



# Veterans Affairs Media Summary and News Clips

9 November 2015

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

### **1.1 - New York Daily News: [Veteran finds way back from addiction, jail, uses his pain to help others](#)** (8 November, Reuven Blau, 17.6M online visitors/mo; New York, NY)

After six and a half years in prison, Peter Henry had no money and no place to call home. He was 53, and decades had been squandered to alcohol and cocaine... In February 2013, he was released and headed straightaway to a Veterans Affairs post in Montrose, N.Y., which offered him shelter and drug counseling.

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### **1.2 - The Daily Beast: [Weed Saved Strung-Out Vet's Life, But VA Won't Listen. Mike Whiter was a virtual recluse when he was on as many as 14 medications provided by Veterans Affairs—until he toked up](#)** (8 November, Kenneth Lipp, 8.3M online visitors/mo; New York, NY)

Retired Marine Staff Sergeant Mike Whiter emptied a box full of orange pill bottles onto 22 people lying in the middle of Market Street at the end of Philadelphia's Veteran's Day Parade. The 22 volunteers played dead in front of Independence Mall on Sunday to represent the average daily number of suicides by U.S. military veterans since the 2003 invasion of Iraq.

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### **1.3 - The Washington Times (AP): [New law gives federal workers who are veterans medical leave](#)** (8 November, 3.5M online visitors/mo; Washington, DC)

President Barack Obama has signed into law a bill sponsored by U.S. Rep. Stephen Lynch aimed at giving federal workers who are also veterans extra time off to seek medical care. The new law provides the employees with 104 hours of what Lynch calls "Wounded Warrior leave" during their first year in the federal workforce...

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### **1.4 - The Arizona Republic (Video): [After the Phoenix VA scandal: How 3 employees are pushing through, holding on](#)** (8 November, Connie Cone Sexton, 2.6M online visitors/mo; Phoenix, AZ)

Secret lists of patients. Manipulated appointment records. Deaths that might have been prevented... Many employees, though, shouldered on through the punishing barrage of disclosures. A number of VA staffers are themselves veterans; all are buoyed by the importance of their mission. Among them are the doctors who make daily rounds, the administrators who schedule nurses, the technologists who guide patients through complicated medical tests.

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### **1.5 - Stars and Stripes: [Opinion: Vets shouldn't have to start with charities](#)** (8 November, Robert Weiner and Autumn Kelly, 1.2M online visitors/mo; Washington, DC)

It's Veterans Day time and all the candidates talk about wanting to do more for veterans... Department of Veterans Affairs Secretary Robert McDonald told the National Press Club and world media Friday that he has made progress against delays, but even higher demand for services is making the situation worse — and that instead of 300,000 appointments waiting over 30 days, that number is now 500,000.

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**1.6 - The Times of Northwest Indiana: [Guest commentary: Thank vets by funding VA properly](#)** (8 November, David Bochnowski, 1.1M online visitors/day; Munster, IN)

On Veterans Day, America pays special tribute to the women and men who have served their country. It is a special day although it is not unusual for vets to hear “thank you for your service” throughout the year. Veterans deeply appreciate being remembered, although we are in disbelief at our nation’s inability to solve the challenges of veteran homelessness, job training and health care.

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**1.7 - Bangor Daily News: [What we can learn from Ancient Greece on Veterans Day](#)** (8 November, Darryl Lyon and Liam Riordan, 728k online visitors/mo; Bangor, ME)

A generation of U.S. warriors and their families have fought ongoing wars in Afghanistan and Iraq since 2001. Our obligation to support veterans returning home has a moral urgency that demands we mobilize our fullest resources to assist them. That an ancient Greek play could speak directly about this pressing social issue might seem absurd.

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**1.8 - Daily Press: [Air Force vet can't find care](#)** (8 November, Prue Salasky, 725k online visitors/mo; Newport News, VA)

Half a dozen years after retiring from the Air Force, he was diagnosed with "mild cognitive impairment," a precursor to Alzheimer's, the degenerative brain disease that has no treatment or cure... Now, more than three years after he had to quit his job, there are still no answers. Too young, not poor enough At a few months shy of 50, Jim was even rejected as too young for clinical trials for Alzheimer's.

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**1.9 - The News Journal: [Helping wounded veterans succeed with their new normal](#)** (8 November, Steven J. Stanhope, 491k online visitors/mo; New Castle, DE)

But the men and women who have suffered traumatic injuries while serving and protecting this country deserve more than a symbolic thank you. They need our support and acceptance as they adjust to their “new normal,” not awkward stares when they’re wearing shorts with their prosthetic leg.

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**1.10 - Argus Leader: [Letter: Alternative uses for Hot Springs VA, Ellsworth](#)** (8 November, Donald Lee Fenton Jr., 444k online visitors/mo; Sioux Falls, SD)

PTSD should be America’s No. 1 issue right now, but thank God for marijuana, as most vets use pot to heal themselves. Too bad they end up in homeless shelters and unqualified for VA programs, though. Veterans helping themselves with pot saves the VA billions of dollars. As VA morphs into a telemed-based organization, it will become amazingly efficient.

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**1.11 - Winston-Salem Journal: [Winston-Salem company comes through for a veteran](#)**

(John Railey, 292k online visitors/mo; Winston Salem, NC)

With Veterans Day coming Wednesday, we should think about all our veterans and ways to make their lives easier, whether they served in The Big One, Korea, Vietnam, the never-ending Middle-Eastern wars or stateside. Fortunately, a Winston-Salem company realizes that.

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**1.12 - The Modesto Bee: [Appointment wait time at Modesto VA clinic is three months](#)** (8

November, Erin Tracy, 273k online visitors/mo; Modesto, CA)

More than a year after revelations that sick veterans were forced to wait months for treatment at Department of Veterans Affairs clinics, the primary cause of understaffing at the facilities persists across the county, and Modesto is no exception.

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**1.13 - Guam Pacific Daily News: [Feds need to fix gaps in services to our veterans](#)** (8

November, 253k online visitors/mo; Hagatna, GU)

It must become easier for Guam's veterans to get the health care and other benefits they have earned. While two federal programs were started this year to help deliver health care services to local veterans, neither are meant to be long-term solutions.

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**1.14 - The Herald-News: [For Will, Grundy veterans, mental health system tough to navigate. Joliet VA center wait times higher than Hines' system average](#)** (7 November,

Lauren Leone-Cross, 202k online visitors/mo; Joliet, IL)

A national survey released last week from Wounded Warrior Project points out more than three in four soldiers – current and former – are coping with post-traumatic stress disorder and struggle to access mental health care. A separate survey released Oct. 28 by the Government Accountability Office notes a considerable uptick in the number of veterans seeking mental health care over the years as they return home from wars in Afghanistan and Iraq.

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**1.15 - Lubbock Avalanche-Journal: [Our View: The physical and mental needs of veterans should be a top priority](#)** (8 November, 194k online visitors/mo; Lubbock, TX)

Modern Americans owe a debt to veterans throughout history and to today's veterans we can never repay. Veterans have earned and maintained our freedom, and in many cases, they have given their lives in the service of their country. Their service should bring a deep sense of gratitude in the hearts of all of us.

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**1.16 - The St. Augustine Record: [Guest column: Privatize all veterans' health care](#)** (8

November, John Brinson, 182k online visitors/mo; Saint Augustine, FL)

We owe our veterans the best possible treatment in recognition of their invaluable service to our country. By way of disclaimer I am a veteran, but have never used VA health care. It is clear that the VA is incapable of providing good health care for our veterans.

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**1.17 - SurfKY News: [Former Miss America Heather French Henry Encourages Community Support for Veterans](#)** (8 November, Tammy Holloway, 142k online visitors/mo; Madisonville, KY)

Former Miss America and Commissioner of the Kentucky Department of Veterans Affairs Heather French Henry spoke at the Noon Kiwanis meeting on Friday. Henry said as the daughter of a Vietnam Veteran she has always been an advocate for the military and as Miss America her platform addressed the needs of veterans in relation to housing, healthcare, disability and benefits.

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**1.18 - Northwest Arkansas Times (Democrat Gazette): [Veterans deserve commitment to care](#)** (8 November, Dr. Mark A. Worley, 137k online visitors/mo; Fayetteville, AR)

Readjusting to civilian life is not always easy for some veterans, but at the Veterans Health Care System of the Ozarks we can help to make that transition seamless and smooth. We have a team ready to assist post-911 service members by coordinating their care and guiding them to the appropriate support programs.

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**1.19 - The Mount Airy News: [Veterans too often treated badly](#)** (8 November, John Peters, 103k online visitors/mo; Mount Airy, NC)

I've been in this business for quite a few years, yet every once in a while a story comes along that just knocks the wind out of me. That happened to me last week, not on a story we were covering here at The Mount Airy News, but a national story reported by NPR. It seems the U.S. military, during World War II, conducted experiments on as many as 60,000 U.S. soldiers, seeing how mustard gas would affect them.

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**1.20 - The Joplin Globe: [Mount Vernon leaders seek to keep VA clinic open](#)** (8 November, Sarah Okeson, 99k online visitors/mo; Joplin, MO)

Dodson, 31, of Aurora, is among 17,000 veterans a year who receive medical care in Mount Vernon at the...outpatient clinic of the U.S. Department of Veterans Affairs. Federal officials plan to close the clinic and open clinics in Joplin and Springfield, a move that VA spokeswoman Wanda Shull said would "bring more than 10,000 veterans within the 40-minute drive time of primary care services."

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**1.21 - Times and Democrat: [Time for Defense Department to take over veterans' affairs](#)** (9 November, Bill Connor, 85k online visitors/mo; Orangeburg, SC)

The Department of Veterans' Affairs includes various accountability issues inherent in the non-Military Federal Civil Service. Additionally, veterans' programs and medical disability ratings are qualified and certified while veterans are part of the active or reserve military within the Department of Defense, and yet the Department of VA is separate from DOD, legally and culturally.

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**1.22 - The Exponent Telegram:** [Clarksburg Mission set to unveil five new beds in extended veterans' living area](#) (8 November, Zach Tuggle, 34k online visitors/mo; Clarksburg, WV)

[S]ome veterans return to the civilian routine carrying hidden, internal wounds that lead them down a path of despair. To help these soldiers return to normalcy, the Clarksburg Mission on Wednesday will unveil five new beds that will be available to homeless veterans who are enrolled in either alcohol or drug rehab at the Louis A. Johnson VA Medical Center.

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**1.23 - The Exponent Telegram:** [Saluting our veterans](#) (8 November, Andy Kniceley, 34k online visitors/mo; Clarksburg, WV)

Virtually everyone who has fought and served for our great nation has had some level of mental health impact due to the horrors of battle. Many have suffered from Post-Traumatic Stress Disorder (PTSD) and face a lifetime of having to cope with a trauma that is invisible to most people on the surface. We owe a debt to our veterans and their families that is immeasurable.

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**1.24 - KMSP-TV (FOX-9, Video):** [Audio recordings reveal doctors' concerns about patient safety at St. Cloud VA](#) (8 November, Jeff Baillon, 21k online visitors/day; Eden Prairie, MN)

Problems within the VA medical system are not new. But for the first time, audio recordings from doctors at the center in St. Cloud, Minnesota describe their concerns about conditions there.

The recordings, obtained by the Fox 9 Investigators, give an unfiltered look at what's happening inside of the medical facility and what it means for veterans.

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**1.25 - Daily North Shore:** [Dignity & Despair For U.S. Veterans](#) (8 November, A.J. Goldsmith, 2k online visitors/day; IL)

America takes such good care of those whose lives were terminated by war. For those who survived, the veterans, we can do better. We must do better if we are to call upon our youth to defend our country and its ideals. With fewer American troops being deployed in the past two years, the ranks of veterans are decreasing.

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**1.26 - Philipstown.info:** [Yoga Helping Veterans Cope](#) (8 November, Alison Rooney, 600 online visitors/day; Cold Spring, NY)

During Veterans Day week, Nov. 6 to 15, Veterans Yoga Project (VYP), an educational and advocacy national nonprofit charity, is sponsoring more than 100 yoga teachers and studios across the country in hosting donation-based classes to raise money for programs that support veterans and their families.

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## [2. Ending Veterans' Homelessness](#)

**2.1 - ABC News (AP):** [Rhode Island Latest State Poised to End Vets' Homelessness](#) (8 November, Michelle R. Smith, 22.9M online visitors/mo; New York, NY)

In August, the federal government declared Connecticut the first state to end chronic homelessness among veterans. New Orleans, Houston and a handful of other communities have also reached the goal. Nearly 50,000 veterans were homeless nationwide before the effort began, Community Solutions estimated. Rhode Island, Connecticut and New Mexico, all part of the campaign, are on track to reach the veterans goal...

