



Veterans Affairs Media Summary and News Clips

29 July 2016

[1. Top Stories](#)

1.1 - The Hill: [The death toll rises](#) (28 July, David W. Walker, 4M online visitors/mo; Washington, DC)

A few years ago, a Rand Corporation study predicted that more than 300,000 veterans would be impacted by PTS related to the war on terror. That study did not anticipate that the war on terror, particularly our military commitments in Afghanistan and Iraq, would continue with no end in sight. I think it a reasonable guess that were Rand to update that study today, the number would more likely be 400,000 or higher.

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1.2 - WTVT (FOX-13, Video): [WWII vet spends 4 days a week, \\$200 a month volunteering at VA](#) (28 July, Kelly Ring, 2.1M online visitors/mo; Tampa, FL)

A 95-year-old World War II veteran is the official greeter at the New Port Richey VA clinic and the time and money he spends as a volunteer there is almost unbelievable. Tony Caruso is the first person you see when you walk through the clinic's doors. "I love it. I love to be with the people, try to help them," Caruso told FOX 13 News. "I've got about 17,000 hours. I work four days a week."

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1.3 - Milwaukee Journal Sentinel: [Family seeks answers in Army vet's overdose death](#) (28 July, Jessie Bekker, 1.8M online visitors/mo; Milwaukee, WI)

Questions continue to swirl over Schuler's death. The overdose is being investigated by the VA, local law enforcement and the Milwaukee County district attorney's office, according to a letter sent last month by U.S. Sen. Tammy Baldwin to the top official at the U.S. Department of Veterans Affairs. The VA Office of Inspector General is also investigating Schuler's death and related procedures.

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1.4 - WFED (AM-1500): [Better DoD, VA collaboration at center of Clinton's veterans policy](#) (28 July, Nicole Ogrysko, 580k online visitors/mo; Washington, DC)

The debate over the future of the Veterans Affairs Department has pivoted to the presidential campaign. Democratic presidential candidate Hillary Clinton and Republican nominee Donald Trump have widely different ideas for changing the VA, which mimic the same divides among the current administration, members of Congress, the veterans community and federal employee unions and groups.

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[2. Veteran and Employee Experience](#)

2.1 - KOTV (CBS-6, Video): [Need To Know Oklahoma Lake Levels, Muskogee VA Hospital Hosts Ceremony For Military Veterans](#) (26 July, Tess Maune, 1.6M online visitors/mo; Tulsa, OK)

Some of our military heroes were remembered during a special ceremony at Muskogee's VA hospital Tuesday afternoon. Jo Wright's brother Eugene Crosser, like all the other veterans

represented at The Eastern Oklahoma VA Veterans Memorial Service, died in the past six months. "He was real proud of his service." said Wright. "He was with the U.S. Air force. He was a tail gunner on a B-17 and he flew 50 missions over Germany."

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2.2 - The Kansas City Star: [Readers share viewpoints on Kansas, veterans, crime](#) (28 July, 867k online visitors/mo; Kansas City, MO)

Our nation's veterans sacrifice so much to defend our freedoms. When they return home, they deserve compassionate, effective care from the Department of Veterans Affairs. Tragically, some local veterans seeking comfort and support at the Leavenworth VA Medical Center were instead subjected to abuse. Multiple veterans have come forward to tell how a former physician assistant used his medical position to gain their trust and then subjected them to increasing levels of sexual abuse.

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2.3 - Inquisitr: [VA Spent \\$20 Million On High-End Art As Thousands Of Military Veterans Die While Waiting To See Doctors](#) (28 July, Tara West, 839k online visitors/mo)

There have been thousands of documented cases of military veterans dying over the past decade due to long wait lists at hospitals and treatment facilities maintained by the Veteran's Administration. While the VA complains of a lack of funds and continues to put veterans on wait lists for basic treatments, it was revealed that the administration spent over \$20 million...

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2.4 - The New American: [Report Reveals VA Spent Millions on Art While Veterans Died Awaiting Care](#) (28 July, Raven Clabough, 478k online visitors/mo; Appleton, WI)

An oversight report by an independent taxpayer watchdog into the Veterans Affairs administration reveals more troubling information connected to the VA scandal, Fox News reports. According to the report's findings, the VA spent \$20 million on artwork and sculptures and added nearly 40,000 new jobs, though just one in 11 were medical positions, all while more than a thousand veterans died awaiting medical care.

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2.5 - Muskogee Phoenix: [VA medical center establishes advisory council](#) (28 July, 84k online visitors/mo; Muskogee, OK)

Veterans or members of their families are needed to serve on an advisory council at the Jack C. Montgomery VA Medical Center, a media release states. The advisory council is a working task force that strives to improve the patient's experience for all veterans by providing feedback to hospital leadership. Members would serve from October 2016 to September 2017.

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2.6 - Midland Daily News: [Dr. Creasman named director at Aleda E. Lutz VA Medical Center](#) (28 July, 76k online visitors/mo; Midland, MI)

Ginny Creasman has been appointed the new director of the Aleda E. Lutz VA Medical Center in Saginaw. Dr. Creasman will direct the delivery of health care to nearly 35,000 veterans and an operating budget of greater than \$184 million in VA facilities located from mid-Michigan to

the Mackinac Bridge. “We are excited to bring Dr. Creasman on board as the new director of the Aleda E. Lutz VA Medical Center,” said Robert P. McDivitt...

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2.7 - The Ripon Advance: [Bipartisan Rounds bill would prevent delayed VA reimbursements from damaging veterans’ credit scores](#) (28 July, 600 online visitors/day; Washington, DC)

Bipartisan legislation recently introduced by U.S. Sen. Mike Rounds (R-SD) would prevent delayed Department of Veterans Affairs (VA) payments from damaging veterans’ credit histories. The Protecting Veterans Credit Act, S. 3258, introduced with U.S. Sen. Joe Donnelly (D-IN), would establish a one-year delay for medical debt being reported to credit agencies for veterans enrolled in the VA Choice Program or similar VA community care programs to prevent an adverse impact on their credit ratings.

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[3. Access to Healthcare](#)

3.1 - MLive: [How a high-risk combat veteran is overcoming suicide attempts via special court](#) (28 July, Malachi Barrett, 3.5M online visitors/mo; Southfield, MI)

When Dana Harvey talks about his experience with Post Traumatic Stress Disorder, his warm tone becomes heavy and listless. His voice drops deeper and sometimes trails off toward the end of a sentence. There is more weight to his words; each is carefully chosen and seems to sit next to him in the room.

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3.2 - KFVS (CBS-12): [John J. Pershing VA Medical Center expands](#) (28 July, Mary-Ann Maloney, 453k online visitors/mo; Cape Girardeau, MO)

John J. Pershing VA Medical Center is expanding its clinic in Cape Girardeau and will have the potential to serve Marion and St. Louis VA patients. The new clinic will be 43,000 square feet (the current clinic is 8,000 square feet) and will expand primary care, mental health, and home-based primary care services. The new facility will feature added specialty care services, including general outpatient surgery and oncology.

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3.3 - Watertown Daily Times: [Improving medical care: River Hospital accepting VA benefits for mental health services](#) (29 July, 448k online visitors/mo; Watertown, NY)

River Hospital officials announced this week that eligible veterans seeking mental health care or treatment for post-traumatic stress disorder may be referred to the local facility by the Department of Veterans Affairs. They may use their benefits for the hospital’s Veterans Program, an outgrowth of its Military Partial Hospitalization Program serving active-duty military personnel at Fort Drum.

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3.4 - Daily Record: [Mayor, senator clash over Dover veteran boarding home](#) (28 July, William Westhoven; 441k online visitors/mo; Parsippany, NJ)

The VA responded with a statement saying that in reaction to the story, they sent the VA New Jersey Health Care System Community Residential Care Program Team to the house on Tuesday. Accompanied by the VA fire chief and VA fire inspector, they conducted an environmental assessment and to offer support to veterans living at the site.

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3.5 - The Daily Item: [VETERANS' SESSIONS: Local veterans think VA hospitals are getting better](#) (28 July, Rick Dandes, 63k online visitors/mo; Sunbury, PA)

Since we began this blog four weeks ago, one of the overriding issues I wanted to address (standing on this soapbox) is: how are our Valley vets being treated by the VA when they have medical issues? Given the national publicity, mostly negative, are things getting any better? The Wilkes Barre VA hospital has been the focus of many complaints... slow response time, non-caring staff, even in some cases alleged incompetence.

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3.6 - The Chronicle: [Veterans Vent to Herrera Beutler About Wait Times at VA](#) (28 July, Lauren Dake, 54k online visitors/mo; Centralia, WA)

Two years ago, a scandal rocked the U.S. Department of Veterans Affairs when it was discovered wait times were so long at some health care clinics, some veterans died before being treated. U.S. Rep. Jaime Herrera Beutler met with local veterans to hear their stories and to find out what has changed. On Tuesday morning, in downtown Vancouver, she got an answer: not much.

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3.7 - McPherson Sentinel: [Sen. Moran plans for better healthcare access](#) (28 July, Cheyenne Derksen, 53k online visitors/mo; McPherson, KS)

"I'm of the view that the U.S. Department of Veterans Affairs is failing our veterans," Moran said. "There are certainly instances that it does care for our veterans, but more and more, people will tell me about the challenges they or a neighbor has had in getting care from the U.S. Department of Veterans Affairs."

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3.8 - MD Magazine: [Addicts with Chronic Pain May Finally Get Some Relief](#) (28 July, Caitlyn Fitzpatrick, 46k online visitors/mo; Plainsboro, NJ)

The strongest pain pill prescriptions come with the potential risk of addiction. For patients who are already battling the disease, finding pain relief presents quite a challenge. Researchers from VA Ann Arbor Healthcare System's Center for Clinical Management Research and University of Michigan Medical School's Addiction Center (U-M) aimed to find an effective analgesia strategy for this population...

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3.9 - The Central New York Business Journal: [River Hospital to offer veterans PTS treatment with VA referral](#) (28 July, Eric Reinhardt, 28k online visitors/mo; Syracuse, NY)

River Hospital in Alexandria Bay is now able to offer treatment for eligible veterans suffering from post-traumatic stress (PTS), with a referral from the U.S. Department of Veterans Affairs (VA). Veterans needing the services can use their VA benefits to help pay for the hospital's

programs, River Hospital said in a news release issued Wednesday. River Hospital offers PTS and mental-health support services through its veterans program.

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3.10 - Parsons Sun: [Sen. Moran hears from constituents](#) (28 July, Colleen Williamson, 21k online visitors/mo; Parsons, KS)

Moran said they are asking veterans, or people on behalf of veterans, to contact them regarding the VA not working for them. "At the moment we are mostly focused on the health care side of things," Moran said. Like others, seeing a need for veterans in areas where there was no hospital, he helped encourage and push the VA to open outpatient clinics, such as the one now located in Parsons. Many communities still have no outpatient clinic, though.

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3.11 - Nonprofit Quarterly: [Vets with PTSD Wait Years for Service Dog due to VA Study Delays](#) (28 July, Jim Schadder, 4.1k online visitors/day; Boston, MA)

Service dogs are tail-wagging ambassadors for all things safe, positive, and possible in the world. Patriot PAWS Service Dogs in Rockwall, Texas, trains and provides service dogs at no cost to disabled American veterans and others with mobile disabilities. These dogs help restore their owners' physical and emotional independence. But the waiting list for these dogs is years long because it takes up to two years to train them at a cost of approximately \$33,000 per dog.

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3.12 - The Missouri Times: [Anesthesiologists oppose proposed VA rule](#) (28 July, Travis Zimpfer, 3.4k online visitors/day; Saint Louis, MO)

The Missouri Society of Anesthesiologists (MSA) is pushing against a new potential Veterans Administration rule that they believe could put the agency's patients at risk. A little over two months ago, the VA created a rule that would allow nurses with advanced training, like nurse practitioners and nurse anesthesiologists, to use their full repertoire of skills without the oversight of a doctor.

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4. Veteran Homelessness/Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - Hometown Focus: [VA announces new partnerships and collaboration](#) (29 July, 600 online visitors/day; Virginia, MN)

The Department of Veterans Affairs (VA) last week announced partnerships and collaboration with Bristol-Myers Squibb Foundation, IBM and Bombas. The three, distinct, relationships are a part of the MyVA Strategic Partnership Initiative, which aims to work together with external organizations to improve the delivery and access of care for Veterans. MyVA is the largest transformation in the history of VA.

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7. Supply Chain Modernization – No Coverage

8. Other

8.1 - The Arizona Republic: [VA surgeon recognized from UA medical school](#) (28 July, Arthur G. Sloane, 2.6M online visitors/mo; Phoenix, AZ)
Dr. Howard Bourdages, a surgeon at the Phoenix VA Health Care System, received the prestigious faculty Teaching Facility of the Year Award from the University of Arizona's College of Medicine-Phoenix Integrated Surgical Residency Program. Bourdages, the assistant chief of surgery there since 2010, said he was honored and humbled to have received the award.

