vets, something like a halfway house where they can come in and get a shower and be fed," he said.

4. Ending the Claims Backlog – No coverage

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

6. Women Veterans – No coverage

7. Other

7.1 - The Washington Times (AP): Motorcycle convoy to deliver Christmas cheer to Dorn VA vets (13 December, 3.5M online visitors/mo; Washington, DC)

COLUMBIA, S.C. (AP) - Hundreds of motorcyclists are heading across the Midlands to bring Christmas cheer to the veterans at the Dorn VA Medical Center in Columbia.

Riders leave the Carolina Honda parking lot on Buckner Road on at 2 p.m. Sunday and arrive at the Medical Center 45 minutes later.

The convoy is being escorted by members of the Columbia Police Department. Entertainment is being provided by the 246th Army Band.

For those who would like to donate gifts, contribution drop-off sites are available in Batesburg, Camden, Columbia, Lexington and St. George.

7.2 - WLTX-TV (CBS-19, Video): Hundreds of Motorcyclists Bring Gifts To Dorn VA Veterans (13 December, Charles Ringwait, 2M online visitors/mo; Columbia, SC)

If you were curious as to why you saw a convoy of motorcycles passing by here's why.
Hundreds of motorcyclists rode across the Midlands Sunday afternoon all in an effort to bring the spirit of Christmas to the veterans at Dorn VA Medical Center.

The ride lasted about 45 minutes and started at the Carolina Honda parking lot on Buckner Road.

Each year riders bring gifts and donations to the hospital.

Louise Cantrell participated in the ride for the first time.

"I drove three hours to be a part of this great event. I guess this is the first bike ride I've been apart of and for it to be for veterans, it hits home for me and I think it's unbelievable," Cantrell said.

Cantrell came from Fort Bragg in North Carolina to participate. Her husband served in the military before dying in a house fire along with their two daughters.

"What I see here is people coming together for something so wonderful for people who may not have anybody to visit them during the holidays or give them gifts or anything like that and make somebody's day which is a kind gesture. she said.

The riders were escorted by the Columbia Police Department.

7.3 - The Clarion-Ledger: New VA network head has been accused of lying (13 December, Jerry Mitchell, 505k online visitors/mo; Jackson, MS)

Skye McDougall, accused of giving false testimony to Congress, is slated to be the new head of the South Central VA Health Care Network that includes Mississippi.

In October, the VA named McDougall to take over as director of the Southwest Health Care Network, but after U.S. Sen. John McCain, R-Arizona, objected to her overseeing the network that included the troubled VA hospital in Phoenix, she announced she wouldn't take that job after all, choosing to work in the network that oversees Jackson VA, which has seen its share of woes.

U.S. Rep. Bennie Thompson, a Democrat whose 2nd District includes the Jackson VA, said he was disappointed to learn of her appointment. “Dr. McDougall represents everything that is wrong with the VA system,” he said. "Her appointment is not in line with the reforms put in place in 2014, which sought to remedy the extremely long wait times and deplorable service standards at VA health facilities across the country."

Thompson said it seems to him “the VA is trying to tuck her and her deplorable record away in Mississippi."

Republican U.S. Sen. Roger Wicker, who serves on the Senate Veterans Affairs Committee, said, “Mississippi veterans deserve better than a game of bureaucratic musical chairs. After everything that our veterans have gone through, they need real leadership at the VA.”
In March, McDougall, as director of the Desert Pacific Health Care Network covering Southern California, testified before the House Committee on Veterans’ Affairs that Los Angeles veterans were waiting just four days for doctor appointments.

CNN reported the actual wait was 10 times longer.

CNN said internal VA documents showed more than 12,700 patients seeking specialist consults had to wait at least three months for appointments, and the average delay for a first-time primary-care appointment was 48 days.

McDougall also told the House committee that mental health patients on average were able to get appointments in four days, but CNN reported records showed the average wait was 36 days.

She could not be reached Friday for comment, but Dr. Carolyn Clancy, acting undersecretary with the Veterans Health Administration, has defended McDougall’s testimony.

According to Clancy, the VA uses two methods to calculate wait times, with dramatically different results. She contended the documents obtained by CNN reflected long waits for appointments, but an alternative data set showing rapid service is “the best indicator of the veteran’s actual wait time experience.”