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**2.2 - The Oregonian: [Goal of housing homeless veterans is within reach: Editorial](#)** (8 November, 9.6M online visitors/mo; Portland, OR)

Sometimes a problem can seem so big that it's hard to figure out a path to a solution. Such is the case with the myriad challenges that veterans face when they return from war. And it's certainly the case with the issue of homelessness. But the cities of Portland and Gresham, along with Multnomah County, deserve credit for finding a way to make a difference by focusing on the overlap of these two problems.

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**2.3 - The Washington Examiner: [Schumer pushes bill to help homeless vets](#)** (9 November, Kelly Cohen, 2.8M online visitors/mo; Washington, DC)

Sen. Chuck Schumer, D-N.Y., is urging his colleagues to pass legislation that would give homeless veterans more housing. According to Schumer, too many of New York state's veterans do not have access to the support they need, especially those who are homeless.

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**2.4 - WAVY-TV (NBC-10, Video): [VA sponsors 'Stand Down' for homeless vets](#)** (8 November, Lex Gray, 1.2M online visitors/mo; Portsmouth, VA)

Veteran support organizations joined with volunteers this weekend to push for greater awareness and care for homeless veterans in Hampton Roads. The Hampton VA Medical Center and Military Affairs Committee sponsored a 'Stand Down' for homeless veterans and their families at the YH Thomas Community Center Saturday.

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**2.5 - The Coloradoan: [Letter: City made 'strides' in reducing vet homelessness](#)** (8 November, Mayor Wade Troxell, 605k online visitors/mo; Fort Collins, CO)

In July, I joined 850 municipal and state leaders in the Mayors Challenge to End Veteran Homelessness, an initiative to make veteran homelessness across the country rare, short-lived and non-recurring. Every day, communities are making headlines for housing all known veterans, and Fort Collins has made significant strides in reducing homelessness among our veterans as well.

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**2.6 - Providence Journal: [R.I. on track to end homelessness for vets](#)** (8 November, G. Wayne Miller, 416k online visitors/mo; Providence, RI)

Unable to find work in Rhode Island after moving to the state several months ago from North Dakota, Marine Corps veteran Sam Lubbers, 53, found himself spending nights in homeless shelters. For a few days, he slept in the woods near the Providence Veteran Affairs Medical Center.

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**2.7 - WESA-FM (NPR-90.5): [Pittsburgh Vets Share Stories Of Homelessness Through Their Own Lens](#)** (8 November, Anthony Priore, 154k online visitors/mo; Pittsburgh, PA)

To raise awareness about homelessness among veterans, VA Pittsburgh Healthcare System is hosting a three day event Monday through Wednesday, Veterans Day, at its facility on University Drive in Oakland. The event pairs patient narratives with photos, which the veterans snapped as part of a research study devoted to personalizing the struggles of homelessness.

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**2.8 - The Register-Guard: [Vet LIFT program helps disabled veterans get a home of their own](#)** (8 November, Mark Baker, 76k online visitors/mo; Eugene, OR)

A decade-old collaboration between St. Vincent de Paul and the VA, it stands for Veterans Living Independently Following Treatment... Vet LIFT provides assistance to homeless veterans dually diagnosed with substance abuse and/or mental health issues.

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

**[4. Veteran Opportunities for Education/GI Bill](#)**

**4.1 - The Washington Post: [Starbucks will extend tuition benefit to a veteran employee's family member](#)** (9 November, Jena McGregor, 20.3M online visitors/mo; Washington, DC)

Starbucks grabbed headlines last summer when it announced it would offer full tuition coverage to employees who work toward an online undergraduate degree from Arizona State University. Now, if an employee is a veteran or an active-duty member of the military, Starbucks will extend the free tuition to a spouse or one of the employee's children, too.

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**4.2 - Syracuse.com (The Post-Standard): [Vet with a vision: How Michael Haynie turned Syracuse University into a veterans leader](#)** (8 November, Teri Weaver, 3.1M online visitors/mo; Syracuse, NY)

Michael Haynie has helped put more than 4,000 people to work without ever opening a business. Those new jobs across the nation came from a somewhat unlikely place — the Syracuse University campus. Haynie is at heart an entrepreneur, a person who recognizes a gap in the marketplace, then pours in the very thing people didn't even know they were craving.

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**4.3 - The Davis Enterprise: [Female veteran offers support, inspiration to others at UC Davis](#)** (8 November, Tanya Perez, 101k online visitors/mo; Davis, CA)

“When I got home from training, we were called to deploy,” Kennedy said. But the deployment was canceled, so she went to a Veterans Administration hospital for treatment for her stress fractures. She received an honorable discharge, which unbeknownst to her, lasted only 34 days.

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**4.4 - Corvallis Gazette-Times: [Unseen veterans](#)** (8 November, Anthony Rimel, 72k online visitors/mo; Corvallis, OR)

Student veterans face a lot of the same issues as any other veteran in the post-9/11 era: difficulties transitioning back into civilian life; mental health or disability issues; and struggles with GI Bill benefits that can sometimes leave them with financially lean months. But veterans attending Oregon State University and LBCC say they also face other challenges.

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## **5. Women Veterans**

**5.1 - The Wall Street Journal: [Female Veterans to Collaborate With Artists in Harlem. Social Design Collective chosen as artist-in-residence at the Mayor's Office of Veterans' Affairs](#)** (8 November, Corinne Ramey, 39.2M online visitors/mo; New York, NY)

Female veterans in Harlem will soon be collaborating with artists as part of an initiative to bring art out of museums and into city government. The New York City Department of Cultural Affairs plans to announce on Monday that Social Design Collective, a project spearheaded by artist Jules Rochielle, has been chosen as artist-in-residence at the Mayor's Office of Veterans' Affairs.

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## **6. Other**

**6.1 - WND (Culture Wars): [ISIS, Gitmo and Obama's failure to veterans. Exclusive: Chuck Norris blasts White House for neglecting America's heroes](#)** (8 November, Chuck Norris, 3.8M online visitors/mo; Medford, OR)

On Nov. 5, just a few days ago, the Military Times reported that the VA denied benefits to thousands of living vets because the agency's records showed them as deceased. The report explained, "[The] VA continues to be plagued by missteps, including an internal report indicating that nearly one-third of veterans with pending applications for VA health care likely have already died."

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**6.2 - Roll Call (#WGDB): [It's Veterans Week in the Senate](#)** (8 November, Niels Lesniewski, 1.2M online visitors/mo; Washington, DC)

Senators will also continue work on the fiscal 2016 spending bill for military construction and the Department of Veterans Affairs, timed just ahead of the Nov. 11 observance of Veterans Day. The MilCon-VA measure is the first appropriations bill the Senate has proceeded to this fiscal year, with Democrats saying the measure could form the basis for an omnibus bill during the December debate on keeping the government funded past Dec. 11.

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**6.3 - Wicked Local – Billerica: [Honoring Billerica's veterans](#)** (7 November, Mary Leach, 336k online visitors/mo; Westford, MA)



Residents ranging in age from 5 to 95 paid tribute to those who served our country at a special breakfast to honor veterans held on Nov. 3 at the Billerica Elks Club.

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**6.4 - Daily Local News: [Veterans honored in parade at Coatesville VA](#)** (8 November, Lucas Rodgers, 258k online visitors/mo; West Chester, PA)

America's veterans were honored and celebrated in the annual Veterans Week Parade at the Coatesville VA Medical Center on Friday morning. The parade took place along Blackhorse Hill Road and through the grounds of the VA Medical Center.

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**6.5 - The Times-Tribune: [Right place at the right time: veterans saved lives](#)** (8 November, Jim Lockwood, 190k online visitors/mo; Scranton, PA)

Mr. Clare, 56, a Marine veteran who served 1981-85 in an airwing, has had numerous chronic disabilities, including several leg surgeries and hip replacements and a rare form of cancer. On Nov. 24, he was picking up prescriptions for himself at the Wilkes-Barre Veterans Affairs Medical Center when a car screeched into a parking lot.

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**6.6 - Brainerd Dispatch: [Heldt ready to tackle Ironman](#)** (8 November, Renee Richardson, 172k online visitors/mo; Brainerd, MN)

When Josh took on the Ironman challenge a year ago, he said he thought it would help him get through his post-traumatic stress disorder. The day ended short of that goal. But Nov. 15 is providing a second chance. The triathlon combines a sunrise swim of 2.4 miles, biking 112 miles and running a full marathon of 26.2 miles all in a single day with nearly 3,000 competitors.

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## 1. Access to Benefits/Care

### 1.1 - New York Daily News: [Veteran finds way back from addiction, jail, uses his pain to help others](#) (8 November, Reuven Blau, 17.6M online visitors/mo; New York, NY)

After six and a half years in prison, Peter Henry had no money and no place to call home. He was 53, and decades had been squandered to alcohol and cocaine.

He was, he says, "lost for a while."

Three years in the army - stationed in camps in Kentucky and West Germany in the early 1980s - were a distant memory. But then, painstakingly, he found his way back.

In February 2013, he was released and headed straightaway to a Veterans Affairs post in Montrose, N.Y., which offered him shelter and drug counseling. There, he saw reflections of himself - men and women groping for something to anchor their lives, trying to push through addictions and trauma.

Henry, now finally back in his Bronx neighborhood, is helping to lift them as one of 850 peer specialists enlisted across the country by the VA to turn around the lives of veterans - men and women connected by shared experiences in wartime and beyond.

For Henry and thousands of Americans, Veterans Day conjures up difficult memories, but it is also a time of renewal.

Henry's transformation began with reflection at the Wallkill Correctional Facility, 70 miles north of where he grew up in Highbridge . He got himself clean, and he began to reimagine himself.

"I didn't like the person I became, and sitting in a cell made me look at that person," he said. "The only way to ensure that I never got back there was to change."

It took time, but eventually he moved back home, where his four children bought him clothes and paid for his Metro Card.

"They were my biggest supporters," Henry said.

Still, he had to overcome the skepticism of his longtime girlfriend, Tracy. The two have shared a friendship since they were 10 years old.

"She was glad to see me," Henry says. "But she was apprehensive. She had to see the change in me. That was only evident by my actions."

Henry used the Metro Card to travel to a substance abuse counselor training course at the Veterans Hospital on East 23rd St. in Manhattan.

"I was determined," he said. "I knew I'd get where I wanted to go."

In the army from 1980 to 1983, Henry never faced combat, but on his regular visits to the hospital's emergency room, he sits and listens and gently counsels compatriots. He shares his own tale as a lesson in dogged perseverance.

Some don't want to hear the story.

"When you self-reflect, especially with substance abuse, you have to be careful when you self-divulge," Henry said. "Some people are jealous and envious. Not everyone is ready for change."

Some take months to reach.

One man, who had served in Operation Enduring Freedom in Iraq and was battling homelessness and drug addiction, was particularly resistant. For a year, Henry urged him to get into rehab, but the man returned over and over to the emergency room.

Henry kept listening and cajoling, often finding him on the streets.

The man has now been clean for months, is working his way through therapy, and Henry counts him as a success story. Most importantly, the man has fully acknowledged his addiction.

"When you are in recovery, we say, 'In order to keep what you have, you have to give it away.' This person is appreciative and understands that."

As the holiday season approaches, Henry is gearing up for an increased push to find housing for homeless veterans on city streets. As always, he is fulfilled by the work, realizing that not long ago, he was in the same spot.

"From thanksgiving to around Christmas we put 40 veterans in one bedroom apartments," he said. "I'm just blessed to work with comrades and our veterans."

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**1.2 - The Daily Beast: [Weed Saved Strung-Out Vet's Life, But VA Won't Listen. Mike Whiter was a virtual recluse when he was on as many as 14 medications provided by Veterans Affairs—until he toked up](#) (8 November, Kenneth Lipp, 8.3M online visitors/mo; New York, NY)**

PHILADELPHIA — Retired Marine Staff Sergeant Mike Whiter emptied a box full of orange pill bottles onto 22 people lying in the middle of Market Street at the end of Philadelphia's Veteran's Day Parade.

The 22 volunteers played dead in front of Independence Mall on Sunday to represent the average daily number of suicides by U.S. military veterans since the 2003 invasion of Iraq. Many of them and Whiter sported olive-drab hoodies emblazoned with "Operation Overmed," the project he started last summer to draw attention to the damaging effects to veterans of pharmaceutical overmedication by the VA.

In 2012, it was rare for Whiter to leave his house, let alone organize a protest.