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8.2 - The Republican: [Hot Rod and classic car show at VA Leeds Medical Center Campus](#) (27 July, Pam Mastriano, 1.6M online visitors/mo; Springfield, MA)
Hot rod and classic car show Northampton - Vintage car enthusiasts will get an opportunity to show off their vehicles and see other great automobiles when the VA Central Western Massachusetts Healthcare system hosts a first-ever Hot Rod & Classic car show, Sunday, July 31 on the VA Leeds Medical Center Campus. The car show takes place from 9 a.m. to 2 p.m. and is free and open to the public.

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8.3 - The Robesonian: [Lumberton veterans attend national convention, hear speeches from Trump and Clinton](#) (28 July, 70k online visitors/mo; Lumberton, NC)
“Trump said that he wants to overhaul the VA (U.S. Veterans Administration) system and clean it up from top to bottom,” Biggs said. “He said that those that are not doing their jobs should be fired while those doing an exceptionally good job should be rewarded and promoted.

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8.4 - New Britain Herald: [Boy aims for 1,000 veteran signatures on his bike](#) (28 July, Erica Schmitt, 4.9k online visitors/day; New Britain, CT)
Photographs of the Twin Towers during the Sept. 11, 2001, terrorist attacks had such an impact on 9-year-old Johnny Tomboly last fall that he embarked on a mission — one that has made him a frequent visitor to the Newington VA Hospital. The Meriden resident is seeking out veterans and emergency responders of all types to sign his BMX bike, which he hopes to cover with at least 1,000 signatures by Sept.11, 2016.

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1. Top Stories

1.1 - The Hill: [The death toll rises](#) (28 July, David W. Walker, 4M online visitors/mo; Washington, DC)

It is comforting to believe that when our military veterans return from the battlefields, they are home safe and sound. They have put their lives on the line for our security, and many of them did not make it back alive, but those that did get home in one piece are again among friends and family, returning to normal existence.

But we all know that assumption is out of date. Our veterans do not return to normal lives like in earlier times. They get a few months off and then they are sent back to the battlefield over and over again. That is the reality of the volunteer army.

We know also that just because a veteran returns from the battle without visible physical wounds, that does not mean he or she is safe and secure. The constant rotation to and from the battle takes a toll, as does the knowledge that the next tour may be your last, as does the haunting memory of terrible things you have seen and friends you have lost. Even those without visible physical wounds usually suffer from post-traumatic stress (PTS) that for many is debilitating.

A few years ago, a Rand Corporation study predicted that more than 300,000 veterans would be impacted by PTS related to the war on terror. That study did not anticipate that the war on terror, particularly our military commitments in Afghanistan and Iraq, would continue with no end in sight. I think it a reasonable guess that were Rand to update that study today, the number would more likely be 400,000 or higher.

A salient conclusion of the Rand study was that the PTS would manifest itself in counterproductive behavior such as alcohol abuse, drug dependency, marital stress, criminal behavior and even suicide.

Now we have in hand a new study from the Veterans Administration (VA) concluding that as of 2014, the last year for which data are available, 20 veterans are committing suicide every day. That adds up to 7,400 veterans taking their own lives. That accounts for 18 percent of all suicides in the country, though veterans make up less than 9 percent of the overall population.

Actually the 20 suicides a day number is a bit less than the 22 a day previously estimated, but that earlier number was based on information from only 20 states and did not contain full military records from the Department of Defense. The new study includes more than 50 million veterans' records from 1979 to 2014, including every state. The basic underlying data comes from the Centers for Disease Control.

And the suicide rate is rising. From 2001 to 2014, as the civilian suicide rate rose about 23.3 percent, the suicide rate for veterans jumped more than 32 percent. It's even worse for female veterans whose suicide rate rose more than 85 percent during that same time period, compared to about 40 percent for civilian women.

It must be noted that roughly 65 percent of the suicides of veterans in 2014 were individuals 50 years of age or older, many of whom spent little if any time in the most recent wars. Here too, however, we must add the qualifier that the shortage of personnel available for combat often brings older members of the National Guard and Army Reserves into battle.

To its credit, the VA had hired 5,300 new mental health providers and support personnel, and upgraded its Veterans Crisis Line in response to the problem. It also has elevated the profile of its suicide prevention office within the department and launched new partnerships with community health providers to offer counseling to veterans.

Better late than never, but the unprecedented pressures on our volunteer soldiers being sent back to the battlefields again and again suggest strongly that we will be contending with increasing pathologies associated with PTS for many years to come. The chosen few who shoulder the burden of our nation's defense are paying a stiff price for their patriotism – a price we are only now beginning to recognize. They need and deserve our support while they are in the service, when they return home and for the remainder of their lives.

Walker is president & CEO Coalition to Salute America's heroes.

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1.2 - WTVT (FOX-13, Video): [WWII vet spends 4 days a week, \\$200 a month volunteering at VA](#) (28 July, Kelly Ring, 2.1M online visitors/mo; Tampa, FL)

A 95-year-old World War II veteran is the official greeter at the New Port Richey VA clinic and the time and money he spends as a volunteer there is almost unbelievable.

Tony Caruso is the first person you see when you walk through the clinic's doors.

"I love it. I love to be with the people, try to help them," Caruso told FOX 13 News. "I've got about 17,000 hours. I work four days a week."

His volunteer work at the VA spans two decades, but he always greets patients with a smile. But when he talks about war, his mood changes.

"No, no, no, can't talk about that. No, no," he insisted.

Caruso was only 21 when he landed on Omaha Beach during D-Day, the Allied invasion to free Europe from Nazi occupation.

"It was hell," Caruso finally said.

"People floating in the water, dead. Uh, no," he added, placing his head in his hands.

Caruso immigrated to America from Italy in 1937. He was only 16. Like many poor immigrants, he worked numerous jobs to support his family.

"I started working in the junk shop for a dollar a day. When I got paid the first week, I got \$6. I went to my father and said, 'I got \$6, I'm rich.' He says, 'no no no,'" Caruso recalled.

In spite of his accomplishments since then, he has not been without lifelong hardships. Today, Caruso is legally blind, but that doesn't stop him from showing up at the VA.

In addition to the time he spends there, getting there is another of Caruso's challenges. He spends \$200 a month for taxi fare to get to and from the VA.

"I'm a very tough person. If I put my mind to do something, it's going to be done and that's all there is to it," Caruso said.

You'd expect nothing less from a proud patriot who is a member of America's Greatest Generation.

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1.3 - Milwaukee Journal Sentinel: [Family seeks answers in Army vet's overdose death](#) (28 July, Jessie Bekker, 1.8M online visitors/mo; Milwaukee, WI)

Last fall, Cole Schuler, a 26-year-old former U.S. Army Ranger from the Fox Valley, checked himself into the inpatient drug rehabilitation unit of the Clement J. Zablocki Veterans Affairs facility in Milwaukee.

He was trying to kick an addiction to opioids. Instead, 11 days into his stay, he died of a heroin overdose at the center.

"There was just a lot of shock and anger," said Schuler's older brother, Wyatt. "We thought he was somewhere safe. It was like, 'How does that even happen?'"

Questions continue to swirl over Schuler's death. The overdose is being investigated by the VA, local law enforcement and the Milwaukee County district attorney's office, according to a letter sent last month by U.S. Sen. Tammy Baldwin to the top official at the U.S. Department of Veterans Affairs.

The VA Office of Inspector General is also investigating Schuler's death and related procedures.

According to the Milwaukee County medical examiner's office, Schuler left his room at the VA around 3:30 p.m. on Nov. 8. He returned around 5 p.m.

Five hours later, Schuler was found slumped under a desk in his bedroom with a wound to his head and the right sleeve of his gray shirt rolled up to his elbow, the medical examiner's report said.

Schuler was pronounced dead in the early morning hours of Nov. 9.

A spoon and a piece of white paper with an unknown substance were found on Schuler's desk. Next to him were a pack of Marlboro Black 100's cigarettes containing seven syringes and four orange pills of buprenorphine — a drug used to help addicts quit heroin or opioids.

Schuler's death was ruled a heroin overdose.

An Administrative Investigation Board review — released two days after Schuler's death — found the Zablocki domiciliary was unsafe for its residents and recommended 16 new measures to remedy the situation.

Both Baldwin and Republican U.S. Sen. Ron Johnson have sought information on security problems at the facility.

Last month, Baldwin spelled out her concerns in a letter to VA Secretary Robert A. McDonald.

"If the VA cannot prevent visitors from simply walking into the facility with drugs in their pockets and delivering them to veteran patients struggling with drug addiction, then I cannot have any confidence that the VA is providing a safe and secure environment for recovery," Baldwin wrote.

In a June 21 letter to the Inspector General's office, Baldwin requested the VA "open an investigation into the overall operations and management of the Zablocki VAMC Domiciliary, safety in the Inpatient Mental Health Ward of the facility, and an attempted drug diversion at the Zablocki Pharmacy."

Zablocki spokesman Gary Kunich said the facility has addressed the recommendations and implemented new security measures, including adding cameras and locks on doors. Staff also search visitors' bags, though Kunich could not comment on the frequency of those searches.

"This is a residential open treatment center, and so we have to walk that fine line where we are protecting our veterans but yet giving them the freedom to succeed in fighting and beating those addictions," Kunich said, adding that he did not know if security checks the pockets of those entering the building.

Meanwhile, Schuler's family awaits answers.

Schuler's sister, Adrea Allgeyer, said she was told by VA officials that checking Schuler or other patients for drugs would constitute an invasion of privacy.

Allgeyer faults the policies at the center for Schuler's death. Failure to check the belongings of patients and visitors traveling in and out of the facilities and failure to conduct hourly patient room checkups may have contributed to Schuler's ability to overdose inside the VA, she said.

But had Schuler been on a closed campus or under an imposed "buddy system," Allgeyer wonders if her brother would have survived.

"(The patients) came there for help because they can't help themselves, and you have to be accountable for the people that are under your care," she said. "If you're going to say that you're a drug treatment program, then you need to act like it."

Schuler was a patient for the second time at the Zablocki facility. His first stay, a year and a half earlier, lasted only 24 hours because Schuler felt uncomfortable undergoing detoxification among mental health patients who were being treated for different conditions, he told his family.

"It's kind of like a college dorm," Allgeyer said.

On New Year's Eve of 2014, after his first stay at Zablocki, Schuler again sought treatment, this time in the Twin Cities — and for a while, he was sober.

Schuler moved to Connecticut for a job as a computer analyst in June of 2015. He showed up at Allgeyer's door unexpectedly in October, again asking for help.

"To me, him coming home (and) on his own asking, that was a turning point," she said. "He really wanted to be clean because my other brother, Wyatt, got married and he wanted to be at the wedding."

Schuler immediately joined the military after graduating high school at Appleton East. He enlisted in the 309th Military Intelligence Battalion and later joined the 75th Airborne Ranger Regiment.

Schuler was medically discharged, his brother, Wyatt, said. He then enrolled in and graduated from the University of Wisconsin-Milwaukee with a degree in supply chain management.

"He was driven, always trying to succeed, full of life and just always a good time," Wyatt Schuler said.

Signs of early addiction sprouted years before his death, after a car accident and subsequent knee replacement surgery led Cole down the road of prescription opiates, the family said. During workouts with Wyatt, Cole used pain from his workout as an excuse to take the medicine.

Wyatt didn't think much of it, until Cole, making a steady salary at his new job in South Carolina, started asking his brother for "gas money."

"It really put a wedge between us. I really couldn't trust him," he said.

Wyatt last spoke with Cole on the phone a week before he died. Cole assured Wyatt he was getting help.

"In the back of our minds, we knew that his addiction was to the point of overdosing, but if you knew Cole, he wasn't one to let a situation get the best of him," Wyatt said.

Now, eight months after his brother's death, Wyatt said he misses his brother's laugh and friendly nature.

"Everyone knew when the Schuler brothers were together, it was going to be a wild night."

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1.4 - WFED (AM-1500): [Better DoD, VA collaboration at center of Clinton's veterans policy](#)
(28 July, Nicole Ogrysko, 580k online visitors/mo; Washington, DC)

The debate over the future of the Veterans Affairs Department has pivoted to the presidential campaign.

Democratic presidential candidate Hillary Clinton and Republican nominee Donald Trump have widely different ideas for changing the VA, which mimic the same divides among the current administration, members of Congress, the veterans community and federal employee unions and groups.

Clinton's plan puts a heavy emphasis on greater integration between VA and the Defense Department. Her policy plan mentions joint work between the two departments on several occasions.

First, Clinton would "personally convene the secretaries of veterans affairs and defense regularly in the Oval Office and direct them to develop, execute and report on an effort that integrates their health care operations to create a more efficient and a sustainable system."