Comedian Jon Stewart poked fun at McDougall in a "Daily Show" segment called “Doctor Wait.”

In an Oct. 15 letter to the VA Secretary, McCain wrote that he was surprised to learn about McDougall heading the Southwest Health Care Network, given the report she “purposely misled Congress regarding wait times for veterans in Southern California.”

Such an appointment, McCain wrote, “does nothing to regain veterans’ confidence that the VA has been reformed in the aftermath of the tragic scandal during which veterans died waiting for care while senior VA executives collected monetary bonuses.”

With the Phoenix VA hospital being “ground zero” for the wait-list scandal, “the veterans in my state deserve better than to have a director who misled Congress about patient wait times or understated the severity of the VA ‘s failures,” he wrote.

He urged the VA to reconsider this selection “given that the VA is still working to earn back the trust of veterans it betrayed from last year’s scandal and its own employees who have lost faith in the integrity of their senior leaders.”

Last week, McDougall, who has 24 years of VA experience, announced she had changed her mind about taking over the Southwest Health Care Network that includes Phoenix, saying she would take over as head of the South Central Health Care Network in Jackson instead.

In an email to The Arizona Republic, she wrote that the controversy played no role in her change of heart. “After careful consideration of the position and the needs of my family, I decided to pursue other opportunities and look forward to leading VISN 16 (South Central VA Health Care Network).”
7.4 - WACH-TV (FOX-57): Veterans’ charity ride attracts over 6000 bikers (14 December, Matthew Stevens, 40k online visitors/mo; Columbia, SC)

Over 6000 bikers rode through Columbia Sunday afternoon to deliver donations and Christmas gifts to Dorn VA Medical Center.

The bikers were able to shake hands with the Veterans at the hospital to thank them for their service.

Organizers say the event is near and dear to these bikers because most of them are veterans themselves, which is why they are so eager to give back to local vets in need.

Timothy McMurry with Dorn VA says, "These donations are going to go to our inpatient veterans here at Dorn, as well as those in homeless shelters and families in need- anybody that has some sort of need- they're here to support."

If you would like to donate to our local veterans for Christmas, you're asked to reach out to Dorn VA hospital so they can help make sure the gifts are delivered.

7.5 - WTTV-TV (CBS-4): Bedford man reportedly crashed truck into courthouse over frustrations with the VA (13 December, Kylee Wierks, 12k online visitors/mo; Indianapolis, IN)

BEDFORD, Ind. — A Bedford man was arrested on charges of resisting law enforcement, disorderly conduct, criminal mischief, criminal recklessness, and reckless driving after he allegedly rammed his truck into the Lawrence County Courthouse Friday night. And according to police, it was because he was upset with the Veterans Administration.

The Lawrence County Sheriff’s Department and the Bedford Police Department responded to the scene of a vehicle accident at the Lawrence County Courthouse Friday around 9:40 p.m. When they arrived, they discovered Terry Luttrell, 58, backing up and ramming his truck into the doors of the courthouse.

Luttrell was taken into custody after a brief struggle with responding officers.

Further investigation by the police department revealed that Luttrell had spoken with the VA on Friday, and he was frustrated with the news he received.

According to witnesses, Luttrell was very upset and he left his home, leaving his wallet and cell phone behind and warning his wife that if anyone came to the door they would probably knock it down. Witnesses advised investigating officers that Luttrell said he was going to drive his truck into the courthouse.
Additionally, Luttrell visited the Bedford Police Department just prior to the incident to speak with an officer about his frustrations with the VA. According to the officer Luttrell spoke with, there was no indication at that time that he had been drinking.

Luttrell later admitted to officers he has been sober for 18 years, but on Friday night he “drank a pint.” Luttrell also admitted to ramming his truck into the courthouse in hopes his actions would help at least one person in their dealings with the Office of Veterans Affairs.

Lawrence County Commissioners responded to the scene to assess the damage at the courthouse and make arrangements to secure it pending repairs.

It should be noted that the Lawrence County Veteran’s Affairs Offices is directly down the stairs through the entrance that was damaged in the incident.