He lost all contact with close friends and family and only knew the outside world from the TV shows that were his only entertainment. Pills the VA gave him to make him better just numbed him, and sapped what little was left of his motivation, and he all but shut down. Opening back up again took a little help from Mary Jane.

Over the last three years Whiter has gone from a virtual recluse to a successful photographer and prolific advocate of treating veterans medically with cannabis.

“When I heard a garbage truck backfire on Market street, I would duck behind a garbage can,” Whiter told the Daily Beast.

Cannabis saved Whiter’s life, he says, but he had a long way to come, and it wasn’t instantaneous. Whiter was in Kosovo with the 26th Marine Expeditionary Unit in the summer of 1999.

“This is when they started fucking with cluster bombs, so there were these little bomblets everywhere. There was this kid, he was 18, I think his family said, he was out there banging on a bomblet with a fucking shovel. And it blew up. There were body parts hanging from the trees.”

“They called us out there to bag him up. His arms and legs were gone, and we’re picking his torso up, and I got him [under the hips], and his skin, like, melted off, and I dropped him and it splashed in my face. I remember distinctly, it was in a field of lavender, and now when I smell lavender I feel sick. Even today, if I catch a whiff, it takes me right back there. That’s the kind of shit PTSD does to you.”

On his way back stateside from Kosovo Whiter’s unit was routed to Turkey for a humanitarian mission, to aid victims of the August 17, 1999 Izmit earthquake which killed at least 17,000 people and left another 600,000 homeless.

His next deployment was in 2004 during Operation Iraqi Freedom.

“This is what people should know about Iraq: 80 percent of the time you’ve got your thumb up your ass. You’re craving that moment. And then it happens. And then it’s not what you thought,” said Whiter. “That kid walking to my guys’ tower might have a bomb strapped to him, sometimes he did. You don’t know. That’s the mind fuck.”

Whiter was stationed first at Al Taqaddum Air Force Base, about 50 miles west of Baghdad. He then received orders to fill in as platoon sergeant, supervising guard tower operations at several detention facilities. It was on that duty he fell from a guard tower at Abu Ghraib prison. Whiter recovered from serious injuries to his spine and was sent back to Camp LeJeune, North Carolina. The Marines discharged Whiter on medical grounds in 2010. He moved to Philly and says he sank into a numb haze of prescription medication punctuated by sudden bouts of mortal panic.

He pushed away everyone in his life that might have provided a support system, and struggled with physical pain and the memories of combat.

The VA’s solution was always more pills—antidepressants and opiate pain killers. Over the first year VA psychiatrists prescribed Whiter 40 different medications, as many as seven at once.

The doctors doled out dangerous combinations of benzodiazepines like Xanax with narcotics like methadone and morphine in abundant doses.

“If they are checking contraindications, they’re trying to kill us,” he said.

“I didn’t care if I lived or died, I was taking a shower every now and then if I felt like it, I was shitting on everything.”

One day Whiter was watching television like always, when a voice from the box spoke to him.

“I was watching the National Geographic Channel one day, and a medical marijuana special came on, and it had a vet with PTSD and he said it helped him more than anything he’d ever been on.”

“That day i called a friend and asked her if she could get me some pot, and I smoked a joint, and it felt great.”

Rather than fogging his mind, Whiter says, marijuana brought him out of a desensitized trance.

“I just threw my pills away. I had pretty nasty withdrawals, but I smoked a lot of weed over those couple of months.” The worst and most lasting effects were “brain twitches” he felt for more than a year after stopping his anti-depressant, Lexapro.

Weed gave Whiter something to focus on—he wanted to know why it helped him.

“All I wanted to do was learn about it, because I was fucking amazed at the way I felt. I got myself back.“Once you start feeling, you start healing. It’s like Frozen, man.”

Whiter met activist-entertainer Nikki Allen Poe at Smokedown Prohibition, a pro-legalization protest held monthly at Independence Mall from December 2012 to December 2013. Poe drafted Whiter from medicinal use to marijuana activism.

“We sat down, we smoked a bowl, and we decided I was gonna be an activist.”

Since then, Whiter has been cited for smoking weed on federal property, entered photography school, and received the first ticket for marijuana possession under Philadelphia’s new decriminalization ordinance. His Operation Overmed series features bluntly staged portraits as well as still-life—his style is dark and precise.

Two weeks before Sunday’s parade Whiter got a call from Captain Stephen Glenn, commander of the Philadelphia Police Civil Affairs Division.

“He said he’d heard something about a veteran planning to disrupt the parade, and did I know anything about that. I told him ‘Yeah, Captain Glenn, I do, it’s me, but I’m not planning on disrupting anything.’”

Whiter says he was actually torn by the possibility his demonstration would be taken as an insult—the last thing the veteran of two combat tours wanted to do was disrespect his comrades or the memory of fallen soldiers. Sunday’s demonstration was more a memorial than protest—“a ‘veterans lives matter’ die-in,” he called it.

The organizers of parade allowed Whiter a table space but denied him permission to enter the parade route.

As the procession made its way around City Hall and then east to Independence Mall, canvassers recruited by Whiter to pass out flyers covertly tipped-off parade-watchers to the coming theatrics.

Next to Whiter's table he had placed 22 flag-capped combat boots—he was assigned the spot furthest from the street among 30 or so next to the parade grandstand.

Whiter said he was approached by several soldiers who warned him “we’re not going to let you ruin today for us,” but brushed them off and focused on the planned demonstration. He has translated a singleness of mind from the battlefield to his activism.

“This is very mission-oriented. Dude, I worked this out in therapy. I’m a mission guy.”

His mission was joined by another medical cannabis corps, Weed for Warriors. Philly is the second to the last stop on the Warriors’ eight city “Cannonball Run” bus tour, which ends next week in Washington, D.C.

As the last of 140 organizations approved to march passed 6th Street, Whiter and his cadre were escorted into the road by Civil Affairs officers. They stopped in front of the bleachers where they laid a banner which read “Every day in the USA 22 vets end their lives,” and the mock corpses unceremoniously took their places on the ground, while the parade emcee made an effort to yell his closing remarks over the din.

The 22 remained supine for more than five minutes. Whiter along with some of the Warriors addressed the parade-goers with a megaphone. One told the crowd about his suicide attempt, and ended his address, “Help a veteran, don’t just thank a veteran.” At one point Whiter seized the megaphone to directly address the crowd across the street—the grandstand had already been deserted. He wasn’t there to disrespect those in the parade, “but not a single one of them mentioned the thousands of veterans dying every year of suicide.”

For Whiter and the Warriors, and their potential converts to herbal medication, there is no certainty from the federal government on whether they can have the medicine they badly need.

A Senate committee approved a funding bill earlier this year that would allow marijuana to be prescribed by the VA to treat PTSD—a medicine the VA claims might do more than harm than good.

But the White House signaled early its opposition to such measures in response to an online petition. Even though that petition had 17,000 fewer signatures than normally required for a response, Director of the Office of National Drug Control Policy Gil Kerlikowske wrote to 8,258 signers “marijuana is not a ‘benign drug’ and does not meet standards of safe or effective medicine.”

NPR reported October 28 that the Army has discharged more than 20,000 soldiers with mental issues like PTSD for “misconduct” between 2009 and 2013. This was only revealed after a soldier recorded a therapy session and brought the tape to media.

More than one-fifth of the 2.7 million veterans of the wars in Iraq and Afghanistan experience PTSD or depression, according to the VA. According to a 2014 survey by Iraq and Afghanistan Veterans of America, almost half of its members “have known at least one Iraq or Afghanistan

veteran who has died by suicide, and 31 percent have thought about taking their own life since joining the military.”

Veteran and other medical cannabis users in the region have come to regard Philadelphia as a sort of haven, in which they are free to apply their elsewhere illicit treatment. That sanctuary status is thanks to the work of local activists directly approaching local officials. During the parade, they got the attention of former councilman and mayor-elect Jim Kenney, who successfully pushed his decriminalization bill through last year, after lobbying by activists like Poe, Whiter, and others.

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**1.3 - The Washington Times (AP): [New law gives federal workers who are veterans medical leave](#)** (8 November, 3.5M online visitors/mo; Washington, DC)

BOSTON (AP) - President Barack Obama has signed into law a bill sponsored by U.S. Rep. Stephen Lynch aimed at giving federal workers who are also veterans extra time off to seek medical care.

The new law provides the employees with 104 hours of what Lynch calls “Wounded Warrior leave” during their first year in the federal workforce so that they can seek medical treatment for service-connected disabilities without being forced to take unpaid leave or forego their appointments.

The Massachusetts Democrat said getting the proposal to Obama’s desk was a bipartisan effort.

The measure passed the House unanimously on September 28 and then passed the Senate, also unanimously, on October 26.

Lynch said the new law reflects Congress’ gratitude and appreciation for the hardship and sacrifices made by veterans.

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**1.4 - The Arizona Republic (Video): [After the Phoenix VA scandal: How 3 employees are pushing through, holding on](#)** (8 November, Connie Cone Sexton, 2.6M online visitors/mo; Phoenix, AZ)

Secret lists of patients. Manipulated appointment records. Deaths that might have been prevented.

It's likely that many of the employees within the Veterans Health Administration were unaware of the widespread wrongdoing. But that changed last year with reports that tens of thousands of veterans had never received care and that several died as a result, more than three dozen of them patients in the Phoenix VA system.

Caught in the eruption of outrage from veterans, the general public and elected officials, VA employees in the trenches suffered guilt by association.

They could only watch as the fallout rained down, as top employees across the VA left through resignations, retirements and terminations, as visits by inspectors nearly doubled, escalating workplace tensions even more.

In Washington, D.C., VA Secretary Eric Shinseki and his undersecretary for health, Robert Petzel, resigned under pressure. In Arizona, the head of the Southwest Health Care Network, Susan Bowers, retired from her post as regional director. The director of the Phoenix VA Health Care System, Sharon Helman, was fired after an investigation of wait-time misrepresentation, whistleblower retaliation and conflicts involving a lobbyist.

For some of the 3,200 employees within the Phoenix VA system, it became a struggle to stay on the job. Staffing turnover swelled from a little more than 12 percent in 2012 to nearly 15 percent in 2014. About 800 people have been hired since 2014, but key jobs remain vacant, including about 30 of 249 physician positions.

"People were painted with a very broad brush," said Jean Schaefer, a spokeswoman for the local VA system. Some workers left, she said, because they felt "their professional reputation would have been harmed if they stayed."

Many employees, though, shouldered on through the punishing barrage of disclosures. A number of VA staffers are themselves veterans; all are buoyed by the importance of their mission. Among them are the doctors who make daily rounds, the administrators who schedule nurses, the technologists who guide patients through complicated medical tests.

"These are not just patients," said Dr. Michael Chesser, a staff physician and Air Force reservist. "They're my dad, my sister, my cousin. They're me."

"It's wake up, get dressed and do your job," said nursing supervisor Barbara DuPaul.

"It's a privilege and an honor to take care of my brothers and sisters. I couldn't ask for anything better," said Chad Stoddard, a nuclear medicine technologist who served as a Navy rescue diver.

This is how they give back.

Michael Chesser: Working here is 'an honor'

Dr. Michael Chesser serves as a colonel in the U.S. Air Force Reserves and has been on several air evacuation medical missions in Iraq. His father served in the Air Force for 22 years. A brother and sister also served in the military. He's been with the VA for 10 years.

He's had jobs in the private sector. But getting to work in the VA system is "an honor," he says.

"Even for less pay, we believe in the mission of the VA. It's important to be here," Chesser, 49, says. "Obviously, there was some misbehavior by certain individuals but most of us come here every day to try and make a difference."



These days, he's spending a little more time at bedsides. He begins rounds between 8 and 9 a.m., often with medical students in tow, seeing as many as 20 patients.

A soft-spoken, congenial man, Chesser files into a small office accompanied by three students on a recent morning. They chat while reviewing medical files pulled up on computer screens.

After about a half-hour, the group heads out to see patients.

First is a 71-year-old man who was admitted complaining of chest pains and intense panic.

"Where were you stationed?" Chesser begins the conversation. "What was your job? What do you do now?"

As the man talks, Chesser weaves in questions about his medical history, his everyday activities.

Chesser knows it's important to let the patient give his own account.

When the man finishes, Chesser asks, "Any questions for me?"

The patient chuckles. "I heard you talking in the hallway pointing out a couple things about my heart."

"We were just looking at your EKG," Chesser reassures him. "This is a teaching hospital. We can't help ourselves."

In another room, Chesser asks a patient about his breathing.

"Let me listen to you," Chesser says. He leans forward with his stethoscope, gently resting his right hand on the patient's shoulder.