She wants to streamline the DoD and VA health care footprint, as well as procurement and IT activities between the two departments, the policy plan said.

Clinton also came out strongly against measures to move VA health care to a more privatized system, though she suggested she isn't opposed to purchasing some private, specialized care in cases when veterans can't access health care quickly enough.

"She will oppose privatization of the VA system, which would undermine our veterans' ability to get the unique care that only the VA can provide while leaving them vulnerable to a health care market poorly suited to their needs," her policy plan said.

Trump, however, wants to expand the VA Choice Act and offer eligible veterans the opportunity to find treatment from an outside care provider, echoing suggestions from the VA Commission on Care and a proposal from Sen. John McCain (R-Ariz.).

Clinton's thoughts on private sector involvement in VA health care seem to echo those of the current administration, which is now actively dismissing the Commission's recommendation.

"Some have argued...VA can best serve veterans by shutting down VA healthcare altogether," Secretary Bob McDonald said recently at the Veterans of Foreign Wars annual convention. "They argue that closing VHA is the 'bold transformation' veterans and families need, want and deserve. I suspect that proposal serves some parties somewhere pretty well. But it's not transformational. It's more along the lines of dereliction. It doesn't serve veterans well. And it doesn't sit well with me."

Clinton would establish a VHA Strategic Oversight and Governance Board made up of health care and management professionals, which would "provide oversight of VHA management processes, monitor accountability, promulgate best practices and ensure the VHA remains true to its mission of putting veterans first," the plan said. Her suggestion isn't far off from one included in the VA Commission on Care's recent report to Congress, which recommended VA develop a board with similar responsibilities.

She suggested reorganizing and restructuring the Veterans Health Administration to focus on its role as a "health care provider, partner and payer" for veterans and suggested VHA look to partner more with existing programs, such as Medicare, TRICARE, the Indian Health Service and other private insurance options.

Clinton also wants DoD and VA to look collectively at their respective health care programs and find ways where they can coordinate and combine them. The ultimate goal, the plan said, is to end years of delays that both departments have experienced in developing an interoperable electronic health record.

The plan mentions DoD-VA collaboration yet again as part of Clinton's recommendation for closing the veterans disability claims and appeals backlog.

In addition to adding more overtime work to address the backlog, Clinton suggested both departments work together to anticipate and prepare for upcoming waves of veterans claims and adjust resources accordingly.

She also recommended DoD and VA integrate their medical evaluations and use "fully developed claims" from private providers, allowing rules-based automatic adjudication for the simplest of applications and by ensuring veterans have an effective appeals process to make sure the VA gets it right."

On the issue of accountability, Clinton's policy plan does not contain as many details.

"From the top leadership to mid-level managers to entry-level employees, everyone at the VA must embody the highest workplace standards," the plan said. "Supervisors must be empowered to suspend or remove underperforming employees in accordance with due process."

Clinton also suggested overhauling the performance evaluation and improving whistleblower protections.

Trump, however, was more vocal on the issue of accountability in his plan, calling for methods to make it easier for the agency to fire its employees more quickly.

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2. Veteran and Employee Experience

2.1 - KOTV (CBS-6, Video): [Need To Know Oklahoma Lake Levels, Muskogee VA Hospital Hosts Ceremony For Military Veterans](#) (26 July, Tess Maune, 1.6M online visitors/mo; Tulsa, OK)

Some of our military heroes were remembered during a special ceremony at Muskogee's VA hospital Tuesday afternoon.

Jo Wright's brother Eugene Crosser, like all the other veterans represented at The Eastern Oklahoma VA Veterans Memorial Service, died in the past six months.

"He was real proud of his service." said Wright. "He was with the U.S. Air force. He was a tail gunner on a B-17 and he flew 50 missions over Germany."

All were proud patriots, like airman Donnie Vinson Jr. who was adjusting to life out of the military when he died in a motorcycle crash in June.

The ceremony gave families and friends the chance to celebrate the lives of their loved ones.

The songs, prayer tributes gave comfort and hope to those with hearts still hurting.

“It helps,” said Jenice Davenport.

The VA in Muskogee holds a Veterans Memorial Service every 6 months. The next is scheduled for January 24th at 1:00 p.m.

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2.2 - The Kansas City Star: [Readers share viewpoints on Kansas, veterans, crime](#) (28 July, 867k online visitors/mo; Kansas City, MO)

[...]

Abuse to veterans

Our nation’s veterans sacrifice so much to defend our freedoms. When they return home, they deserve compassionate, effective care from the Department of Veterans Affairs.

Tragically, some local veterans seeking comfort and support at the Leavenworth VA Medical Center were instead subjected to abuse.

Multiple veterans have come forward to tell how a former physician assistant used his medical position to gain their trust and then subjected them to increasing levels of sexual abuse.

Worse, we’ve become aware that the accused had previously been arrested for lewd behavior in California. Yet, he passed a background check at the VA.

Additionally, some of the victims reported the abuse to the VA, but the person was not immediately removed.

In fact, the VA never actually fired him — he voluntarily surrendered his medical license when the allegations came to light and retired.

These multiple failures by the VA are unconscionable. Through congressional oversight, we are pushing for answers, accountability and justice for the victims. We want to know what steps the VA is taking to prevent this from happening again.

We’re demanding the VA be a place of safety and care for veterans.

*Rep. Kevin Yoder
Overland Park*

*Rep. Lynn Jenkins
Topeka*

[...]

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2.3 - Inquisitr: VA Spent \$20 Million On High-End Art As Thousands Of Military Veterans Die While Waiting To See Doctors (28 July, Tara West, 839k online visitors/mo)

There have been thousands of documented cases of military veterans dying over the past decade due to long wait lists at hospitals and treatment facilities maintained by the Veteran's Administration. While the VA complains of a lack of funds and continues to put veterans on wait lists for basic treatments, it was revealed that the administration spent over \$20 million on high-end artwork to hang on the walls of facilities instead of using the funds to treat more veterans.

Forbes reports that people across the nation were horrified when it was revealed that thousands of veterans had died while waiting to be seen by doctors. The VA scandal also indicated that veterans suffering suicidal thoughts were often sent to a voicemail and that the health services fell significantly short of what most Americans consider acceptable. With so many problems plaguing the care system of the Veteran's Administration, the recent revelations that the very same organization was wasting tens of millions of dollars on fancy artwork is almost unfathomable.

Cox Media in conjunction with OpenTheBooks.com discovered that the VA had spent over \$20 million on artwork, Christmas trees, and sculptures during the same time that veterans were dying from lack of access to medical care. The \$20 million was spent over the last 10 years, with \$16 million of the art expenditures taking place under the Obama administration. News outlets reported that some 500,000 sick veterans were waiting on medical treatment, backlogged due to a lack of doctors, when the VA decided to negligently spend tens of millions on artwork and add nearly 36,000 new paid positions to the department payroll that were not "medical officers."

"The VA added 39,454 new positions to their payroll between 2012-2015, but fewer than one in 11 of these new positions (3,591) were 'Medical Officers,' i.e. doctors. Today, nearly 500,000 sick veterans are still wait-listed for an appointment because there just aren't enough doctors."

As if not prioritizing the hiring of doctors in a system with such a large backlog of medical care needs is not bad enough, the group continued their wasteful spending on projects completely unrelated to the care of patients. In one of the most gross overspending projects discovered, the VA spent \$670,000 on two sculptures for a clinic that served veterans that were blind — over half a million dollars to place sculptures in a facility with veterans who couldn't even see them. Likewise, it was revealed that one facility spent \$21,000 on an artificial Christmas tree for the holiday season.

It seems that even the most financially "troubled" VA facilities were not exempt from the out-of-control spending. The VA center in Biloxi, Mississippi, was denoted as one of the "most troubled" facilities in the 2014 bombshell report outlining the problems faced by military veterans needing medical care. However, that didn't stop the VA from spending over \$168,000 on art for the facility. Even minor items for the facilities were turned into expensive art projects with one facility paying \$16,000 for two upholstered window cornices.

It isn't just the art itself that costs the VA a large sum of money, some are even paying for art consultations that cost hundreds of thousands of dollars. For example, the Palo Alto VA facility spent \$115,600 for "art consultants." The trend of expensive artwork began in 2008 when funds for art skyrocketed.

“The VA purchased \$1.515 million in artwork (2004-2007). Then, during 2008 through 2014, the VA spent 16.2 million on artwork, art consulting and restoration services plus another \$2 million on special projects.”

While most Americans have shown grave concern for the plight of veterans in the VA system, the VA secretary is reportedly busy comparing the issue to lines at Disneyland. Fox Boston reports that VA Secretary Bob McDonald feels that the VA should not be measuring how long it takes for a veteran to be seen by a doctor, but rather how satisfied they are with their visit when it actually takes place.

“The days to an appointment is really not what we should be measuring. What we should be measuring is the veteran’s satisfaction. ... When you go to Disney, do they measure the number of hours you wait in line? What’s important is what’s your satisfaction with the experience. And that’s really the kind of measure I want to move to.”

However, as many people have pointed out, the VA is not make believe nor a vacation. It is life or death for many veterans forced into the system for care.

What do you think about the exorbitant art expenditures of the VA as centers across the country struggle to provide services to the veterans relying on their care?

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2.4 - The New American: [Report Reveals VA Spent Millions on Art While Veterans Died Awaiting Care](#) (28 July, Raven Clabough, 478k online visitors/mo; Appleton, WI)

An oversight report by an independent taxpayer watchdog into the Veterans Affairs administration reveals more troubling information connected to the VA scandal, Fox News reports. According to the report's findings, the VA spent \$20 million on artwork and sculptures and added nearly 40,000 new jobs, though just one in 11 were medical positions, all while more than a thousand veterans died awaiting medical care.

In 2014, the Veterans Administration became the subject of significant controversy after reports exposed that the Phoenix facility had been altering its scheduling books and that at least 40 veterans had died while awaiting care. Reports later revealed similar issues with lengthy waiting times in at least 10 states. Investigation into the Veterans Affairs wait-time scandal has revealed a number of startling revelations, including evidence of fraud and regulatory violations related to scheduling issues at over 50 VA medical facilities.

Multiple investigations ultimately found that more than 1,000 veterans have died while waiting to be seen by a doctor, and employees who dared to blow the whistle on conditions at the facilities have received retaliation while many of those responsible have virtually avoided punishment.

And just when it seems that the VA scandal has been fully explored and exposed, more disturbing revelations appear.

An oversight report by taxpayer watchdog group Open the Books and COX Media Washington, D.C., entitled “The VA Scandal Two Years Later,” reveals that while veterans had been waiting for care and facilities were altering its scheduling books to cover up the lengthy waiting lists, the

VA was instead utilizing millions of dollars in financial resources to improve the artistic ambiance of its facilities, among other things.

The seven-page report is based on data obtained through Freedom of Information requests and examines the spending that took place at the VA during the same time period in which the VA has been accused of doctoring patient waiting times and allowing veterans to perish while they awaited care. The report reveals that an exorbitant amount of money was spent on artwork and sculptures, including at facilities wherein the patients were blind.

In an editorial for Forbes, Adam Andrzejewski, founder and CEO of Open the Books, draws attention to the report's findings:

In the now-infamous VA scandal of 2012-2015, the nation was appalled to learn that 1,000 veterans died while waiting to see a doctor. Tragically, many calls to the suicide assistance hotline were answered by voicemail. The health claim appeals process was known as "the hamster wheel" and the appointment books were cooked in seven of every ten clinics.

Yet, in the midst of these horrific failings the VA managed to spend \$20 million on high-end art over the last ten years — with \$16 million spent during the Obama years.

Items purchased by the VA included two sculptures costing \$670,000, which were placed at the new Palo Alto Polytrauma and Blind Rehabilitation Center (shown).

"Blind veterans can't see fancy sculptures, and all veterans would be happier if they could just see a doctor," Andrzejewski opines.

The report primarily underscores that whatever the reason for the lengthy waiting times at VA facilities, it appears that it is not because of a lack of money.

The VA has in the past defended many purchases of art as being part of "healing gardens" to help soothe wounded soldiers to make them feel comfortable and heal.

The oversight report notes that during the same period of time on which the scandal is focused, nearly \$100 billion in salaries and bonuses were paid out to just over 350,000 VA employees. Furthermore, the report found that between 2012 and 2015, the VA added 39,454 new positions to its payroll, of which just one in 11 were "medical officers," also known as doctors.

Meanwhile, despite the attention that the scandal has received, 500,000 veterans remain on waiting lists for appointments.

Sadly, though the report was published in May of this year, it is only now getting some limited media attention.

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2.5 - Muskogee Phoenix: [VA medical center establishes advisory council](#) (28 July, 84k online visitors/mo; Muskogee, OK)

Veterans or members of their families are needed to serve on an advisory council at the Jack C. Montgomery VA Medical Center, a media release states.

The advisory council is a working task force that strives to improve the patient's experience for all veterans by providing feedback to hospital leadership. Members would serve from October 2016 to September 2017.

Potential members must receive care through the medical center, have time to attend monthly meetings and activities and have a desire to bring about meaningful change.

In Other News: Orlando Medical Examiner: Victims didn't appear to suffer

Additionally, members need to have the ability to use their own experience constructively. Applicants cannot be employed by the VA.

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2.6 - Midland Daily News: [Dr. Creasman named director at Aleda E. Lutz VA Medical Center](#) (28 July, 76k online visitors/mo; Midland, MI)

Ginny Creasman has been appointed the new director of the Aleda E. Lutz VA Medical Center in Saginaw. Dr. Creasman will direct the delivery of health care to nearly 35,000 veterans and an operating budget of greater than \$184 million in VA facilities located from mid-Michigan to the Mackinac Bridge.

"We are excited to bring Dr. Creasman on board as the new director of the Aleda E. Lutz VA Medical Center," said Robert P. McDivitt, acting Veterans Integrated Service Network (VISN) 10 director. "Her sound leadership qualities and proven experience will be valuable assets for the facility, the employees and volunteers and most importantly, for the veterans we are so honored to serve."

Creasman has been with VA since 1992 and most recently served as the associate director of the Richard L. Roudebush VA Medical Center in Indianapolis, where she led administrative operations including engineering, fiscal, health information management, human resources management, logistics, pharmacy and voluntary services.

Over the course of her career, Creasman has served in many leadership roles at the national, VISN, and medical center levels, focusing on promoting veteran-centered services and improving veteran health care. Her areas of interest include performance improvement, systems redesign, staff development and succession planning, governance and organizational realignment and the integration of automation and technology to improve direct patient care.

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2.7 - The Ripon Advance: [Bipartisan Rounds bill would prevent delayed VA reimbursements from damaging veterans' credit scores](#) (28 July, 600 online visitors/day; Washington, DC)

Bipartisan legislation recently introduced by U.S. Sen. Mike Rounds (R-SD) would prevent delayed Department of Veterans Affairs (VA) payments from damaging veterans' credit histories.

The Protecting Veterans Credit Act, S. 3258, introduced with U.S. Sen. Joe Donnelly (D-IN), would establish a one-year delay for medical debt being reported to credit agencies for veterans enrolled in the VA Choice Program or similar VA community care programs to prevent an adverse impact on their credit ratings.

"No veteran should have to worry about a lower credit rating and all the costs associated with it because of delays in payment and processing from the VA," Rounds said. "Our legislation makes certain that veterans do not suffer financial hardship – through no fault of their own – when they choose to use a private health provider through the Choice program. Our veterans should be focused on proper treatment and recovery; not whether receiving care will affect their credit rating."

Veterans who have been inappropriately billed for services due to the VA failing to reimburse community medical providers in time face financial hardships and damage to their credit ratings.

"Hoosier veterans and their credit ratings can be harmed as a result of delays by the VA, which can make it harder to buy a house, rent an apartment, buy a car, or even get a job," Donnelly said. "This bipartisan bill would provide relief directly to the men and women who served our country with honor and distinction. They deserve access to quality and timely health care services and the benefits they have earned, without worrying it will lead to financial ruin."

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3. Access to Healthcare

3.1 - MLive: [How a high-risk combat veteran is overcoming suicide attempts via special court](#) (28 July, Malachi Barrett, 3.5M online visitors/mo; Southfield, MI)

When Dana Harvey talks about his experience with Post Traumatic Stress Disorder, his warm tone becomes heavy and listless.

His voice drops deeper and sometimes trails off toward the end of a sentence. There is more weight to his words; each is carefully chosen and seems to sit next to him in the room.

Harvey joined the U.S. Navy at 19 because he wanted to do something that would let him hold his head up high. After he got out, the disabled veteran's experiences in war led to the lowest point of his life.

"I had become real depressed and was drinking a lot and kept having nightmares, like war dreams and night shakes," he said. "I had a little bit of survivor's guilt, they tell me. I guess that's true. I ended up attempting suicide. Actually I attempted it a few times. Six times."

The Battle Creek Veterans Affairs Medical Center taught Harvey techniques to deal with his depression, but he didn't stop medicating with alcohol. For the majority of his adult life, he drank to sleep, to stop thinking and cope with trauma.

In the summer of 2014, it caught up with him. Harvey blacked out and became unresponsive while taking care of his daughter Gwendalynn. He was charged with fourth degree child abuse, a misdemeanor charge that could mean up to one year in jail.

Instead, Harvey was given a second chance.

He was selected for Muskegon County's Veterans Treatment court, a specialty court that focuses exclusively on high-risk, high-need combat veterans from any branch of the Armed Forces. Participants must complete a five-phase, 18-month program designed to enforce sobriety, recovery and stability instead of focusing on punishment.

The courts are relatively new but growing quickly in Michigan — Gov. Rick Snyder called the state the "national model" in 2015. The number of veterans courts increased from eight in 2013, the first year after the act was signed, to 23 in 2016.

Michigan has more veterans courts than any other state, however, only 21 of its 83 counties have one. Muskegon County became the home of the eighth court in the state and the first to be officially trained by U.S. Department of Justice in 2014.

Federal certification for a veterans' court opens up the opportunity for state and federal grant money to fund the court, allowing it to stay independent of the county budget. However, grants need to be obtained each year, something that has become more difficult as the number of courts in the state grows.

"It always worries us," said Dave Eling, Muskegon County Director of Veterans Affairs.

Greg Jousma, probation officer for 60th District Court, said Muskegon secured a \$65,000 grant from the State Court Administrative Office to operate the court in its first year, a \$45,000 grant this year and applied for a \$65,000 grant for 2017.

"There's only so much money that is available," Jousma said. "As more (courts are established) that pie slice we get becomes smaller."

A future solution might be to fund the courts through a millage tax or to have regional courts that serve multiple counties, Eling said. Muskegon's court already works with Oceana, Newaygo and Mecosta counties, which makes it a more competitive choice to receive state money.

"Hopefully people understand that incarceration costs tons of money and you haven't gained anything; they're not being treated," Eling said. "We get them fixed, we don't just throw them in jail and have them come through those doors again later."

Measure of success

According to a 2015 performance report conducted by the Michigan Supreme Court, 64 percent of participants successfully completed the program last year, while 26 percent failed and 11 percent were discharged for other reasons.

There are 25 veterans currently in Muskegon County's program.

District Court Chief Judge Raymond Kostrzewa presides over Muskegon County's court, which functions like any other courtroom. The courts try to resolve underlying issues that contribute to non-violent offenses as an alternative to incarceration.

"It's a deeper way of looking at the criminal justice problem," Kostrzewa said. "It requires you to examine, on a case-by-case basis, what is the appropriate (way of dealing with a crime). There are different judicial philosophies on what needs to be accomplished by sentencing someone. One of those is punishment. When an individual enters the veteran's treatment court, it's a whole different philosophy than dealing with than other cases."

A violent offender is defined as a person who is currently charged or pleaded guilty to an offense involving the death of or serious bodily injury to a person — whether or not it was in self-defense — or a criminal sexual conduct in any degree.

Participants must also abuse or exhibit a dependence on drugs or alcohol or suffer from a mental illness. Seventy-three percent of veteran graduates across the state had a substance abuse disorder, while 27 percent were diagnosed with a mental illness.

Kostrzewa compares participation in the court to being on "intensive probation." In the first three phases, participants are required to appear in court every two weeks for a review hearing. Between each review hearing, the veteran has weekly contact with a veteran mentor and participates in therapy sessions that could include a 12-step program or PTSD group.

At the end of the program, Muskegon County Prosecutor D.J. Hilson has the discretion to either reduce or dismiss their charges.

Program graduates averaged 372 consecutive days of sobriety.

Finding veterans employment is a secondary goal of most programs. About a third of graduates were unemployed when they entered the court, while only 16 percent were unemployed after graduating.

Bringing the war home

Suicide has killed more American veterans than the wars in Iraq and Afghanistan.

Veterans often return from combat tours accustomed to violence and suffer from post-traumatic stress disorder, Eling said. A soldier serving multiple combat tours has become more common than it was in previous generations, increasing the risk of mental illness.

Men who died violent deaths linked to post-traumatic stress disorder, or PTSD, have captured national media's attention in recent weeks. But the leader of a local unit that helps veterans says it's just the tip of the iceberg of PTSD-related deaths.

"We all went through war, some in different ways than others," Harvey said. "You can hear all the stories — watch movies, play video games or read books — but it's like trying to explain a color you've never seen. The court (and other veterans) helped me get on my feet and deal with the stress, depression and anger. I didn't realize I was angry or how angry I was. Or how sad."

As an avionics technician, Harvey was attached to Helicopter Sea Combat Squadron Four, also known as the Black Knights — an anti-submarine and rescue unit deployed aboard aircraft carriers.

He remembers flipping through television channels in his San Diego barracks, finding the same image of planes flying into the World Trade Center on each station. Less than two months after 9/11, he was deployed to the Persian Gulf.

One of the highlights of his service was being able to work with his older brother, a communications technician on Seal Team Three. When they were deployed to the Middle East, Harvey worked closely with special forces, dropping and recovering soldiers on missions.

He was also in Yemen when the Navy guided-missile destroyer USS Cole was bombed while it was harbored and being refueled. This event killed 17 American sailors and injured 39, making it the deadliest attack against a U.S. Naval vessel since 1987.

Experiences like that returned with him to the United States in 2002. They were carried to Muskegon when Harvey moved back to take care of his mother and raise a daughter in 2009.

"I didn't see that I deserved to be happy," he said. "I honestly thought (my daughter) would be better off without me because I was that messed up."

Harvey stared at the floor in silence for 10 seconds when asked why he didn't believe himself deserving of happiness.

"People are dead because of me," he said slowly. "(There are) a lot of reasons. You always carry that. The effects of it can lessen with time, but it's not something you forget. It's not something you have to think about every waking moment for the rest of your life, but it stays with you."

Harvey said Muskegon veterans are blessed to have the support of the veterans treatment court. His mentor is Dan Rabidoux, the first participant and graduate of the county's court.

Rabidoux attempted suicide in his home and was charged with a felony for discharging a shotgun in a dwelling while under the influence of alcohol. He could have spent five years in prison for trying to kill himself.

The first eight participants tried to commit suicide in 2013. One died in a car crash unrelated to substance abuse, but the rest are still alive today.

Hesitant at first, Rabidoux didn't buy into the program immediately. He planned to play the game and get through it as fast as he could.

"Four or five months of that went by and pretty soon — I don't know what it was — something clicked in me and I started caring," he said. "Once you start caring, you get involved. When you help someone else it helps you. I need the court, it's about helping other people."

Rabidoux's charge was cleared from his record.

Turning the corner

Harvey has been sober for six months and completed the first two phases of the program after about a year. He uses a breathalyzer twice a day, a step forward from when he was required to wear an alcohol-monitoring ankle bracelet.

Progress reduces the requirements on the participant but increases the expectation that they will follow the rules. Veterans often relapse, especially early on, Kostrzewa said, in which case they are punished based on how difficult the requirement is to achieve.

Harvey still has a long way to go but the statistics are on his side.

Participants active in a program for at least one year had a greater chance of success, graduating at a rate of 86 percent. Veterans who graduated averaged at least 16 months in a program.

"Once you start actually listening and doing the things they tell you to do and move forward, not only do your circumstances change, you change and the things around you change," Harvey said. "These guys show love. All they ask for in return is that you use it properly to make your life better."

Ultimately, Kostrzewa said the most important mission of the court is to help the participant reclaim their pride. Taking an oath to protect the constitution and the American people deserves an incredible amount of respect, he said, and even damaged veterans should feel like valued members of the community.

"Many times I see the participants come in for the first time and their head is low and their shoulders are slumped," Kostrzewa said. "They are ashamed of their behavior and communicate that they don't have value. By the end of the program, you now have a person who has progressed through the healing process that puts them in the position of having a sense of belonging to a group again."

When Dana Harvey talks about his daughter, his tone becomes more enthusiastic. He sits up straighter, moves his hands as he speaks. The walls in his home are bare, save two photos of Gwendalynn.

"I can help people, I can work toward being a good dad," he said. "My little girl loves the hell out of me. She just turned 8. To a little girl, daddy is her superhero. All these little things add up to her happiness, which summarily makes me happy. My daughter forgave me. She understands that her father was sick and pretty depressed."

Harvey joined the U.S. Navy as a 19-year-old because he wanted to do something that would let him hold his head up high. With the support of his fellow servicemen and the Veteran's Treatment Court, he is learning to stop his experiences in the service from holding him down.

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3.2 - KFVS (CBS-12): [John J. Pershing VA Medical Center expands](#) (28 July, Mary-Ann Maloney, 453k online visitors/mo; Cape Girardeau, MO)

John J. Pershing VA Medical Center is expanding its clinic in Cape Girardeau and will have the potential to serve Marion and St. Louis VA patients.