"You don't sound bad. I've seen you walking around," Chesser says.

"I feel pretty good, right now," the patient says. "I appreciate how you guys have gone the extra mile."

"Let me give you one of my cards," Chesser says. "I wish you the best of luck. We'll get your paperwork done and get you out sometime before lunch."

And then, Chesser's off and back out into the hallway.

"All right," he says. "Who's next?"

A student points to the monitor on the rolling computer table that Chesser and his team bring from room to room.

Chesser digs his hands into the pockets of his lab coat. "OK. Explain away."

Chad Stoddard: 'You just want to have that compassion'

More times than not, Chad Stoddard helps patients dealing with cancer.

Stoddard, who served from 1989 to 1994 in the U.S. Navy as an aviation rescue swimmer, works at the VA hospital's main site as a nuclear medicine technologist. He's been with the VA for two years.

Dealing with the negative press was difficult, Stoddard says, but he hopes it will lead to more staffing to help the veterans.

The 43-year-old knows what it's like to rely on the VA for care, how frustrating it can be to get appointments. Stoddard was disabled in a training exercise at the end of his enlistment and had bilateral hip replacements.

"You want to get it fixed, now," he said. "But sometimes equipment breaks and you don't know that's why you couldn't get in."

His injury has helped him relate to patients who come through his doors.

He knows many are scared. So he uses his goofy nature to comfort them, to put them at ease.

He jokes. He gets them to laugh. Sometimes with him, sometimes at him.

"We watch people die and that sucks," he says. "You try to be that positive on the day that they're here, for them. They're not coming because we make great nachos -- although I do make great nachos -- they're coming to see me because of something medically going on in their life. You just want to have that compassion."

He sees eight to a dozen patients a day. Visits can take up to two hours.

On a recent morning, Stoddard welcomes 71-year-old Michael David Angerstein, who is recovering from thyroid cancer.

He eases Angerstein onto a table and asks what he knows of the procedure that's about to begin.

"I'm going to inject you with this radioactive sugar," Stoddard says. The mixture will settle in the man's body and later, when he's being scanned, will show the presence or absence of cancer cells.

But first, it means about an hour of sitting in a closed-off room.

"You'll get to put on a cool shirt, like me," he says, tugging at his bright blue cotton medical garb.

Angerstein laughs. The veteran, who served in the Navy as an electronics technician, has traveled some 125 miles from Quartzsite to Phoenix for the visit.

He thanks Stoddard for being able to get an IV started painlessly. Angerstein has a lot of scar tissue from previous IVs.

Stoddard grins. "I wish there was more to it. I want little balloons going up. Or swish, swish," he throws his hands like fireworks going off.

He hands Angerstein a call button, turns down the light and closes the door.

After an hour, he's back in the room.

"All right. It's party time. Bright lights. Ready?"

Stoddard helps him out of bed and to the bathroom. And then it's a quick walk down the hall to be put into the PET scanner. The positron emission tomography scan is an imaging test that will react to the radioactive substance in Angerstein's body to look for disease.

Stoddard's voice is gentle, calming, now. "Open your eyes if you want, relax, breathe normal, this will be over soon."

Less than an hour later, Stoddard breezes into the room. "Easy peasy, good job," he says, the lilt back in his voice.

Angerstein slips on his flip flops and Stoddard walks him to the entrance.

"All right my friend," Stoddard says, holding the door open.

Barbara DuPaul: 'Thank you for serving'

Barbara DuPaul swiftly weaves through a maze of offices and hallways, in one door and out another. The 60,000-square-foot satellite office in Gilbert is a tricky place to navigate. But DuPaul is a woman on a mission.

She's about to deliver some good news to a longtime co-worker.

DuPaul spies her target in the northwest corner of the building, nurse Karen Land, poring over some paperwork.

DuPaul pulls out a letter written by a daughter of a patient that Land helped about two years ago.

Land looks down, reading the letter. Of Land, the daughter wrote, "She's truly an angel and a guardian for my dad."

DuPaul hugs her and hands her the letter. "That's for you." She claps her hands and says: "Well done. That's really nice that you created that environment for the patient."

DuPaul, 51, has spent more than 10 years working for the VA in various locations across the country. For the Phoenix VA system, she oversees some 90 nurse managers at the main VA hospital on Seventh Street and Indian School Road and at seven satellite locations.

DuPaul works out of the basement in the VA hospital but spends a lot of time on the road, visiting her employees at the other sites.

She enjoys coming to the Gilbert location. It's been open not quite two years and already has outgrown its building. But it's far less congested than the main location. Another plus: plenty of parking vs. the main site.

Encouraging veterans to go to a satellite location, if possible, is an effort to streamline their care. Not all sites have the same services, so sometimes going to the main hospital is unavoidable. "But we're trying to make going someplace a one-stop shop for people, so they don't have to go driving around to other locations," DuPaul says.

As she makes her way through the Gilbert site this day, she frequently pauses to say hello to patients. "Thank you for serving," she says time and again.

It's the same on another day, this time at the main hospital in Phoenix.

She exits her office on the way to meet newly hired nursing supervisors. Veterans fill the corridors. Again, she stops, takes a hand and says, "Thank you."

She enters a large meeting room, filled with new hires going through orientation.

DuPaul leans against a desk, waiting for it to end. She smiles broadly, looking on with pride at the group. As the meeting wraps, she calls out to the two women she'll be overseeing.

"Hi, I'm Barb DuPaul," she says, scanning each of their faces. Both look a bit overwhelmed. But within only minutes as she reviews their assignments, DuPaul has them smiling. She assures them she's only a phone call away.

In recent months, she's seen an increase of applications coming in for jobs.

When the news of mismanagement at the VA hit the news, it caused a ripple of dismay through the staff.

"I know some employees stopped telling people where they worked," DuPaul says.

Much of the shock was still hitting the staff when DuPaul came to work for the Phoenix VA. It was March 2014. She had been working at a VA site in Portland.

She was familiar with the Phoenix site. It was where she did her clinical rotation as a student.

The criticism against the VA hit staffers hard, DuPaul says. "There was sadness on their part and disappointment because most of these providers felt they were going the extra mile for the patients. It was very discouraging to see the whole VA lumped into one category. People were missing the point that we save lives, every day."

DuPaul says she wanted to be there for the nursing managers. She spent more time with one-on-one face time, checking to see that they had the resources they needed. "It was, 'Hi, how are you? Are there any barriers I can help you with?'"

She says people knew that the process of care needed to be streamlined. As the months went on, morale improved. Staffing increased. "We realized that management was listening," she says. "I had a couple of employees thinking of retiring and they're working now."

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**1.5 - Stars and Stripes: [Opinion: Vets shouldn't have to start with charities](#)** (8 November, Robert Weiner and Autumn Kelly, 1.2M online visitors/mo; Washington, DC)

It's Veterans Day time and all the candidates talk about wanting to do more for veterans. From Donald Trump's "They're our greatest people. They're being treated terribly." at his veterans event on the USS Iowa to Carly Fiorina's pointing in a debate to the 307,000 who died while their health benefit applications were pending to Hillary Rodham Clinton's veterans roundtable in Nevada, we hear and read campaign statements honoring our veterans. We will hear more of them on both sides of the aisle in the next few months before Iowa and New Hampshire, right through the general election. It's time for some concrete policy offerings.

Department of Veterans Affairs Secretary Robert McDonald told the National Press Club and world media Friday that he has made progress against delays, but even higher demand for services is making the situation worse — and that instead of 300,000 appointments waiting over 30 days, that number is now 500,000. He added, "If there is more demand, all we are doing is trying to match." He pleaded for budget support and said, "Congress holds the keys. Congress provides the benefits and funds them."

As the country learned in the latest blockbuster report on VA delays, 307,000 is more than just a few veterans who died while trying to sign up for benefits. The ones now deceased, according to the House Veterans' Affairs Committee findings, were among 800,000 applications still coded as "pending."

Twenty-two veterans take their own life every day. Nonprofit foundations cannot be relied on to do the government's job when more veterans are dying on American soil than combat soldiers in Iraq and Afghanistan.

At a recent "Celebrating Our Veterans" event in Grand Rapids, Mich., Lt. Col. Thomas Bowers, the new national secretary for world services of the Salvation Army, asked, "Why do we need 'Wounded Warriors' when the government should be doing the job of caring for veterans when they come home?" Barry McCaffrey, a retired 4-star general who was a commander in the Persian Gulf War (later for all of South and Central America) and drug czar in the Clinton administration, agreed: "It's an excellent question." Why is the government not doing the mission of outside groups when veterans come home with the debilitating injuries shown in the charities' TV ads? Why does the Department of Defense not ensure proper care post-service as servicemen and women go home, and why does the VA not fill in the gap?

Less than half of veterans are enrolled in veterans benefits programs, and only 3.8 million veterans are granted disability benefits. More than 50,000 veterans that served in Iraq and Afghanistan suffer from battle wounds and 1,500 are amputees; 83 percent lost one or both legs.

Donations given to veteran charities are not solely spent on helping veterans. In 2013, 10 employees of The Wounded Warrior Project earned more than \$150,000 a year, with CEO Steven Nardizzi's salary at \$333,000, more than the secretary of defense (\$200,000) and even more than members of Congress (\$175,000). Administrative and salary issues aside, the bottom line is, wounded veterans should not be left to seek charity — as worthy as any organization might be — as their only option when the federal government should be caring for its returning soldiers.

According to a VA survey, only 41 percent of veterans said they understood their benefits plan “a lot” or even “somewhat”; 42 percent of veterans who had never used their health care benefits said they were not aware of those benefits or did not know how to apply.

Only half of troops experiencing symptoms of mental illness seek treatment. Stigma stops them — they do not want to seem weak to their peers. For veterans who served post 9/11, 28 percent had post-traumatic stress disorder, traumatic brain injury or both. The rate of major depression is five times as high (and PTSD 15 times as high) among Army soldiers as civilians.

Half of homeless veterans have a mental illness and 70 percent suffer from substance abuse. In 2009, President Barack Obama made a pledge to end veteran homelessness. As McDonald said at the National Press Club last week, there has been a 33 percent decrease in overall veteran homelessness, and people have been fired, prosecuted, and are going to jail for five years for “schedule manipulation.” As voted by the Senate on July 28, The Wounded Warriors Federal Leave Act, if passed in the House, would provide veterans in civilian federal work 104 hours of sick leave for treatment for service-related disability. The 2016 federal budget includes a 7.8 percent increase in VA spending. Those are beginnings.

We cannot expect a plane ride to be an adequate transition back to civilian life. The campaign bluster to help veterans should become action by Congress and the next president.

Robert Weiner is a former White House spokesman, chief of staff of the House Aging Committee, and former spokesman for the Office of National Drug Control Policy and the House Government Operations Committee. Autumn Kelly is senior policy analyst at Robert Weiner Associates and Solutions for Change.

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#### **1.6 - The Times of Northwest Indiana: [Guest commentary: Thank vets by funding VA properly](#) (8 November, David Bochnowski, 1.1M online visitors/day; Munster, IN)**

On Veterans Day, America pays special tribute to the women and men who have served their country. It is a special day although it is not unusual for vets to hear “thank you for your service” throughout the year. Veterans deeply appreciate being remembered, although we are in disbelief at our nation’s inability to solve the challenges of veteran homelessness, job training and health care.

My concern about veteran’s issues became more intense two years ago when a persistent backache turned into a diagnosis of multiple myeloma resulting from exposure to Agent Orange during my tour of duty in Vietnam. Multiple myeloma, a red blood cell cancer attacks plasma and the ability to produce bone marrow.

The support of family and friends, the power of modern medicine, and the grace of God pulled me through challenging times that included pharmaceutical, chemotherapy and radiation treatments at Community Hospital along with a stem cell transplant of my own stem cells at Northwestern Hospital. Today I am cancer-free and in complete remission.

Forty-three years after responding to my country’s call to military service, it came as quite a shock when the VA confirmed that my illness is service connected and I am a disabled veteran.

Although I chose not to be treated by the Veterans Administration, my experience with the hard working and caring VA personnel has been very positive. Yet the VA system has problems, and Americans can thank our vets by demanding that those issues be fixed.

Mismanagement, where it exists, should not be tolerated. The real problem is the dramatic underfunding of the VA: technology is hopelessly outdated, hundreds of doctor and nurse positions are vacant because salaries are not competitive, and therapies for Agent Orange, Gulf War Syndrome and traumatic brain injuries are conducted by cutting edge research hospitals.

Most important, there are now over 23 million veterans including Korea, Vietnam, Iraq and Afghanistan that have overwhelmed the capacity of the VA to provide medical care, job training and placement, and housing for those unable to care for themselves.