The new clinic will be 43,000 square feet (the current clinic is 8,000 square feet) and will expand primary care, mental health, and home-based primary care services.

The new facility will feature added specialty care services, including general outpatient surgery and oncology.

In addition to the Cape facility, a new clinical and urgent care addition is planned at the main Poplar Bluff center.

The 15,000 square foot addition will be the first increase in clinical space since the facility opened in January of 1951.

It will provide state-of-the-art urgent care and expand space for primary care and dental services.

A new lobby addition will expand the current lobby by 2,000 square feet.

As for the care of veterans, the VA reports that the average primary care wait time in January of 2016 was 9.4 days, but by June the number had dropped to 4.7 days.

Specialty care wait times declined from an average of 15.2 days in January to 10.2 days in June.

Mental health appointments average wait times dropped from 11.4 days in January to 7.5 days in June.

The facility is also preparing to launch a tele-primary care clinic to meet the needs of rural veterans.

A full-time urologist and another cardiologist have joined the team. A psychiatrist who works from the VA in St. Louis sees patients at any of the John J. Pershing VA Medical Center locations via telehealth technology.

"Everything we do is about providing care for America's veterans," said Dr. Patricia Ten Haaf, Medical Center Director, "We remain committed to our mission of serving those who have served, and we get better at it every day."

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3.3 - Watertown Daily Times: [Improving medical care: River Hospital accepting VA benefits for mental health services](#) (29 July, 448k online visitors/mo; Watertown, NY)

Veterans in the north country now have more flexibility in how they can receive mental health services.

River Hospital officials announced this week that eligible veterans seeking mental health care or treatment for post-traumatic stress disorder may be referred to the local facility by the Department of Veterans Affairs. They may use their benefits for the hospital's Veterans Program, an outgrowth of its Military Partial Hospitalization Program serving active-duty military personnel at Fort Drum.

Ben Moore, chief operating officer at River Hospital, said in a statement that local veterans often must travel long distances to be treated for PTSD at a VA center. Now they may obtain the mental health services they need in Alexandria Bay.

"When nearly 22 veterans commit suicide every day, the need for unencumbered access to PTS services is unquestionable," Bradley Frey, director of the River Community Wellness Program, said in a statement. "We are overjoyed the Department of Veterans Affairs now allows its members to use their VA benefits to access River Hospital's Veterans Program."

This is the kind of expansion the VA must promote to improve services for veterans. When the 10th Mountain Division was reactivated at Fort Drum in the mid-1980s, an arrangement was made to allow soldiers and their families to receive health care services from local providers rather than having to construct a hospital on the post.

This has increased the patient base, saved the federal government a lot of money and improved the diversity of health care services available across the north country. The announcement that veterans may now use their VA benefits to seek mental health care at River Hospital is another step in the right direction for streamlining medical services for those who have served our nation in uniform.

Military officials should examine these programs to see how they could be replicated. Transferring medical care for veterans from VA facilities to local hospitals is an idea the federal government should explore further.

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3.4 - Daily Record: [Mayor, senator clash over Dover veteran boarding home](#) (28 July, William Westhoven; 441k online visitors/mo; Parsippany, NJ)

Mayor James Dodd reacted strongly to assertions this week by Sen. Richard Codey that town officials were lax in their responsibilities to inspect and approve an Orchard Street boarding house occupied by several older veterans, many with medical and mental-health issues.

"We have offered, and will continue to offer, the residents and owner of that house any assistance within our lawfully authorized means," Dodd told the Daily Record on Thursday. "While this home is not under the town's jurisdiction, and despite comments to the contrary, the town of Dover stands ready to assist any state or federal enforcing agencies in achieving this goal. Any individual that takes exception with the conditions of that house can contact the enforcement agency, the NJDCA Bureau of Rooming and Boarding Houses, and ask for an inspection."

"The premises is a licensed boarding house from the state of New Jersey," he added. "As such, it is under the exclusive jurisdiction of the New Jersey Department of Community Affairs, Bureau of Boarding Houses. It does not get inspected by the town of Dover on a regular basis."

Codey stated his equally strong belief that the veterans were receiving substandard care after paying a surprise visit on Monday to the Hillside Manor Community Residential Care Home, inspecting the home over the objections of owner and resident manager Laurie Taplin.

"Some of them could not tell me their address, and didn't know what medicines they were taking," said Codey, who spoke to every resident present in the home during his visit. "And those medicines do not work properly in heat like that. I don't even think they know they are being mistreated. But I know. What we found was disgraceful beyond belief. Long pants, with long sleeves, in 100-degree weather in a house with no air conditioning. Disgraceful."

Codey and Taplin previously clashed during a similar visit by the former New Jersey governor in 2014. Codey represents New Jersey's 27th District in Trenton, which includes portions of southeast Morris County, but not Dover.

"Two years, they did nothing on this issue," Codey said. "There shouldn't be a need for me to go back up there. I'm going to go wherever I want to go fight for people with mental illness."

The Daily Record accompanied Codey Monday on his inspection in 95-degree weather, filing reports that included a video documenting occupied rooms cluttered with construction materials, similar materials obstructing a back stairway and a bucket placed in a bathroom urinal, among other apparent potential hazards.

Taplin also was seen in the video swiping her hand at a Daily Record photographer and accusing Codey of "trying to make headlines" before calling police to report that "Someone just broke in my front door and I don't know who it is."

Police later arrived and allowed Codey's inspection to continue for several minutes before asking his group to leave while they conducted their own investigation.

Travisano, who came to the scene Monday, told Codey that the state and Department of Veteran's Affairs held primary oversight of the home, where the veteran men pay up to \$1,100 per month for room and board, generally using VA and Social Security benefits to cover the payments.

The VA responded with a statement saying that in reaction to the story, they sent the VA New Jersey Health Care System Community Residential Care Program Team to the house on Tuesday. Accompanied by the VA fire chief and VA fire inspector, they conducted an environmental assessment and to offer support to veterans living at the site.

"After talking with seven of the eight veterans at the home (one veteran was out of town), touring the facility, and meeting with the owner, no issues were found that would require veterans to be moved from the Community Residential Home," the statement read. "All veterans were asked if they would prefer to be placed in a different home. All indicated that they wished to remain in the home and stated that they were comfortable. The home has a current license from the State of New Jersey, Department of Community Affairs. The last annual VA inspection of the home was performed on Oct. 19, 2015, and there have been no issues with placing veterans at this site. There is currently construction being done in the residence, but no adverse

issues were noted about this by the team or veterans. It was noted by the VA fire inspector that fans were available in each of the resident rooms and that the temperature in the home was comfortable at the time of their inspection. The Community Residential Care Team will continue to provide follow-up with each veteran."

"Obviously they must have sent Ray Charles, because what I saw were veterans sweating their butts off in a house registering almost 100 degrees," Codey said in reaction to the VA report.

"The New Jersey Administrative Code, which governs rooming and boarding houses, does not require air conditioning," Dodd said. "In fact, I am unaware of any local, state or federal authority that requires air conditioning in any multi-dwelling or boarding house."

Debbie Eachaniewicz, who answered the phone at Hillside Manor Thursday afternoon, said the VA report following Codey's 2014 visit produced similar results.

"But our name was slandered without even a rebuttal from us," said Eachaniewicz, who said she had been volunteering at the home for 30 years. "I'm sorry, but all Codey does is upset these guys, who are schizophrenic, because they think they have to leave the house that they've been living in for 17 years. And all they show is the construction we're doing, but not all the rooms we've finished. I think that's in poor taste."

"We can't help the way these guys dress because half these guys, when you put a fan or an air-conditioner in the room, they want it out," Eachaniewicz said. "We get county inspections, we get state inspections, we get VA inspections. Do you think you can do better? Codey doesn't know what he's talking about. The last time he was here, it took us two months to calm the guys down."

The DCA also sent inspectors to Hillside Manor on Tuesday. The inspectors filed a "social evaluation" that found no statutory violations, including notes that the food supply was adequate and prepared according to menu; that medication was kept locked and medical charts were filled out; and resident records were in order.

It also filed a "physical evaluation" report that ordered several repairs, including updating the fire certificate, securing the broken door, repairing floor tile and painting in another room, cleaning a shower stall in one bathroom and immediately eliminating storage on the rear stairwell.

Jackie Zapata, an advocacy coordinator with the Wind of the Spirit immigrant resource center in Morristown, assisted the Daily Record with translating the fears expressed by one of the veteran residents, Victor Diaz, who spoke with a strong Spanish accent.

Zapata relayed his desire to move from the home, stating that the residents were mistreated by Taplin.

"She treats me like a dog, screams at the residents and treats them with no respect," Diaz said through Zapata.

Diaz previously told the Daily Record he did not like the home, but liked its proximity to downtown Dover where he could socialize with Spanish-speaking people.

Assemblyman Anthony M. Bucco, who represents Dover and the 25th District, said he reached out to Dodd after reading the story and asked to arrange a visit of the house for himself and his father, District 25 Sen. Anthony R. Bucco. Dodd agreed to make the arrangements, Bucco said.

A spokesman for Rep. Leonard Lance, who represents Dover and the 7th District in Washington, said after seeing the report, "We immediately reached out to all the principals and it appears to be a state issue, but stand ready to assist."

"Perhaps, one solution to the problem is to have the New Jersey state statutes amended to incorporate any desired changes," Dodd suggested.

"I don't care how it gets done, I just want it to get done," Bucco said. "We need to get in there and figure out what's going on, not only locally, but from the state's perspective as well."

According to the VA, the Community Residential Care Program provides supervised housing in a boarding home setting for those veterans who are not able to live independently or who have no family with whom they can live. The program is designed to provide veterans with the opportunity to return to the community in living arrangements that provide care and support that are necessary to sustain satisfactory adjustment. Homes are privately run and veterans pay for the cost of housing and the cost varies according to the home.

Currently, 24 licensed boarding homes in the state participate in the program, charged with providing 24-hour supervision, three meals a day, supervision of medication and reminders of self-care. Each home is licensed by the state and inspected yearly for safety by the VA.

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3.5 - The Daily Item: [VETERANS' SESSIONS: Local veterans think VA hospitals are getting better](#) (28 July, Rick Dandes, 63k online visitors/mo; Sunbury, PA)

Since we began this blog four weeks ago, one of the overriding issues I wanted to address (standing on this soapbox) is: how are our Valley vets being treated by the VA when they have medical issues? Given the national publicity, mostly negative, are things getting any better?

The Wilkes Barre VA hospital has been the focus of many complaints... slow response time, non-caring staff, even in some cases alleged incompetence.

I am somewhat happy to report some slightly better news from a few vets who say things are getting better there. This is not a blanket statement. It is only a few vets emailing me, talking to me, and may not be representative of a larger sample of patients.

But any news is good news, I suppose. And I do intend to have a sit down talk with the head of the hospital within the next few weeks.

In the meantime, former staff Sergeant William Jordan, of Shamokin, said that he's seen quicker service in his recent visits to the hospital, where he is being treated for injuries incurred to his hearing when a I.E.D. detonated near where his squad was walking in Afghanistan.

And Mikki Anselmo, a Sunbury based fighter for veterans rights at VA hospitals tells me that she has seen some improvement in relations with the hospital. She is meeting (a date not yet firmed, I understand) with U.S. Congressman Lou Barletta of Hazleton, about a plan she has to improve patient rights and transparency. I'll be working with Mikki to make sure that happens.

In the meantime, check out this YouTube vide, which covers some of the issues important to all vets.

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3.6 - The Chronicle: [Veterans Vent to Herrera Beutler About Wait Times at VA](#) (28 July, Lauren Dake, 54k online visitors/mo; Centralia, WA)

Two years ago, a scandal rocked the U.S. Department of Veterans Affairs when it was discovered wait times were so long at some health care clinics, some veterans died before being treated.

U.S. Rep. Jaime Herrera Beutler met with local veterans to hear their stories and to find out what has changed. On Tuesday morning, in downtown Vancouver, she got an answer: not much.

Judy Russel with the Clark County Veterans Assistance Center told the congresswoman that the veterans who are the sickest have the hardest time scheduling appointments with providers.

“One of the biggest complaints I hear is from people who are really, really ill, who have Stage 3 cancer, who have leukemia or something like that, and they seem to be the ones who have the most difficulty maneuvering the system,” Russel said. She said they have to wait too long to make an appointment; or once they are scheduled, the clinic is far from their home and finding transportation is difficult.

Gordon Huggins, 78, a Vietnam War veteran who lives in Castle Rock, said he filed a health care claim with the VA more than a year ago.

“It took me a year before I ever heard anything,” Huggins told Herrera Beutler, and he ended up calling again to re-file his claim. “About two weeks after I re-file my claim, I get a letter again, and they want all this information. I sent them all the tests and everything I had. I can’t send anything more.”

Huggins paused and gave an exasperated laugh.

“They wait until you die, and then you’re OK,” he said.

Herrera Beutler, R-Camas, said wait times in the local region are two to three times the national average. In 2015, the VA was given \$15 billion to hire new staff in the hopes of reducing wait times. Herrera Beutler said she was told 470 were hired locally.

“Which is a great number, and then we followed up with and asked, ‘and how many have you lost in that time, in turns of turnover?’ We were told 459. So, that’s a net gain of 11. That’s not going to necessarily reduce our wait lines,” she said.

Herrera Beutler expressed frustration at the “whole bureaucratic process” that veterans have to go through.

“This is hard, because it feels like we take two steps forward and two steps back,” she said.

The congresswoman, who is seeking re-election, said she’s championing a directive requiring the VA to collect data to start tracking turnover and figure out why providers are leaving. She’s also pushing for the agency to identify why the hiring process takes so long.

“The VA can’t provide efficient, quality care to Southwest Washington veterans when it is chronically turning over its staff of care providers,” she said in a statement.

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3.7 - McPherson Sentinel: [Sen. Moran plans for better healthcare access](#) (28 July, Cheyenne Derksen, 53k online visitors/mo; McPherson, KS)

U.S. Sen. Jerry Moran (R-Kan.) visited McPherson on Wednesday morning to tour the Pfizer plant and learn more about the U.S. Food and Drug Administration’s impact in Kansas.

“Pfizer invited me to tour. I was excited to return to the plant after the change in ownership because I wanted to thank the new ownership for keeping those jobs in Kansas,” Moran said. “Also, I wanted to get educated in how the Food and Drug Administration works in Kansas, because of my job as chairman of Appropriations Committee that funds them.”

Moran shared his thoughts about healthcare issues affecting residents of McPherson County.

Veteran’s healthcare

“I’m of the view that the U.S. Department of Veterans Affairs is failing our veterans,” Moran said. “There are certainly instances that it does care for our veterans, but more and more, people will tell me about the challenges they or a neighbor has had in getting care from the U.S. Department of Veterans Affairs.”

Moran is a member of the VA committee and hopes to improve care through the implementation of the Choice Act, which was signed into law by President Barack Obama in August 2014. The act allows veterans to visit a healthcare provider of his or her choice if the VA facility cannot provide service within 30 days or if the veteran lives more than 40 miles away from a VA facility.

“In my view, seeing a hometown provider can be a significant improvement in how veterans in McPherson and Kansas can get healthcare,” Moran said. “However, it is still a significant challenge for many veterans to use the Choice Act and many healthcare providers have yet to be reimbursed for the services they’ve provided. I hope it becomes viable and is program our veterans want to use. I know about rural communities and veterans and I know my dad would have preferred to have healthcare at home, rather than making a trip to Wichita, so we need to make sure we don’t let the VA off the hook with this.”

Moran explained that if the implementation of the Choice Act is successful, community healthcare providers could benefit.

“Just like our schools need every student, our hospitals need every patient. This is primarily to improve care for veterans but it can also stabilize the healthcare systems in a community,” Moran said. “The side benefit of the Choice Act is that if those veterans are seen at their hometown hospital, that money for the service provides additional revenue and support for that community provider.”

Community Healthcare

Moran said that community hospitals need adequate reimbursement in order to have enough services and technology to hire and retain skilled providers.

“Many [rural hospitals] struggle with attracting physicians to stay and serve patients, so we need more healthcare providers and we need them in places that are rural and underserved,” Moran said. “There’s 127 hospitals in Kansas and I’ve visited each one. [McPherson County is] a unique community to have three community hospitals. In most instances, our smallest communities have hospitals reimbursed as critical-access hospitals. Part of my job is to make certain that designation doesn’t go away and we continue to work for cost-based reimbursement for rural hospitals.”

Medicaid

Moran said that part of the reason why many Kansas hospitals are struggling is because the smaller providers have a hard time of meeting Medicaid regulations. KanCare is the program through which the state administers Medicaid, which is healthcare for residents with low incomes.

“All the regulations put in place don’t do much to improve quality of care, but drive up cost and are challenging for small hospitals to navigate,” Moran said. “We need to make certain that Medicare covers the cost of the service — you have the issue of reimbursement and educating and training a workforce, as well as the regulations that are expensive and don’t make sense.”

Moran said that the Affordable Care Act has provided more insurance availability to Kansas residents, yet budget cuts put too much strain on covering those already served by the state.

“It’s no longer an issue of just expanding the program but it’s also an issue of covering the Medicaid costs we have now,” Moran said.

Moran explained that improved healthcare can draw new residents to communities.

“My interest in this topic comes from my desire to see communities grow and healthcare is important because young families and senior citizens won’t join if there is not adequate healthcare,” Moran said. “If you want a future for your community, it’s my view that you need to take care of your healthcare delivery system.”

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3.8 - MD Magazine: [Addicts with Chronic Pain May Finally Get Some Relief](#) (28 July, Caitlyn Fitzpatrick, 46k online visitors/mo; Plainsboro, NJ)

The strongest pain pill prescriptions come with the potential risk of addiction. For patients who are already battling the disease, finding pain relief presents quite a challenge.

Researchers from VA Ann Arbor Healthcare System's Center for Clinical Management Research and University of Michigan Medical School's Addiction Center (U-M) aimed to find an effective analgesia strategy for this population – and they believe that they have. Through a combination of behavioral therapy and social support, a study found positive results for those fighting addiction and chronic pain.

“Past studies of psychosocial approaches for pain have often excluded people with drug or alcohol problems, addiction treatment programs do not usually have providers trained in pain care, and many pain specialists will not treat people who also have addiction. So patients are caught in the middle,” lead author Mark Ilgen, PhD, a psychologist at VA and U-M, said in a news release.

As described in the journal *Addiction*, 129 veterans were split to either receive Improving Pain during Addiction Treatment (ImPAT) or supportive psychoeducational control (SPC). ImPAT involved pain-focused behavioral therapy and social support while also receiving treatment for addiction. The SPC approach, however, was less focused on pain.

Over 12 months, the researchers found that those receiving ImPAT had a greater reduction in pain intensity. In addition, they had better function and alcohol use declined when compared to the SPC group. Drug use rates, however, were similar between both treatment groups.

“These results highlight the need for addiction treatment programs to offer a multifaceted approach that doesn't only address substance use but also the other factors that might be driving substance use, including pain,” explained Ilgen, who specializes in addiction research.

More good news associated with these findings is that ImPAT is a low-cost approach and can even help improve pain in those without addiction – all without opioids and other painkillers.

The next step in this research is already underway as the team is looking at 480 non-veterans in a residential addiction treatment program. - See more at: <http://www.hcplive.com/medical-news/addicts-with-chronic-pain-may-finally-get-some-relief#sthash.HNc5wSON.dpuf>

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3.9 - The Central New York Business Journal: [River Hospital to offer veterans PTS treatment with VA referral](#) (28 July, Eric Reinhardt, 28k online visitors/mo; Syracuse, NY)

River Hospital in Alexandria Bay is now able to offer treatment for eligible veterans suffering from post-traumatic stress (PTS), with a referral from the U.S. Department of Veterans Affairs (VA).

Veterans needing the services can use their VA benefits to help pay for the hospital's programs, River Hospital said in a news release issued Wednesday.

River Hospital offers PTS and mental-health support services through its veterans program.

It's an "outgrowth" of the organization's "successful" military partial hospitalization program, which serves active-duty military members stationed at nearby Fort Drum.

"For too long our region's veterans could not easily use their benefits outside the [U.S.] Department of Veterans Affairs network and too often needed to travel long distances to receive PTS treatment," Ben Moore, CEO of River Hospital, said in the release. "With today's announcement, the veterans who valiantly served our country can access River Hospital's services with little or no wait time."

River Hospital says it currently operates the "country's only" civilian, hospital-based outpatient PTS treatment program for active-duty military.

Launched in February 2013, the program initially served 10 soldiers a day from Fort Drum, but has "increased significantly" over the past three years.

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3.10 - Parsons Sun: [Sen. Moran hears from constituents](#) (28 July, Colleen Williamson, 21k online visitors/mo; Parsons, KS)

Nearing the end of 105 meetings, one in each county in Kansas, U.S. Sen. Jerry Moran stopped in Parsons Thursday to visit with constituents during a meeting at Labette Health.

Before taking questions or suggestions, Moran spoke about the Department of Veterans Affairs and its failure in providing proper care for veterans' health.

Moran said he graduated high school in 1972 as the Vietnam War was coming to an end. Seeing how veterans were treated upon their return, he said he vowed to do everything he could in his lifetime to honor and respect those who served.

First as a member of the Veterans Committee while in the House, and now the Senate, Moran said they are working to get better care, treatment and benefits for those who served.

"It's certainly what they are entitled to, and in my view many veterans are slipping through the cracks," Moran said. "The Department of Veterans Affairs is failing them. If you want evidence that big government doesn't work well, the VA is an awfully good example of that unfortunately."

Moran said they are asking veterans, or people on behalf of veterans, to contact them regarding the VA not working for them.

"At the moment we are mostly focused on the health care side of things," Moran said.

Like others, seeing a need for veterans in areas where there was no hospital, he helped encourage and push the VA to open outpatient clinics, such as the one now located in Parsons. Many communities still have no outpatient clinic, though.

“The law now says if you live more than 40 miles from a VA facility or if it takes the VA more than 30 days to provide the service, you are entitled to have that service at home if you choose,” Moran said. “So your hometown doctor, home hospital, home town optometrist will see you and VA is required to reimburse that provider at Medicare rates. A problem is, in my view, is the VA doesn’t really like this law. They prefer things the way they have been, and therefore trying to rattle their cages to get this to work has been a real challenge.”

Veterans are saying they qualify, but when they call the toll-free number, they are given the run-around. As well, Moran said they have been told many health care providers have not been reimbursed.

The VA tells U.S. Congress that many veterans do not like the program and don’t want it.

“Common sense tells me that just can’t be the case, and if there is that attitude, it’s because they tried it, and it was a mess to get any of the services you are entitled to,” Moran said.

An example he gave was of a veteran living in Plainville, within 40 miles of Hays, where there was an outpatient clinic. The veteran called Moran to explain that he needed a colonoscopy. He said he called the VA requesting to have it done in his hometown hospital with his hometown physician.

“The answer was, ‘No, you cannot, because you live within 40 miles of Hays and there is an outpatient clinic there now.’ To which he responded, truthfully, ‘But they told me they don’t do colonoscopies at your clinic.’ And the VA says, ‘That doesn’t matter. There is still a facility within 40 miles.’ So it’s that kind of stuff we are trying to unravel and get rid of so the VA doesn’t have the opportunity to come back to Congress and say, ‘Let us keep our money.’”

While Parsons has a large community hospital that is financially solid, Moran said that is not always true in many other communities across Kansas.

“There’s 127 hospitals in our state, and I’ve visited each and every one of them. And many of them are hanging on by a thread. Just as our schools need every student, our hospitals need every patient. So when we send people away, such as to Wichita to the VA, we are reducing the strength of our own hometown healthcare delivery system,” Moran said. “So in the process of taking good care of veterans at home, we can also strengthen the system by which the rest of us get health care, keeping those dollars here.”

Wage mandates

Sophia Zetmeir, owner of Grandview Products, told Moran her company recently received paperwork from the Department of Labor concerning companies’ exempt and non-exempt status regarding salaried employees and overtime.

“They said if they don’t make up to almost 48,000, then I have to pay them overtime to be non-exempt, so in other words, I have to pay my supervisory people and put them on a time clock,” Zetmeir said. “I can’t understand. ...Why is the government telling me what I have to pay my people?”

Zetmeir said people wonder why businesses are going to China and saying how the U.S. needs to get businesses back.

“This is the kind of stuff that drives businesses out,” she said.

She said she does not know how she is even going to approach her supervisors about having to put them on a time clock, and she does not believe the DOL should be allowed to mandate such regulations.

Moran said the Department of Labor is going to disagree with her.

“A department, not under direction from Congress, developed new legislation and new rules and regulations. This is about the third instance of the Department of Labor taking on a significant issue that has significant consequences, certainly to the business climate and the ability of businesses to employ as many people,” Moran said. “We made a number of attempts to undo this regulation, unsuccessfully. In part because in the Senate it takes 60 votes to pass legislation, so in this instance, even if you could get every Republican, you need six Democrats to agree with that legislation. That hasn’t happened.”

“Our goal is two-fold. There is a procedure by which regulations can be appealed, and we’ve used that. That can be done with 51 votes, and the Senate and House both passed that repeal language and sent it to the president, and he vetoed the bill, so it is at loggerheads. The other part of this is if we can get Congress to function better than it does, to defund things ... Not passing budget or appropriation bills filling spaces in that budget.”