America should not go to war unless shared sacrifice is assured for everyone, our troops and citizens alike. With the exception of Iraq and Afghanistan, in every war since 1812 America has raised taxes and even sold war bonds to support our courageous men and women in uniform. Instead, we passed the cost to the next generation, adding \$6 trillion to our national debt.

Let us thank our vets as a nation by resolving that we will pay for all the costs of going to war, including the near term and long term expenses of honoring our veterans with the treatment, dignity, and care they deserve.

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**1.7 - Bangor Daily News: [What we can learn from Ancient Greece on Veterans Day](#)** (8 November, Darryl Lyon and Liam Riordan, 728k online visitors/mo; Bangor, ME)

A generation of U.S. warriors and their families have fought ongoing wars in Afghanistan and Iraq since 2001. Our obligation to support veterans returning home has a moral urgency that demands we mobilize our fullest resources to assist them. That an ancient Greek play could speak directly about this pressing social issue might seem absurd. In our moment of digital obsession, when a seven-second Vine can make a five-minute YouTube video seem like a magnum opus, how can a prize-winning playwright from the 5th century B.C. possibly speak to us today?

Sophocles' tragedy "Ajax," about a triumphant Greek hero of the Trojan War who was driven to suicide, powerfully explores the anguish of war and the searing challenges that service members face when coming home. Along with Homer's "Iliad" and "Odyssey," probing accounts of war and its consequences are at the very foundation of western culture and society. Jonathan Shay, the MacArthur prize-winning psychiatrist and author of "Achilles in Vietnam," has argued that theater achieved enormous public importance in ancient Athens precisely as a means to reintegrate those returning from war into a functioning democratic polity. We can benefit today from hearing these ancient stories, discussing what they mean to us and acting to lessen the pain of coming home from war.

In the 15 years that the global war on terror has been waged, an estimated 2.5 million American service people have been in theaters of war. One-third of them have been deployed more than once, and, as of 2012, nearly 37,000 had been deployed more than five times. Those who have gone to war have experienced horrendous destruction and chronic pain. As of September 2013

some 1.6 million men and women have been granted veteran status in the U.S., and that number will climb for decades. According to an analysis of major 20th century wars by Harvard professor Linda Blimes, the maximum cost to the federal government will come due as veterans age some four decades after the wars have ended.

These are daunting figures to contemplate as Veterans Day arrives on Nov. 11 as a time to celebrate those who have served in the armed forces. Since Maine has one of the highest per-capita rates of military participation in the U.S., the place of veterans in our communities is of enormous importance.

To collectively address this issue, the Maine Infantry Foundation, University of Maine Humanities Center, Maine Masonic College, Acadia Hospital and other partners have joined together to bring "Theater of War" to the Bangor Opera House for a free performance on Nov. 12 at 7 p.m.

This is an opportunity to move beyond numbing statistics and to think more deeply about the ongoing impact of war by using the humanities as a resource for transforming our communities. This profound program begins with professional actors reading from Sophocles' "Ajax," turns to brief responses from a diverse local panel, and then "Outside the Wire" artistic director Bryan Doerries will facilitate an audience discussion about the transcendent qualities of human experience in war and the challenges of coming home.

Darryl Lyon is president of the Maine Infantry Foundation. He led an infantry company in combat in Iraq from 2006 to 2007, and he currently serves in the Maine National Guard. Liam Riordan is a professor of history at the University of Maine, board member of the Maine Humanities Council and director of the UMaine Humanities Center. Email [theaterofwar@penobscottheatre.org](mailto:theaterofwar@penobscottheatre.org) or call 942-3333 to reserve free tickets for the Nov. 12 event.

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**1.8 - Daily Press: [Air Force vet can't find care](#)** (8 November, Prue Salasky, 725k online visitors/mo; Newport News, VA)

He served honorably in the Air Force for 23 years as a radar tech. He didn't see combat and wasn't disabled when he retired.

As an enlisted man, Newport News resident Jim Garner qualified for a military pension. He supplemented that income with a civilian job that suited his fix-it talents, and continued working in retirement to support his family.

Half a dozen years after retiring from the Air Force, he was diagnosed with "mild cognitive impairment," a precursor to Alzheimer's, the degenerative brain disease that has no treatment or cure.

He was 48 years old and the father of two young children, daughter Frankie, then 9, and son Bradley, then 6.



How would the family manage without a breadwinner? Who would take care of Jim while his wife, Karen, went to work? What would happen when he could no longer live at home? What community programs could provide the care needed for a progressive chronic disease in someone too young to qualify for federally supported senior programs?

Now, more than three years after he had to quit his job, there are still no answers.

Too young, not poor enough

At a few months shy of 50, Jim was even rejected as too young for clinical trials for Alzheimer's.

He is still too young for the federally funded PACE program, the Program of All-Inclusive Care for the Elderly, which provides day care, medical management, and activities for the nursing-home eligible in a community setting.

In July, a bipartisan group of U.S. representatives introduced the PACE Innovation Act of 2015 to allow the Centers for Medicare and Medicaid Services to test new models of care for high-need, high-cost individuals under 55. Jim's case was cited in hearings before a congressional committee. The legislation passed the Senate unanimously, and in late October, the House added its seal of approval. It's the culmination of several years' work to find ways to adapt the model to younger participants. It was sent to the White House on Oct. 26 and is awaiting the president's signature.

Meanwhile, Jim, at 53 and progressively unable to care for himself, doesn't qualify for the state's Alzheimer's waiver, cut-off age 55, which might have provided some caretaking relief at home.

He needs help with personal hygiene and dressing and cannot be left alone — he becomes easily agitated and has had one violent incident away from home — but he doesn't qualify medically for skilled nursing care.

"If he needed someone to monitor his diabetes or high blood pressure, it would be different," said Karen.

That means he's not sick enough to qualify for Medicaid; and if he were, the Garners would have to spend down their modest savings to meet the income eligibility. "You have to be worth less than \$2,000. Then the government would have to pay for my children's health care and for their lunches," said Karen.

In turning him down for nursing home care in August, a letter from the state's Department of Medical Assistive Services recommended that Jim apply to an assisted-living facility — for which there's no government aid. The annual cost for the most basic assisted living is \$55,000, but it's usually closer to \$75,000.

In addition to his Air Force pension, Jim qualifies for Social Security disability payments, which he has been receiving for a couple of years. The family uses those funds to live on.

"Everything's geared for someone who's retired," said Karen, who gave up a full-time job in December to take care of Jim at home. In January, she took on a part-time consulting job for Home Instead Senior Care, but with Jim's growing care needs and the demands of raising two children, 14 and 11, those hours became hard to carve out.

Meanwhile, she beat the bushes for respite care. For a while she drove from their home in Newport News to Williamsburg two afternoons a week for a respite program subsidized by the United Methodist Church.

Still, she needed more as her husband became increasingly agitated and unhappy around the unpredictable activity of family life. She worried for his safety after he took off through the neighborhood on a couple of occasions. At one point Jim threatened to take his own life.

No help for veterans

Surely his status as a military retiree could provide a solution — and some affordable care — Karen's informal cadre of advisers suggested. A lawyer volunteered his services. Karen called the Veterans Affairs. She was told Jim's disability had to be service-related.

Virginia is home to more than 700,000 veterans and the most common medical condition from recent wars is post traumatic stress disorder, a known contributor to the development of Alzheimer's. From Richmond to Hampton Roads the VA has 40 long-term beds designated for dementia patients. They're all at its Richmond center, which has a waiting list of months.

At the Hampton VA Medical Center there are eight beds in a secure "geriatric special care unit" that is not specifically designated for dementia patients. To qualify for placement there, or in "community alternatives through our contract network of nursing homes and home health services," a patient must qualify for nursing home care, just as for Medicaid, according to spokesman Daniel Henry.

Jim qualifies for neither.

The VA has developed "care sheets" for people who take care of veterans with Alzheimer's, PTSD and traumatic brain injury. Its website says bluntly, "Currently there is no treatment to stop or reverse Alzheimer's disease." It advises that a caretaker's life "may change dramatically as you adjust your already busy schedule to include increasing care needs for the veteran you care for."

It urges caregivers not to feel guilty, says it's normal to feel overwhelmed and offers as salve the VA's Caregiver Support Line, 1-855-260-3274.

Karen made a direct appeal to U.S. Sen. Mark Warner, D-Va.

"Senator Warner knows firsthand the strain that caring for an Alzheimer's patient places on any family. His mother suffered with Alzheimer's for more than a decade, and his father and sister were her primary caregivers during that time. Senator Warner was struck by the Garners' difficult situation, and as Jim's condition worsened, our staff reached out to Karen to see what assistance we might provide to ensure that she is made aware of every available resource," spokeswoman Rachel Cohen wrote in an email.

Warner's office convened a meeting with the VA, and with state and federal Medicaid officials, so that representatives from each could discuss Jim's situation and the resources available.

They found none.

There are two VA programs that still might provide help. One, Aid and Assistance, can take three months to a year to come through, according to a nurse familiar with the program. Karen is also waiting to hear from the Catastrophic Disability program. There are mounds of paperwork and phone calls and faxes at every turn. "Everything takes six to nine months and you can't apply until you need it," she said, relaying her frustration.

By contrast, the VA came through quickly, within a few weeks, with approval of the Garners' 30-day annual allowance for respite care. That, in turn, required Karen to visit Jim's physician to get records.

Jim spent August in a locked unit at Beacon Shores, a bare-bones nursing home and rehab facility with a "much below average" one-star rating, in Virginia Beach, more than an hour from his home. Though she didn't see a bill, the daily cost to the government was \$180, Karen reported, and the home didn't return the \$20 he had left in spending money — until she contacted its national headquarters.

As his respite stay neared its mandatory conclusion, Karen called her case manager at the VA every day. She didn't get a response.

Want to help?

To support care for Jim Garner, go to [gofundme.com/jimgarner](http://gofundme.com/jimgarner) or drop off donations at any Towne Bank location or mail a check, made payable to Jim Garner Care Fund, to Towne Bank, 11001 Warwick Blvd, Newport News, Va. 23601.

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**1.9 - The News Journal: [Helping wounded veterans succeed with their new normal](#)** (8 November, Steven J. Stanhope, 491k online visitors/mo; New Castle, DE)

Veterans Day evokes images of graveside wreaths, parades and flags hoisted high in the wind. And why not?

As a grateful nation, we want to express deep appreciation for the service and sacrifice of our nation's veterans, those who have died and the nearly 22 million living in the United States.

But the men and women who have suffered traumatic injuries while serving and protecting this country deserve more than a symbolic thank you. They need our support and acceptance as they adjust to their "new normal," not awkward stares when they're wearing shorts with their prosthetic leg.

They need access to state-of-the-art technology that will allow them to return to the life they had before their injury. It's not just learning to stand again, but reaching their highest level of function possible, whether that's walking their kids to the bus stop, competing in the Wounded Warrior Games or riding a bike across the country with their fellow veterans.

We owe it to them. Gen. Martin E. Dempsey, who recently retired as chairman of the Joint Chiefs of Staff, captures the essence of this obligation: "The health and well-being of our military family is essential to our national security and the future of the force."

Over the past 13 years, more than 1,640 members of the U.S. Armed Forces have suffered a traumatic injury requiring a limb amputation as a result of the five active operations in Iraq and Afghanistan.

The good news is that more of these soldiers are surviving than in the past, in part because of better protective equipment, improved battlefield first-aid and more sophisticated surgical care. But they typically live with more severe orthopedic injuries as a result of the high-velocity weapons and improvised explosive devices that are used.

Times of peace tend to shift the focus away from advances in combat medicine. In the early years of the conflicts in Iraq and Afghanistan, the Department of Defense, historically a leader in amputee care, faced challenges handling the large numbers of these traumatic combat injuries.

But the DOD quickly adapted by developing groundbreaking technologies and approaches to patient care that have dramatically improved outcomes for those with traumatic limb loss, as well as for their quality of life.

Advanced rehabilitation centers, or ARCs, were established by the DOD to concentrate amputee care resources and support. Significant advances in prosthetic design are even making it possible for people with multiple amputations to return to an active lifestyle.

Today's military has a place for these service members living their new normal. During these recent conflicts, about 27 percent of soldiers with amputations eventually return to duty. Among active-duty service members who lost limbs during the recent conflicts, 71 deployed to combat.

In fact, the percentage of amputees returning to duty is higher than any time in history, especially considering only about 2 percent of all military amputees in the 1980s did the same.

Helping wounded warriors with limb loss and limb difference re-engage in their life and work activities is the vision of the BADER Consortium, which is centered at the University of Delaware and works with orthopedic researchers around the country.

BADER stands for Bridging Advanced Developments for Exceptional Rehabilitation, and the bridge analogy is a good one to describe the kind of work the consortium does. Our program started in 2011 when BADER was awarded a five-year, \$19.7 million grant from the Department of Defense to establish impactful, evidence-based, orthopedic rehabilitation care for soldiers with musculoskeletal injuries to help them return to optimal function in their daily lives.

The consortium's partners include government agencies - like the Department of Veterans Affairs and DOD - military treatment facilities, academic institutions and industry leaders. The goal is to support innovative, high-impact and clinically relevant orthopedic rehab research.

BADER Consortium has University of Delaware employees on-site providing staffing support at four military treatment facilities, Naval Medical Center San Diego in California, San Antonio Military Medical Center in Texas, Naval Medical Center Portsmouth in Virginia and Walter Reed National Military Medical Center in Maryland.

In addition, BADER funds almost \$8 million in research projects that include studying ways to help amputees improve their walking, reduce their falls and also evaluate patient outcomes with traumatic limb loss.

This innovation and research has the potential to drive economic impact as well. In his 2015 State of the Union address, President Barack Obama said, “I want Americans to win the race for the kinds of discoveries that unleash new jobs, converting sunlight into liquid fuel; creating revolutionary prosthetics, so that a veteran who gave his arms for his country can play catch with his kid.”

One of our BADER-funded researchers, Dr. Alena Grabowski, an assistant professor at Colorado University in Boulder, is looking at the stiffness and height of running prostheses. Her goal is to develop a science-based method for prescribing them for veterans with limb loss who want to run and compete at high levels.

Grabowski is a runner herself, and it is her own enjoyment of the sport that contributes to her interest in prostheses research. She said she can’t imagine not having the opportunity to be active every day.

It’s that kind of perspective that offers promise for people with limb loss. And it presents a challenge for our society to be accepting of these people living their new normal.

BADER’s work reflects a growing emphasis by the DoD and the VA to focus on the unique needs of combat amputees. Their care requires a multidisciplinary approach with careful consideration of their current needs, but also how those needs may change in the long-term.

Military amputees are different than the typical civilian population, in part because of their younger ages, severity of injuries and their higher activity levels prior to getting hurt. More than 85 percent of service members with traumatic limb loss are under age 35. They also tend to be more highly motivated than the civilian population, who typically have more health problems contributing to their amputation.

Combat amputees from these recent conflicts have decades of activity ahead of them, but it’s not known what the long-term consequences of their amputation will be on their health and well-being.

To address these new clinical challenges, DOD and the VA established specialized clinical programs that focus on extremity trauma care and research, technology development initiatives in orthotics and prosthetics, and collaborations on clinically focused research programs related to orthopedics and orthopedic rehabilitation.

The Extremity Trauma and Amputation Center of Excellence, or EACE, was mandated by Congress in 2009 to identify and develop a unified strategy of care for combat amputees. Its approach takes a lifetime perspective for this population and adopts the goal of highest level of function for these wounded warriors.

An April 2015 report by the Defense Health Board on the sustainment and advancement of amputee care found the “DOD is leading the nation and the world in extremity trauma and amputee science and care through its infrastructure, systems and approach.”

Clearly, we are making great strides in helping these service members get back to the life they were living before their traumatic injuries. Now, the challenge is to keep this level of knowledge in the future as the conflicts wind down.

BADER Consortium hopes to be part of that ongoing effort, especially as research and collaboration continue to support and sustain these state-of-the-art levels of amputee care.

It's heartening to see others agree.

In its 134-page report submitted to the Secretary of Defense, members of the Defense Health Board described the work of BADER Consortium as "central to the ARCs' research capabilities and current efforts." The report also noted the consortium "significantly enhanced and facilitated" the research capabilities of the ARCs.

What's possible when we make optimal outcomes the norm for combat amputees? Wounded warriors who recover faster, more fully and with fewer complications than expected. Men and women who return to active duty, return to their families, return to their communities and their jobs.

Staff Sgt. Travis Mills is proof of that. He is one of only five quadruple amputees from the wars in Iraq and Afghanistan to survive his injuries. He calls himself a "recalibrated warrior," and he has become a national speaker and advocate for veteran amputees.

His motto: "Never give up. Never quit."

Let us not forget that adage when it comes to the care of our combat amputees. Their new normal should be our gold standard.

Steven J. Stanhope is director of the BADER Consortium and professor of kinesiology and applied physiology at the University of Delaware.

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**1.10 - Argus Leader: [Letter: Alternative uses for Hot Springs VA, Ellsworth](#)** (8 November, Donald Lee Fenton Jr., 444k online visitors/mo; Sioux Falls, SD)

PTSD should be America's No. 1 issue right now, but thank God for marijuana, as most vets use pot to heal themselves. Too bad they end up in homeless shelters and unqualified for VA programs, though. Veterans helping themselves with pot saves the VA billions of dollars. As VA morphs into a telemed-based organization, it will become amazingly efficient.

Hot Springs VA should close and become a private veteran's residential job re-training facility. Hot Springs could/would benefit from it.

Ellsworth AFB is another political pork barrel boondoggle. It has the infrastructure to become Ellsworth City. If it closed, a manufacturer/developer could come in and build 10,000 low middle-income \$100,000 Quonset hut homes, with rainwater containment systems and green energy. Quonset hut homes are perfect prairie homes, as they are fire, wind, bug and earthquake resistant.

Ellsworth would also be a great place to become home to a number of brick kilns to manufacture road bricks. South Dakota is looking for alternative sentencing for prison. Work camps and road crews that rebuild existing and new roads of brick would be ideal. On flat, flood

plains, they drain great, they can last hundreds of years and if you use prison labor, they can be built for pennies on the dollars.

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**1.11 - Winston-Salem Journal: [Winston-Salem company comes through for a veteran](#)**  
(John Railey, 292k online visitors/mo; Winston Salem, NC)

Paul Tise of Winston-Salem served his country in World War II. And like so many veterans, he's faced hassles in getting the care he deserves.

With Veterans Day coming Wednesday, we should think about all our veterans and ways to make their lives easier, whether they served in The Big One, Korea, Vietnam, the never-ending Middle-Eastern wars or stateside.

Fortunately, a Winston-Salem company realizes that.

Tise, who served in the Navy and has dementia, experienced heart problems this past spring that led to him having a pacemaker installed. The Department of Veteran Affairs paid for his time in a rehabilitation facility. So far, so good, said Tise's son, Terry Tise of King.

Then, when his father came home, Terry Tise said, the VA agreed to pay for a respite-care worker for a set period of time. That was a big help, because the elder Tise is 90 and his wife, Ruth, is 83. "Mom needs a break every once in a while," Terry Tise told me.

But before the period of care was up, the company providing it, AL Nursing Home Care, halted service, telling Ruth Tise that the VA had stopped paying for the care. Shortly thereafter, AL presented Mrs. Tise with a bill for just over \$600 to cover the period after the VA reimbursement had stopped. She paid it, her son said, because that's just the kind of woman she is.

But she didn't like the cost. It wasn't fair, she told me, when they'd been told that the VA was paying for this care. Her son agreed, and wrote me a letter about the situation. I talked with Terry Tise and called AL last week. Nancy Shelton, the company's director of nursing, told me they'd already been discussing reimbursing the Tises for the bill they'd given them. After we talked, Shelton called Ruth Tise to let her know that a check would be mailed to her. Shelton told me that the check went out Thursday.

Shelton said that AL owners Anna Simtaji and her husband, Lucas Mmanywa, don't like for their clients to be upset.

Good for AL. Somehow, between the VA and AL there was confusion over payment for Paul Tise's care. VA officials could not be reached for comment. AL said the confusion was due to the VA, but compensated the Tises for the problem. They did the right thing. It was a good deal for a good man.

Paul Tise served three years in the Navy as a chief petty officer on a destroyer and an LST (landing ship-tanks), which carried troops into battle, his son said. His father was in the European theater.

“He still loves to talk about all that stuff,” Terry Tise said.

After Paul Tise was honorably discharged, he drove a truck and he and Ruth raised Terry, their one child. Paul Tise, like so many other members of The Greatest Generation, got on with his life, not making a big deal out of the big deal they gave us. Much of his talk about the war was with his shipmates at annual reunions.

The past few years haven’t been easy. As Paul Tise’s dementia has progressed, his wife has worked all the harder to look out for him. “You just don’t know how hard it is to see your parents like that,” Terry Tise said.

“They don’t have a lot of money. And Daddy, he is so tied to Mama. If something happened to her, I don’t think he would survive. He can still feed himself, get out of the bed, but ...”

Neither of his parents drive. Friends from their longtime church, New Hope Baptist, pick them up for services. Terry Tise fills in all the rest. He’s enlarged photos from his father’s war days and set them on the mantel.

“He looks at ’em all the time,” Terry Tise said. “They’re on the fireplace right there where he can see ’em. He talks about them all the time, all his buddies. They used to have a reunion every year, but most of them have passed away now except for Daddy. He doesn’t remember as much about it as he used to, but he still loves the military stuff.”

This week, on Veterans Day, he and his mom will take Paul Tise to lunch, as they often have in years past, maybe to one of the places that offers vets free lunch on that day. But the son knows he, and all the rest of us, owe our vets a lot more than that.

Terry Tise is glad that AL came through for his father.

“My dad’s a vet and he served his time,” he said.

Yes he did.

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**1.12 - The Modesto Bee: [Appointment wait time at Modesto VA clinic is three months](#)** (8 November, Erin Tracy, 273k online visitors/mo; Modesto, CA)

More than a year after revelations that sick veterans were forced to wait months for treatment at Department of Veterans Affairs clinics, the primary cause of understaffing at the facilities persists across the county, and Modesto is no exception.

The wait time at the Modesto VA clinic on Oakdale Road for a patient without an urgent need is more than three months, said VA spokesman Michael Hill-Jackson.

Vietnam veteran Ed Bringazi said he called the clinic after receiving a notice in the mail for an annual appointment. But when he called to schedule it he was told the clinic isn’t accepting new patients – even though he’s already enrolled – and that he would have to go to the Stockton clinic.



Hill-Jackson said no one should have told Bringazi he can't get an appointment in Modesto. It's true, though, that Modesto patients are being referred to Stockton and Livermore due to a physician shortage, Hill-Jackson said.

"It is much faster if they are willing to be seen at Stockton or Livermore," he said. "But a lot of times people want to wait for their own doctor."

The Modesto clinic has lost three doctors in the past year.

"We get doctors that just find new opportunities, especially in that area," Hill-Jackson said. "Whenever that happens, we try to adjust to make sure we can handle the load."

Staff is recruiting physicians to work at the Modesto clinic, Hill-Jackson said. Before hiring a doctor last week, it was operating with only five doctors and still needs to hire at least two or three more to meet the needs of Modesto area patients and get appointment wait times below 30 days.

Under a law passed last year, VA patients expecting a wait longer than 30 days should be able to see a private-sector physician at the department's expense. The Choice Program allows veterans to seek care elsewhere if they cannot get an appointment at a VA clinic within 30 days of their preferred date or when considered medically necessary.

News reports and a subsequent internal investigation by Veterans Affairs revealed last year that patients were getting sicker and in some cases died while waiting to be seen at their local clinics. CNN broke the story that at least 40 veterans died while waiting for care in Phoenix, Ariz.

The Department of Veterans Affairs implemented major reform as a results to bring the wait-time for non-emergency appointments down to 30 days, but there has been little improvement, according to a seven-month analysis by The Associated Press.

One in 36 patient visits at VA clinics nationwide still include a delay of more than a month, according to the AP report released in April.

During an eight-month period this year, the percentage of patients at the Modesto clinic waiting more than a month for an appointment steadily increased, from 5.17 percent in February to 17.37 percent in September, according to data released by the VA. It decreased to 14.87 percent in mid-October but went has gone back to 17.5 percent as of Thursday.

The wait-time data for Modesto includes patients who were referred to the other clinics or seen in the private sector through the Choice Program.

"We work to use all available resources to minimize the wait times as much as possible," Hill-Jackson said.

He said the Modesto VA is assisting patients by providing shuttle services from Modesto to Livermore or Stockton or reimbursing veterans who must travel farther for care.

Since September, the Modesto VA Clinic has had the longest wait times in the Palo Alto Health Care System, which encompasses clinics in the Bay Area and as far east as Sonora and west as Monterey.