Moran said they finally passed a budget, providing the framework for 12 appropriations bills, one which funds the DOL, which the appropriations committee can use to say “There is no money within your appropriations to implement this plan.”

“The argument that you made is the one that I think is important,” Moran told Zetmeir. “I suppose everyone would like to have higher wages, but the bottom line is everyone would like to have a job and you can do things that increase the cost of being in business that seemingly benefit somebody, but if it means your business is no longer competitive in a global economy, then there is no job, at whatever wage, whatever salary we’re talking about. These are decisions better made by businesses and the people they hire ... which allows someone not to come to work for you if they feel you are not paying enough money. We agree with you.”

Moran added he thinks the Department of Labor needs to be reigned in under the Obama administration, along with several other departments.

Hospitals, schools, universities, private colleges have significant interest in the issue, too, Moran said, as the nonprofits are deeply affected.

Labette Health CEO Brian Williams said the hospital has looked at it, and while not trying to purposefully circumvent the regulations, he has to question, “Do we eliminate a job. Do we change what we are doing? Do we cut two jobs because all of the sudden people that were making \$24,000 to be legally exempt, we have to give them a pay raise to \$47,000 or change the way we treat them. It has much more negative consequences.”

Medicare waste

Ann Charles asked Moran if he could take word back to Washington to do something in regard to Medicare waste. Specifically, she said, while Medicare recipients can receive documents

electronically, there is no option to opt out of receipt of hard copies. When told, "Please take off mailing list,' they say, 'It is not allowed. They have to be sent.'"

"So this is not a mistake on their part?" Moran asked. "This is what they say they have to do?"

Why not be able to opt out and save the federal government money and save trees, Charles said.

Moran said he was not aware that was the case, noting he was all in favor of the proposition and would see what he can do.

Special ed funding

Lou Martino, former teacher and current USD 503 school board member, said when he started teaching, only 20 percent of students were on free and reduced lunches, and now it is close to 70 percent. At the same time, he said Labette County has become No. 1 in the number of foster care kids in Kansas, many of whom have many psycho-social needs to be addressed before they can even focus on academics. There are also a large number of special education students.

"The issue is the funding," Martino said, adding that USD 503 does not qualify for extraordinary funding from the state of Kansas.

"Legislators are saying we have plenty of money to operate our schools. What they don't understand is these kids need special help," Martino said. "...our teachers are overwhelmed with a large number of students who have special needs."

Martino said he is pleading for special education funding because of the special needs of these foster care kids under a foster care system in Kansas that is now under indictment.

Moran said he can do nothing to help with the state's issuance of extraordinary funding. However he said he can work to advocate to stop the things that are driving up the costs of education, such as No Child Left Behind, which he said is an intrusion, expensive, damaging to the quality of education and ruining the teaching profession. In addition, he said, he is also an advocate for getting schools to the 40 percent Congress promised for special education funding, prioritizing the funding mandate of special education by federal law. Currently, special education is only being funded at about 16 percent, so money has to come out of schools' regular classrooms to meet the mandate.

"We're a strong supporter of federal mandates being paid for especially one as important as (this)," Moran said.

Funding for mental health care

Labette Center for Mental Health Services director Matt Atteberry requested Moran bring attention to problems rural areas are confronting in providing mental health services.

Medicare will reimburse services provided by licensed social workers and psychologists. Despite the fact there are now a number of other clinically recognized professions licensed by Kansas and recognized by KanCare, they are not recognized by Medicare.

"In all areas that's an issue. In rural areas, that's an extreme issue," Atteberry said.

Clinical professional counselors, clinical marriage therapists, who would happily be employed at mental health centers, cannot be hired because LCMHS can't get reimbursed by Medicaid. Given a choice of other, more expensive providers at the center, many go without services because they are paying more out of pocket.

"We are champions of your position," Moran said, talking about seeing similar issues with VA and mental health provisions for veterans in their local communities.

EPA

Requiring the Environmental Protection Agency to provide funding to back the regulations they are imposing was another topic.

Moran said, "I think we are over regulated from the start," but he supports money to cover regulations, especially for the many small towns that do not even have a large enough population to begin to charge people to help cover the costs of implementing those things to meet regulations, such as those related to water.

Texting while driving

Another topic brought to Moran was the possibility of creating legislation to create some type of device to restrict texting when someone is in the driver's seat of a car, given the number of accidents and deaths related to texting while driving.

Insurance

Lynn Rucker told Moran his wife was in car accident last year. His wife was stopped for traffic, when a young woman in her 20s, texting, didn't even apply her brakes to stop and hit his wife's vehicle at a minimum of 65 mph.

The car insurance paid everything within its limits, and then Blue Cross started paying claims, which to date are just a hair over \$500,000, Rucker said.

"We've gotten one letter from company in Missouri said they found out we got a settlement from the auto insurance and now they, Blue Cross, is wanting to take money back from those claims. The settlement, after the attorney took his fee, was \$80,000. \$80,000 compared to half a million dollars and they want some of their money back. ... I guess there is a clause in Blue Cross policies and some bigger insurance companies that they can do that. How can that be?"

Rucker said by all rights, they shouldn't have to pay out a dime for his wife's medical bills, that the girl and her insurance should have to pay. Rucker said their expenses are far more than \$80,000 because now his wife is on disability and has a brain injury and is no longer able to work.

"Yet we are still being victimized by a health insurance that I'm still paying premiums on every month," Rucker said. "We need our legislators to get a hold of these big companies and say 'No, you screwed them long enough.' How are they able to make clauses like that?"

Moran said he will help if he can in conversation with Blue Cross Blue Shield to sort out what the law is, what that clause is.

“One thing is getting the Kansas insurance commissioner engaged in this to see if he can be of help to you in the negotiations or circumstances with Blue Cross Blue Shield,” Moran said.

Another man said people pay through the nose on premiums, but the insurance industry seems to have an open rule book to where if it is not profitable, they just up premiums.

“This industry seems untouchable,” the man said.

Moran said Kansas BCBS is regulated by the Kansas insurance commissioner, so it is the state of Kansas that regulates it and other health care providers in the state. There has been some talk about federal regulations of insurance companies, but that hasn’t taken hold.

“Things that are included in a policy and premiums that can be charged are determined by regulations here in the state of Kansas,” Moran said.

As a side note, Moran said: “We don’t have any health care providers in Kansas. There are just very few that are willing to provide health insurance because seemingly they can’t make money doing it. And BCBS, the reason why they were in my office recently, is because they are asking for a premium increase of significant size. They are putting it before the state insurance commissioner, and if they are unable to get it, they will not provide any policies under the Affordable Care Act, under Obamacare. And that will be our last provider in Kansas if the health care under the Affordable Care Act. I assume if they were making money, they wouldn’t be walking away and that may just be under the Affordable Care Act.”

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3.11 - Nonprofit Quarterly: [Vets with PTSD Wait Years for Service Dog due to VA Study Delays](#) (28 July, Jim Schadder, 4.1k online visitors/day; Boston, MA)

Service dogs are tail-wagging ambassadors for all things safe, positive, and possible in the world. Patriot PAWS Service Dogs in Rockwall, Texas, trains and provides service dogs at no cost to disabled American veterans and others with mobile disabilities. These dogs help restore their owners’ physical and emotional independence. But the waiting list for these dogs is years long because it takes up to two years to train them at a cost of approximately \$33,000 per dog.

The dogs are effective in recognizing the symptoms of Post Traumatic Stress Disorder (PTSD) in their owners and there are many veterans waiting on one of their own. Terry Stringer, of Patriot Paws, says there are currently 130 veterans on their waitlist, which translates to a three to five-year waiting list. Stringer showed us two puppies at the beginning of their training.

“I cannot tell you 100 percent that either one of those puppies will make it as a service dog,” Stringer said. “Our rate is 58 percent, which is higher than the national average.” They hope a development will help increase those numbers.

Each dog in Patriot PAWS training learns commands that meet the Assistance Dogs International (ADI) Public Access Certification Test. Dogs that do not become certified are placed for adoption.

The need is pressing. The U.S. Department of Veterans Affairs estimates that PTSD afflicts 11 percent of veterans of the war in Afghanistan and 20 percent of Iraqi war veterans. Nevertheless, the help that is urgently needed is being delayed. While veterans with post-traumatic stress disorder insist that service dogs lead to remarkable improvements, the research that would support their widespread use has yet to materialize.

The use of service dogs to treat PTSD is relatively new. Patriot PAWS itself was founded in 2006. Veterans need the Department of Veterans Affairs study to validate their personal experiences with science that could support implementing and funding widespread therapeutic use.

In an April 2016 statement, Dr. Michael Fallon, Chief Veterinary Medical Officer in the Office of Research and Development at the Veterans Health Administration (VHA), Department of Veterans Affairs (VA) included this update on the study before the Subcommittee on National Security at the House Committee on Oversight and Government Reform:

Currently, VA does not provide benefits for PTSD or mental health dogs because they are not known to be effective in overcoming specific functional limitations; this study is incredibly important in building the evidence base. VA continues to monitor other scientific literature for quality evidence to inform future policies and remains strongly committed to completing the current PTSD and service dog study at an estimated cost of at least \$12 million.

The VA's pilot study began in 2011 but was suspended twice—once when two dogs bit children of veterans, and again when the health of some of the dogs in the study was compromised. Lack of availability of trained dogs has also been a problem for VA researchers, according to Fallon's testimony. The study was redesigned and at least one new VA staff position created in the wake of the problems.

Service dogs have been helping people who are blind, deaf, or have other physical disabilities for many years. Patriot PAWS meets almost all its \$1.3 million annual budget through contributions. So much more could be accomplished if the VA found the wherewithal, with or without a completed study, to make service dogs an approved treatment for PTSD.

Here's how this TV news segment on Patriot PAWS described the need and the solution:

Retired U.S. Army Ranger Aaron Mixel is standing on the side of a road in Rockwall; it's something he says he couldn't do two years ago.

"You look around most streets and you see debris on the sides and the work cones, and these are things they've put IEDs in," he said.

[...]

"It took me three-and-a-half hours to drive here because cars and things on the side of the road blow up in the countries where we come from," he said of his drive to the

nonprofit in Rockwall. Mixel was eventually introduced to a service dog named Chief. "You really focus on the dog and not what's going on around you," he said.

"I wouldn't know the science behind it and I don't know the training behind it," he continued. "I just know that when the dog sat in my lap I didn't notice what was going on around me."

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3.12 - The Missouri Times: [Anesthesiologists oppose proposed VA rule](#) (28 July, Travis Zimpfer, 3.4k online visitors/day; Saint Louis, MO)

The Missouri Society of Anesthesiologists (MSA) is pushing against a new potential Veterans Administration rule that they believe could put the agency's patients at risk.

A little over two months ago, the VA created a rule that would allow nurses with advanced training, like nurse practitioners and nurse anesthesiologists, to use their full repertoire of skills without the oversight of a doctor. The VA has a widely acknowledged doctor shortage, and the rule is designed to allow well-trained and specialized nurses fill the gaps to provide better access to care and decrease long wait times.

David Jackson, a representative of the MSA says that's all well and good, but it could also lead to a dramatic loss of care, specifically because of how high-risk anesthesiology is. The rule would allow nurse practitioners, even those who have not been trained in anesthesiology practices, to administer anesthesia (among other duties).

Meanwhile, the primary problem that plagues the VA, namely the low, thin-stretched number of physicians, does not apply to physician anesthesiologists.

"The problem is there is no shortage of physician anesthesiologists," Jackson said. "If you don't have an access problem, there's no reason to include them in this rule."

The rule change could also see VA hospitals move away from anesthesia specialization altogether, even though anesthesiologists are among the most rigorously specialized and educated professionals within the health care industry.

In addition to the District of Columbia, 21 states have adopted similar proposals to the rule proposed by the VA, but Jackson notes that those states still have some level of oversight.

"In Missouri and every state, you have some form of position supervision of anesthesia," Jackson said.

While the risk of general anesthesia is generally low in this day and age, it still requires a precise touch to keep people unconscious and free of any sensation during invasive operations. That in turn makes complicated and dangerous surgeries less risky.

Jackson says that a two-month public commentary period came to an end this week, but that the MSA and their supporters made their voices heard with a social media and web campaign and even a radio spot (posted above). Of the 200,000-plus comments submitted nationally,

Jackson says that over two-thirds of the comments wanted to reject the change, and 95 percent of veterans were opposed to it.

He also believes there's an easy fix for the VA to pursue: simply remove the anesthesiology stipulation from the proposed rule.

"We want to continue the anesthesiologist method currently in practice," he said. "If it's allowed in civilian hospitals across the country, why not in the VA?"