Bringazi said he wasn't concerned about the wait because he only goes to the clinic to be seen for his diabetes, for which he receives disability because of exposure to Agent Orange. He said he has plenty of diabetes medication and has private insurance for all his other health needs.

Hill-Jackson said he isn't aware of patients with urgent matters being made to wait. Until staffing levels increase, he said, patients will be triaged and scheduled for appointments based on their needs.

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**1.13 - Guam Pacific Daily News: [Feds need to fix gaps in services to our veterans](#)** (8 November, 253k online visitors/mo; Hagatna, GU)

While Veterans Day is about honoring the men and women who so bravely served our country in the armed forces, it's also a reminder to our federal government that our country hasn't fully lived up to its commitment to our veterans, locally and nationally.

The federal government continues to fall short in its duties to properly honor and care for veterans. If we are to live up to the true meaning of Veterans Day, changes are needed.

It must become easier for Guam's veterans to get the health care and other benefits they have earned. While two federal programs were started this year to help deliver health care services to local veterans, neither are meant to be long-term solutions.

One program, which consists of a team of health experts who provide medical and mental health care services at two island public health clinics, is one of seven such teams operating in the Pacific region.

And The VA Pacific Islands Health Care System provides services for veterans in Hawaii and other Pacific islands, including Guam. It works out of the Community Based Outpatient Clinic in Agana Heights.

Lack of spending

Guam has among the highest numbers of military veterans, per capita, among the states and territories. One in eight adults here have served in the armed forces. Yet the island ranked last in the country for per capita medical spending by the Department of Veterans Affairs in 2012, with an average of \$822 for each former service member. Virginia had the next lowest rate with a much greater \$1,275 per veteran.

The federal government must provide full care and services for local veterans. One way would be to build a full-fledged veterans hospital that could provide the kind of specialized treatment available in other locations.

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**1.14 - The Herald-News: [For Will, Grundy veterans, mental health system tough to navigate. Joliet VA center wait times higher than Hines' system average](#) (7 November, Lauren Leone-Cross, 202k online visitors/mo; Joliet, IL)**

A national survey released last week from Wounded Warrior Project points out more than three in four soldiers – current and former – are coping with post-traumatic stress disorder and struggle to access mental health care.

A separate survey released Oct. 28 by the Government Accountability Office notes a considerable uptick in the number of veterans seeking mental health care over the years as they return home from wars in Afghanistan and Iraq.

The greatest difficulty with Grundy County's 3,000 veterans is fighting the stigma that surrounds mental health, said Ken Buck, superintendent for the Grundy County Veterans Assistance Commission. He'd rather see a veteran seek help early on than find himself or herself in a precarious situation.

"The biggest challenge is getting these veterans to admit they have a mental health issue," he said. "We're constantly doing outreach."

Awaiting mental health aid

Thousands of veterans from both Will and Grundy counties rely on Edward Hines' Joliet Community Based Outpatient Clinic for various health care and mental health services.

The Joliet location reported an average October wait time of 15.03 days for mental health care – more than twice Hines' overall system average wait time of 7.16 days, according to the Veterans Administration's online data portal.

In October 2014, the Joliet location had an average wait time for mental health of 6.74 days.

Jane Moen, a spokeswoman for the Hines system – which includes the main Hines location and six branches – did not respond to questions via email last week about the Joliet clinic's higher wait times for mental health services.

Denise Van Koevering, a second spokeswoman for Hines, said some of the questions required additional research.

Both Moen and Van Koevering did not respond to email questions asking why the Joliet location's average October 2015 wait time has more than doubled from the October 2014 wait time, despite increased staffing levels.

They cited data, however, showing that nearly 94 percent of patients in the Hines system seeking primary care, specialty care or mental health care are seen within 30 days. Just under 92 percent are seen within 30 days at Joliet.

Kristi McNichol, superintendent for Will County's VAC, said she believes the increased wait times could be because of the center adding more health care providers to meet the need,

coupled with the rising number of veterans returning home and entering the VA system for the first time.

The GAO report found that more than 80 percent of the 100 veterans at five VA centers across the country whose records were analyzed received a mental health evaluation within 30 days of the preferred dates they asked to be seen. On average, veterans were seen within four days.

Hines “underwent a significant redesign” of its outpatient mental health service delivery system in 2013 that included tele-health options and face-to-face appointments, Moen said in an email.

“The redesign improved access to the latest evidence based treatments and recovery-oriented care. Care coordination was also improved by the incorporation of CBOC and Hines staff into weekly multidisciplinary team meetings,” Moen said.

### Navigating the system

Buck said he and other local advocates do what they can to make sure veterans know where they can find help.

Most of the veterans who call the VAC in Grundy County are reaching out for rides to the Joliet clinic or for financial assistance, Buck said. About 600 veterans are in the nonprofit’s database, and they see about 10 to 15 veterans per month.

U.S. Marine Corps Maj. Charles “Lynn” Lowder said it’s hard to get into the VA system, especially for young men and women returning home for the first time.

Lowder said he started a nonprofit called One Veteran at a Time because state and federal governments aren’t doing enough to ease the transition for veterans returning home.

The nonprofit is aimed at providing one-on-one mentoring for veterans. Lowder suggests young veterans find a mentor to help them “navigate the bureaucracy of the VA system.”

He said mentors are available through various organizations such as the Veterans of Foreign Wars, local American Legions and the Military Order of the Purple Heart.

### Resources for crisis

McNichol said although her organization does not provide mental health services, she helps veterans set up appointments.

The Orland Park Vet Center brings counselors to the VAC’s Joliet office three days a week. That likely will increase with the VAC’s relocation to a larger building.

The services are available for combat veterans suffering from PTSD or veterans who are victims of sexual trauma, she said. Counseling services also are available four days a week at the Joliet Armory, she said.

McNichol said veterans know they have a number to call if they need immediate help.

The Veterans Crisis Line – a 24/7 operation launched in 2007 – has answered more than 1.8 million calls and made more than 50,000 life-saving rescues, according to the Crisis Line’s website.

The number is 1-800-273-8255.

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**1.15 - Lubbock Avalanche-Journal: [Our View: The physical and mental needs of veterans should be a top priority](#) (8 November, 194k online visitors/mo; Lubbock, TX)**

Many Americans who have visited Arlington National Cemetery, which has been called our nation’s most hallowed ground, will never forget the emotional impact of seeing the grave markers of some of the hundreds of thousands of American veterans who are buried there.

We’ve said before that if were not for the courage, service and sacrifices of our nation’s veterans, there would be no United States of America today.

Modern Americans owe a debt to veterans throughout history and to today’s veterans we can never repay. Veterans have earned and maintained our freedom, and in many cases, they have given their lives in the service of their country.

Their service should bring a deep sense of gratitude in the hearts of all of us.

It brings a thrill to see due respect paid to veterans, such as the Honor Flights that provide free three-day trips to Washington, D.C., to them at no cost to tour military memorials and Arlington National Cemetery.

Texas South Plains Honor Flight made its fourth annual trip last month. The expenses of the veterans who make the trip are paid by local and area donors. That should be a source of pride to our entire region.

On the flip side of the coin, it’s a source of shame some veterans have received delayed medical care and poor treatment.

Among the shocking information in a 35-page report by the Veterans Affairs Office of Inspector General in 2014 were examples of veterans whose care was delayed so long they died before they could receive the treatment they needed.

Another disturbing problem is the high rate of suicide of veterans. Brian Carr reported to fellow members of the Lubbock Board of Health in September that about 21 veterans a day — about 8,000 a year — are committing suicide after returning home.

A 2012 report from the U.S. Department of Veterans affairs based that estimate on death records from 21 states. More than 69 percent of veteran suicides were among those who are age 50 and older, according to the report.

Leon Panetta, a former Obama administration defense secretary, called the suicide rate an epidemic, and President Barack Obama announced \$107 million in new funding for better

mental health treatment for veterans with post-traumatic stress disorder and traumatic brain injury.

Carr noted a lack of services for veterans and told the health board Les Beaty, a member of the city's veterans board, has assembled a list of businesses and health providers that provide services for free or at discounted rates to veterans.

Carr said he would like to have a city worker in the health department available to work with veterans. Beaty told the health board he hopes health care professionals will donate their services in a not-for-profit circumstance that would get them a tax deduction.

The complex problem is one Lubbock could take a lead role in addressing. Organizing the local list of services for veterans was a good start.

The struggles veterans are facing should be a high priority for our nation. It's the least we can do to help men and women who have provided vital service on behalf of their countrymen.

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**1.16 - The St. Augustine Record: [Guest column: Privatize all veterans' health care](#)** (8 November, John Brinson, 182k online visitors/mo; Saint Augustine, FL)

The Department of Veterans Affairs performs many important services for our veterans, including health care. We owe our veterans the best possible treatment in recognition of their invaluable service to our country. By way of disclaimer I am a veteran, but have never used VA health care.

It is clear that the VA is incapable of providing good health care for our veterans. It is impossible for the VA to do so, because the VA hospital system is a huge government bureaucracy attempting to manage health care for millions of veterans — with top-down management. Robert McDonald, the current VA chief, is a proven manager. But he's incapable of fixing the VA hospital mess.

It is riddled with employee dishonesty, budget overruns, new construction debacles, graft and corruption.

We can fix this mess by selling all the 151-plus VA hospitals and 800-plus VA clinics to accredited local hospital organizations.

These hospital groups are capable of providing the same top-notch care to our veterans that they provide every day to others.

The veterans would be given special government-subsidized health insurance similar to Medicare. (Please note that critical care for military personnel on active duty would continue to be provided by military hospitals until their discharge from active duty.)

Here's the plan — just an outline — it will be a complicated task:

- Appraisal of the value of all VA hospitals and clinics, including all their equipment, by accredited hospital appraisal firms with no possibility of any financial gain from the eventual sales.
- Bidding for purchases only by organizations accredited by the American Hospital Association.
- Purchases would be financed by the hospitals themselves, supplemented as necessary with bonds at market rates. The purchasers would be responsible for servicing all their debt.
- All sales would be to the highest bidders among the accredited buyers. They would gain by expanding their businesses, and both nonprofit and for-profit systems would be responsible for servicing any debt.
- All VA hospital and clinic employees would become employees of the new hospitals, which would hire them at competitive pay and benefits. Legislation would be necessary to terminate their government employment, and their unions could be expected to fight the plan.
- Concurrent with the sales of the VA facilities, veterans would be issued special insurance for use at any hospital or clinic of their choice.

Deductibles and co-pays would be commensurate with each veteran's years of service, and service-connected disability, if any.

The federal government would benefit in several ways: The VA budget would be cut by \$60 billion or more; the net proceeds from the sale would reduce the national debt by as much as \$200 billion; and the responsibility for employee pensions would no longer be a government liability.

The major opposition to this plan would be from the federal unions, and from Congress. It wants to manage everything, but has shown an inability to manage anything.

To accomplish this major government reform would require very strong and experienced leadership: a President and a Congress ready to let go of the albatross that has harmed so many veterans and consumed so much money in a system rife with cost overruns, graft and corruption.

Can this be done?

Yes.

Will it be done?

Probably not — unless we elect a strong leader as president; one who wants to solve this huge problem and treat our veterans fairly.

Congress would be the major obstacle, because they aren't willing to give up control of anything.

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**1.17 - SurfKY News: [Former Miss America Heather French Henry Encourages Community Support for Veterans](#)** (8 November, Tammy Holloway, 142k online visitors/mo; Madisonville, KY)

Former Miss America and Commissioner of the Kentucky Department of Veterans Affairs Heather French Henry spoke at the Noon Kiwanis meeting on Friday.

Henry said as the daughter of a Vietnam Veteran she has always been an advocate for the military and as Miss America her platform addressed the needs of veterans in relation to housing, healthcare, disability and benefits.

She said her father had a very difficult time transitioning from service and had issues with Post Traumatic Stress Disorder and substance abuse. He was wounded in 1967 at Operation Badger Tooth and had a very difficult and heavy burden of survivor's guilt.

Henry said there were not only physical wounds but also he had an emotional instability as well.

"Most of my adolescent years were spent not really knowing who my father was going to be when he woke up each morning," said Henry.

She said at the age of 4, she spent a lot of time going to Veterans Administration hospitals with him. Yet, there was a blessing in all of that, and the silver lining is that she got a chance to see the world beyond her own family.

"I got to see other folks who were having similar battles and problems and what a comfort it was to know I was not alone," said Henry.

After all the difficulty of going through the transitioning with her father, when she became Miss America, she chose to champion veterans' issues.

"That's what I do in my life," she said.

When she was crowned as Miss America in 2000, Henry said one-quarter of all veterans were homeless which meant that about one-fourth of the U.S. homeless population at that time were "our illustrious warriors."