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6. Strategic Partnerships

6.1 - Hometown Focus: [VA announces new partnerships and collaboration](#) (29 July, 600 online visitors/day; Virginia, MN)

The Department of Veterans Affairs (VA) last week announced partnerships and collaboration with Bristol-Myers Squibb Foundation, IBM and Bombas. The three, distinct, relationships are a part of the MyVA Strategic Partnership Initiative, which aims to work together with external organizations to improve the delivery and access of care for Veterans. MyVA is the largest transformation in the history of VA.

The Bristol-Myers Squibb Foundation will partner with VA to identify synergies and facilitate linkages between the respective programs. To date, BMSF has awarded 30 grants totaling over \$15 million to veterans service organizations and academic teaching hospital partners to develop, implement and evaluate innovative models of community-based care and support that improve the mental health and community reintegration outcomes of Veterans and their families. Together, through this new partnership, the two organizations are committed to serving more Veterans throughout the continuum of care from community to clinical settings.

On June 29, Vice President Biden hosted a Moonshot Cancer Summit in Washington, D.C. to bring together private and public partners to encourage collaboration in treatment and cures for cancer. As a part of that initiative, VA teamed up with IBM Watson Health to increase access to precision medicine for 10,000 VA cancer patients over the next two years. VA provides care to 3.5 percent of the nation's cancer patients – the largest group of cancer patients in the country. Watson is expected to help VA clinicians give veterans rapid access to precision medicine options, particularly for patients with advanced cancer.

VA also announced a collaboration with Bombas. Bombas was founded two years ago as a give-back sock company, after learning that socks are the #1 most-requested clothing item at homeless shelters. For every pair of socks purchased from the company, it donates a pair of socks, and to date has donated nearly 1 million pairs. To reach homeless veterans in New York, Bombas worked with VA medical centers donating 700 pairs of socks to the NY Harbor and Bronx VA Medical Centers. Bombas and VA plan to continue their work together throughout the rest of the year and in the future, to expand the reach of the program to other cities and states across the country.

Each of these relationships aligns with the strategic priorities of mental health, research and homelessness and reflects VA's commitment to teaming with external organizations and companies to better serve Veterans.

Since the launch of MyVA, the Department has entered into new relationships with a number of external organizations to combat issues of homelessness, suicide and Veteran unemployment.

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8. Other

8.1 - The Arizona Republic: [VA surgeon recognized from UA medical school](#) (28 July, Arthur G. Sloane, 2.6M online visitors/mo; Phoenix, AZ)

Veterans Voice

Dr. Howard Bourdages, a surgeon at the Phoenix VA Health Care System, received the prestigious faculty Teaching Faculty of the Year Award from the University of Arizona's College of Medicine-Phoenix Integrated Surgical Residency Program.

Bourdages, the assistant chief of surgery there since 2010, said he was honored and humbled to have received the award. The award recognizes extraordinary accomplishments in all aspects of education of education and is the highest recognition for teaching over the four years of medial school curricula.

Stand Up for Veterans

The fourth annual Glendale Stand Up for Veterans will be held from 8 a.m. to 1 p.m. Sept. 24 at the Glendale Community College Student Union, 6000 W. Olive Ave. in Glendale.

There will be employment opportunities, MVD/social services for veterans, and a chance to address legal issues with court representatives and attorneys. Also available: free haircuts for veterans, free lunch for veterans and their families, health care and other benefits applications, and a chance to learn about social services for veterans and their families.

Register at www.glendalestandup.org.

Legal advice

Free legal advice and will preparation for U.S. veterans and their spouses will take place from 9 a.m. to 2 p.m. on Aug. 27 at Flagstaff American Legion, 204 W. Birch Ave, Flagstaff.

They will provide help in the following legal areas: Divorce/custody/child support, debt counseling, bankruptcy/ employment, landlord and tenant issues, and much more.

Appointments will have priority over walk-ins. To schedule, call John Tokarz at 480-363-6880.

USS Phoenix comes home

The USS Phoenix, a Los Angeles class nuclear attack submarine launched in 1979, has been decommissioned and cut up with the sail and fins being brought to the Phoenix Saguaro Chapter of the association of the U.S. Navy taking the responsibility for leading the project effort to bring parts of the sub to Phoenix's Steele Indian Park in the near future.

Veterans Hall of Fame

Reservations for the Veterans Hall of Fame induction ceremony may be made at the Double Tree Resort, 5401 N. Scottsdale Road in Scottsdale for the nights of Oct. 27-28 or the room rate of \$109, plus tax under the code of UAV. The number is 480-947-5400.

- Born in Highland Park, Mich., in 1944, Bill Talcott served in Vietnam and stateside 1968-1971. An Army Ranger, he led a reconnaissance platoon with the 82nd Airborne receiving three Bronze Stars, two for Valor, and the Purple Heart.

After 40 years in the employee benefits industry, Talcott retired as a successful sales manager. A legacy life member of VFW Post 9400 in Phoenix, Talcott has served as youth activities chairman, helping underprivileged children; as Buddy Poppy chairman, raising \$40,000 annually for veteran causes; and as hospital chairman, initiating monthly entertainment and donations for hospitalized veterans.

As founder of Post 9400's Cootie Pup Tent 11, his organization has donated more than \$100,000 to help hospitalized veterans. Having contributed more than 3,000 volunteer hours representing guest services at the VA Medical Center Phoenix, Talcott was honored as Phoenix VA Volunteer of the Year for 2015.

- Born in Moenkopi on the Hopi Reservation in 1956, Geno Talas served 30 years in the US Air Force as C-5 Loadmaster, retiring in 2004 as Chief Master Sergeant.

Since 2008, as the manager of Hopi Veterans Services for the Hopi Tribe, Talas provides veteran-related services to more than 500 Hopi veterans and their families on the Hopi reservation, and coordinating events honoring the military, veterans and their families.

He serves as adjutant for the American Legion Lori Piestewa Post 80 in Kykotsmovi, planning annual activities such as the Veterans Christmas Dinner. Talas was instrumental in researching the histories of the 10 posthumous Hopi Code Talkers who served in World War II, resulting in the awarding of the U.S. Congressional Native American Code Talkers Gold Medal to the Hopi Tribe and silver medals to their next of kin in 2013.

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8.2 - The Republican: [Hot Rod and classic car show at VA Leeds Medical Center Campus](#)
(27 July, Pam Mastriano, 1.6M online visitors/mo; Springfield, MA)

Hot rod and classic car show Northampton - Vintage car enthusiasts will get an opportunity to show off their vehicles and see other great automobiles when the VA Central Western Massachusetts Healthcare system hosts a first-ever Hot Rod & Classic car show, Sunday, July 31 on the VA Leeds Medical Center Campus. The car show takes place from 9 a.m. to 2 p.m. and is free and open to the public.

The event is being held to attract car enthusiasts to the VA campus as a way to give back to the veteran community in the Pioneer Valley. Veteran organizations in the area are encouraged to set up information tables and meet with the public to educate people about the many programs and services available for veterans. VA enrollment specialists will be on hand assisting eligible veterans to enroll in VA health care.

A food truck will offer grilled items and ice cream for purchase. A local DJ will play music, and trophies for the top cars and other prizes for participants will be available. For more information and for veteran organizations to set up a vendor table, contact Anne Murray at (413) 582-3042.

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8.3 - The Robesonian: [Lumberton veterans attend national convention, hear speeches from Trump and Clinton](#) (28 July, 70k online visitors/mo; Lumberton, NC)

For the first time perhaps ever, Lumberton Veterans of Foreign Wars Post 8969 has been represented at a national VFW convention.

“We have always been a small post and the convention has always been far away,” said Mickey Biggs, the post’s commander. “But this year, being in Charlotte, it was close enough for us to attend.”

Biggs and the post’s quartermaster, Walter Jonathan Smith, both were in Charlotte for the 117th VFW National Convention that was held from Saturday until Wednesday at the Charlotte Convention Center. Neither could remember the local post ever sending anyone to the national convention.

Both Donald Trump, the Republican Party presidential nominee, and Hillary Clinton, the Democratic Party’s nominee, addressed the convention, which drew thousands of VFW and VFW auxiliary members from across the country and around the world.

Biggs, who as a VFW member from the host state assisted with convention registration, missed Clinton’s Monday morning speech when her plane was late getting her to Charlotte. He was, however, able to hear Trump’s address to the convention on Tuesday.

“Trump said that he wants to overhaul the VA (U.S. Veterans Administration) system and clean it up from top to bottom,” Biggs said. “He said that those that are not doing their jobs should be fired while those doing an exceptionally good job should be rewarded and promoted.

“He also talked about wanting to cut the waiting time for appointments and followups at veteran medical centers to just a few days,” Biggs said. “Overall he supported the VFW’s mission of getting assistance to veterans who need it.”

Smith, who did not hear Trump’s address but was present Monday morning when Clinton spoke to VFW members, said Wednesday that by observing Clinton in person he is now sure he will vote for her for president.

“This is a woman who has worked all her life to help people,” Smith, a 22-year U.S. Army veteran, said. “I loved her. She spoke well about her military and other experiences. She said she will support the VFW and our programs.”

Smith said that during her address to the convention Clinton “didn’t trash” Trump.

“She addressed the issues and left it so that you have to make up your own mind who you want for president,” he said.

Both Biggs and Smith said that information they brought home from the convention will help local veterans, as well as assist the growth of their post, which currently has 55 members.

Biggs, who served in the U.S. Navy four years before beginning a law enforcement career that includes 25 years with the Lumberton Police Department and seven years with the N. C. Department of Insurance’s Criminal Investigation Division, said he hopes some of the information he obtained at the convention will help local veterans obtain the benefits they deserve. He said workshops that were held on Saturday and Sunday were especially helpful in providing educational information about benefits offered veterans by the U.S. government, as well as insurance and other programs offered through private companies and other agencies.

“One of the good things about the convention is you get to meet and network with people from all over,” Biggs said. “That’s good because when you need assistance for anything, you have the resources to call on.”

Smith agreed with Biggs that information gleaned from the convention can be put to good use serving Robeson County’s military veterans.

“There was a lot of information provided,” Smith said. “Everything was about benefits and programs that will support (veterans) and make life better for us.”

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8.4 - New Britain Herald: [Boy aims for 1,000 veteran signatures on his bike](#) (28 July, Erica Schmitt, 4.9k online visitors/day; New Britain, CT)

Photographs of the Twin Towers during the Sept. 11, 2001, terrorist attacks had such an impact on 9-year-old Johnny Tomboly last fall that he embarked on a mission — one that has made him a frequent visitor to the Newington VA Hospital.

The Meriden resident is seeking out veterans and emergency responders of all types to sign his BMX bike, which he hopes to cover with at least 1,000 signatures by Sept.11, 2016.

It just so happens that the 2016 US BMX State Championships, which the national Team Edge contender will be racing in, are being held the very same day.

It all began at the end of his racing season last fall, when Johnny approached his parents Sandy and John and asked them if he could paint his bike red, white and blue before the next season.

"I want to get 1,000 signatures of veterans and emergency responders on it and dedicate it to them, because it will be the 15th year anniversary of 9/11," he told them.

Everyone cautioned him that 1K was an extremely high number, but Johnny didn't waver.

"He said if they don't fit on my bike they can use my helmet and my shoes," his father remembered. His mother, who served in the Army National Guard, cried when her son pitched the idea.

"I can't say I was surprised because it's kind of his personality to do stuff like this, he's very different than other kids his age," she said. "We're definitely very proud of him."

A family friend painted the bike and returned it this past April, after which the tremendous undertaking began.

A visit to the Newington VA Hospital connected the Tombolys with Assistant Chief of Volunteer Services Joe Canzanella, who has since introduced Johnny to hundreds of vets.

Now the family visits at least twice a week.

"He brings a lot of joy and happiness to all of our volunteers and veterans," Canzanella said. "For only being 10 years old he's really a smart little man."

Canzanella has made Johnny an honorary volunteer and is planning on bringing a group of vets to one of his upcoming races.

Nicknamed "Hot Rod" by his coach, the 10-year-old plans to retire his honorary bike after the race this September and keep it forever.

People who have heard about his project often seek out the family, hoping to "make a donation."

"They think it's a fundraiser, but it's not," Johnny said. "All I wanted to do was say thank you to all the military."

Many of his family members happen to be emergency personnel. Johnny's father responded to ground zero on 9/11. His cousin is deployed in Afghanistan, and his uncle happens to work as a paramedic in Hartford.

"No one really knows what they have to go through," Johnny pointed out. "How much they risk their lives to help us. Personally, I'm very grateful for their service."

His parents have always instilled three things in Johnny – wishes for his future.

"Treat everyone with respect, get a college education, because no one can take that away from you, and do something to help somebody," John explained of he and his wife's request to their son.

Little did they know he would come up with some virtuous ideas of his own.

"Every parent would like to create a wonderful human being and I think were on the right track," John said.

The youngster has exceeded 780 signatures so far and there's still plenty of room left on the bike.

Any veterans or emergency responders who want to sign it can contact the family via Facebook, by searching for JohnnyTomboly (hotrod).

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