In 2000, there were only five VA health centers for mental health and now 15 years later every VA hospital is a center of excellence for mental health, said Henry.

Because of a push and the support received, she said there have been monumental changes in the VA healthcare system.

Henry said she traveled around the country and gathered support from community based organizations and spurred interest within the veteran community.

When 911 occurred, she said it was amazing that the nation woke up to a new reality for military veterans and their families.



She said 911 was the first time in her lifetime that something of that magnitude occurred on U.S. shores and citizens started asking the questions like, “What are we doing for our veterans and our military?”

“People thought the Department of Defense was taking care of our military, veterans and their families,” said Henry. “But the truth is the government in all of its capacity will never be able to take care of all of the needs of our veterans, and that is why it’s important that family members of veterans and civilians alike partner together to make sure we are serving those who have served.”

She said the Kentucky Veterans Administration does not run VA hospitals but rather long-term nursing care facilities like the Western Kentucky Veterans Center in Hanson. and we do not run VA hospitals, but we run long term nursing care facilities. There are another three facilities in the state and another being built in Radcliff. There are five veterans’ cemeteries as the fifth is being completed in the southeastern part of the state. Programs and services are offered by all 120 counties in the state.

“The truth is we can’t wait 50 years as we did with Vietnam Veterans, to do the job that we should have done 50 years before,” Henry said.

Henry said there are more than 330,000 “illustrious warriors” in the Commonwealth and it’s important to know where our veterans are so “we can create programs and hear about what they need” in order to move successfully in the future to get services to them and their families.

“Not only do we need to reach veterans but their families as well,” Henry said, “because children and grandchildren are affected. It is a generational ripple effect that lasts for more than a veteran’s lifetime.”

“For the future of KVA, there are 120 counties worth of possibilities of outreach and if there is anything we can do for you here in Madisonville and the surrounding communities and areas to reach out to your veterans please let us know,” said Henry.

Henry said that it has been an honor and it is a privilege to be able to serve those who have served the country.

“If there is one thing I believe in, it is servant leadership,” said Henry.

She said everyone can make a difference by volunteering and be a part of serving a veteran.

Henry said it takes all of everyone because the word community means “joint ownership.”

“We all have hands to serve, a heart to feel for those that we are serving and ears to listen,” she said.

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**1.18 - Northwest Arkansas Times (Democrat Gazette): [Veterans deserve commitment to care](#)** (8 November, Dr. Mark A. Worley, 137k online visitors/mo; Fayetteville, AR)

It will soon be Veterans Day, a day of national remembrance -- a special occasion to honor all the men and women, living and dead, who took up arms in defense of America. It's a day we reflect on the contributions and sacrifices of our service members and their families. It's a day we demonstrate that our gratitude toward veterans is more than mere words. On Veterans Day, countless ceremonies are held across the country as we pause to pay tribute to American Veterans who wore the uniforms of our armed forces. Their commitment to the nation -- no matter where or when they served -- was guided by one enduring American principle: freedom. Their legacy is our country's strength and security, our liberty and our way of life. What better way to thank our veterans than to make sure they receive the care and support they need when they need it?

Readjusting to civilian life is not always easy for some veterans, but at the Veterans Health Care System of the Ozarks we can help to make that transition seamless and smooth. We have a team ready to assist post-911 service members by coordinating their care and guiding them to the appropriate support programs. We also have specialized services and personnel ready to assist the unique needs of all veterans, regardless of their era of military service.

This has been a challenging time for many VA's, and VHSO has not been immune as we experience provider shortages in the community and a lack of some specialized resources in our rural areas, but we have always remained committed to our mission of providing safe, quality and compassionate care to veterans. This commitment was recently recognized by the Joint Commission, which awarded full accreditation to the Veterans Health Care System of the Ozarks in April 2014 following an unannounced, weeklong survey.

It is our duty and privilege to provide veterans with the care they have earned through their service and sacrifice. This is a duty we take very seriously.

To salute and honor the men and women who served in the armed forces this Veterans Day, please help to make sure that they are receiving the services they need and deserve. If you know a veteran who needs assistance, please encourage them to enroll for VA health care by visiting any Veterans Health Care System of the Ozarks facility throughout Northwest Arkansas, southwest Missouri, or eastern Oklahoma, by contacting our Enrollment Center at 1-800-691-8387, and press 1, then press 5014, or by visiting our website at <http://www.fayettevillear.va.gov/> and clicking on "Become a Patient."

Our veterans served, and it is now our turn to serve them.

Dr. Mark A. Worley

Interim medical center director

Veterans Health Care System of the Ozarks

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**1.19 - The Mount Airy News: [Veterans too often treated badly](#)** (8 November, John Peters, 103k online visitors/mo; Mount Airy, NC)

I've been in this business for quite a few years, yet every once in a while a story comes along that just knocks the wind out of me.

That happened to me last week, not on a story we were covering here at The Mount Airy News, but a national story reported by NPR.

It seems the U.S. military, during World War II, conducted experiments on as many as 60,000 U.S. soldiers, seeing how mustard gas would affect them — in some cases without informing the soldiers they were test subjects. Four thousand troops were subjected to more extreme, intense tests that resulted in a number of illnesses including skin cancer, leukemia and other lifelong health issues.

The government — our government — wanted to know if mustard gas affected people with darker skin — blacks, Hispanics, and most importantly at the time, those of Asian descent — differently than it did white individuals. The only logical assumption, of course, is that American forces were considering the use of mustard gas on Japanese troops and citizens, despite the fact that mustard gas had been outlawed since 1925, with America at the forefront of the effort to make such use illegal.

Defense Department officials are loathe to discuss those experiments, and when pressed by NPR and other media outlets, they are quick to point out that was a different time with different guiding morals.

“The first thing to be very clear about is that the Department of Defense does not conduct chemical weapons testing any longer...And I think we have probably come as far as any institution in America on race. ... So I think particularly for us in uniform, to hear and see something like this, it's stark. It's even a little bit jarring.”

Those were the words of Army Col. Steve Warren, director of press operations at the Pentagon, as quoted by NPR in reporting the story.

And that brings me to the truly shocking part of this story, that our government, our Department of Defense, our Veterans Affairs Administration, doesn't care for these men any more today than they did 70 years ago. We may not be spraying them with mustard gas, but we're still treating them like second-class citizens.

In 1991 those tests were declassified, and the Department of Veterans Affairs promised to track down the 4,000 that were victims of the most intense of the experiments and compensate them for what had happened.

Over the next 20 years, the VA reached out to just 600 of these men, saying the rest were lost — military records weren't well organized in the 1940s, and the records of those secret experiments were incomplete, without social security information and other critical identifying information.

“We tried,” were the words of one VA official.

Funny thing, earlier this year an NPR research librarian located more than 1,200 of the men, using the VA's own list of test subjects and public records and since then NPR has found nearly all of the names and listed them online.

I had intended to write a more celebratory Veteran's Day column, how we should honor them with parades and other festivities.

Instead, I'm left with this: there is no way I could ever encourage a young person to join our military today, because of the way our nation treats our veterans. These men and women who do serve should command our universal respect and admiration, and at the very least we should ensure the commitments our nation makes to them for their service are carried out.

Yet this is how we treat veterans. And it's not just the WW II era experiments, either. The media blasted the George W. Bush administration for the shabby way the VA treated veterans, delaying and often denying vital and promised medical services to them. Despite a lot of rhetoric from our politicians in Washington, things haven't improved significantly under President Obama, and I'm quite certain things didn't suddenly turn bad under the Bush administration — they had been that way, or sliding to that point, for many years prior.

Our various political groups and organizations put great effort into their favorite cause, showing righteous indignation over too much spending, too little spending, the possible extinction of some obscure snail in a river that might be wiped out if a damn or bridge is built — yet no one seems to be outraged over something that goes to the very core of who we are as a nation.

And right now, at that core, we're still a nation that will bring servicemen and women home from the front, maybe give them a parade, a few flowers, then push them aside like yesterday's trash. As a nation, we simply don't care about them. As the people who make up that nation, we should all be ashamed of ourselves.

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**1.20 - The Joplin Globe:** [Mount Vernon leaders seek to keep VA clinic open](#) (8 November, Sarah Okeson, 99k online visitors/mo; Joplin, MO)

MOUNT VERNON, Mo. — Cory Dodson, a veteran of the Iraq War, is disabled now because of his service to his country.

He suffers from physical ailments, such as back pain, and hearing loss. Memories of watching a friend die in an explosion northwest of Baghdad on April 11, 2004, have led to a diagnosis of post-traumatic stress disorder.

Dodson, 31, of Aurora, is among 17,000 veterans a year who receive medical care in Mount Vernon at the the outpatient clinic of the U.S. Department of Veterans Affairs.

Federal officials plan to close the clinic and open clinics in Joplin and Springfield, a move that VA spokeswoman Wanda Shull said would "bring more than 10,000 veterans within the 40-minute drive time of primary care services."

Mount Vernon officials are trying to keep the clinic open. Area veterans like Dodson praise the counseling and medical services that the VA offers in Mount Vernon. They don't want to see the clinic close.

"It takes so long to build trust and confidence in your doctor," Dodson said. "I'm not really up for starting over with a new doctor."

Mount Vernon leaders want to make their case to federal officials, but they said they haven't even been able to set up a meeting. They've turned to U.S. Rep. Billy Long, R-Springfield, for help.

"We'd like to sit down and discuss it," City Administrator Max Springer said.

Long said he has met with four VA officials in Washington to try to set up a meeting between the VA and Mount Vernon leaders but hasn't gotten anywhere so far.

"All they have to do is a courtesy meeting," Long said.

Shull said she didn't know anything about attempts to set up a meeting.

"We have not been contacted about any meeting at Veterans Health Care System of the Ozarks," she said. "It is possible Mr. Springer contacted contracting officials to request a meeting. However, I would not be aware or privy to any of that."

Some Joplin and Springfield veterans say they support opening clinics in Springfield and Joplin.

"We need one so badly in Springfield," said Don Nix, the commander of Veterans of Foreign Wars Post 3404.

Ted Donaldson, of Joplin, said the changes the VA is making in the area are largely positive.

"By having a clinic in the local area, it may increase the number of veterans who receive care," said Donaldson, who helped found the nonprofit Compass Quest to help area veterans.

The VA clinic in Mount Vernon is on North Main Street on what was once known as Chigger Hill, overlooking the city of about 4,600 in Lawrence County. The buildings originally housed the state sanatorium for tuberculosis patients. The lung disease killed an estimated 110,000 people a year in the United States in the early 1900s.

Alderman Ed Kimbler said his mother, Thelma, came to Mount Vernon in 1943 as a tuberculosis patient. She lived at the sanatorium for three years.

"Many of the families in Mount Vernon moved there because the hospital was there," Kimbler said.

Mount Vernon has been a medical hub since the sanatorium was opened in 1907. Over the years, the mission of the facility has changed. It is now serving patients with cardiac problems, traumatic brain injuries and drug addictions.

Nancy Cruzan, the comatose Cartersville woman whose parents appealed to the U.S. Supreme Court for permission to remove her feeding tube, died at age 33 at the Missouri Rehabilitation Center on the Mount Vernon campus. In 1990, the year Cruzan died, the center rented space to the U.S. Department of Veterans Affairs for an outpatient clinic.

In October 2014, the Missouri Rehabilitation Center, which had 323 employees, closed because of budget problems and a decline in the number of patients.

Mount Vernon Mayor David Eden, a pharmacist, was one of the people who lost their jobs when the rehabilitation center closed. He is now working at another pharmacy.

"A lot of people I was acquainted with had to seek employment at another place," Eden said.

Another 200 or so employees work at the VA clinic. The city would lose \$300,000 to \$400,000 in utility payments from the VA.

Mount Vernon officials have hired a Virginia nonprofit, Infrastructure Financial Inc., to develop the property the rehabilitation center was on to provide housing for veterans, educational programs, physical rehabilitation and treatment for stress.

Springer, the city administrator, said Mount Vernon is also willing to construct a new building for the VA if that's what the agency wants to keep the clinic in Mount Vernon.

"Our feeling is they've been here for 20-plus years," Springer said. "We ought to at least have the opportunity to sit down and talk to them about being able to keep them here."

Manuel Lazerov, president of Infrastructure Financial, said the project could also offer services for female veterans who have been sexually abused and support for veterans with mental problems.

"These guys don't want to talk to anyone who hasn't shared their same experiences," Lazerov said. "They don't want to talk to their own families."

When plans for the Springfield clinic were announced in 2012, a \$6.5 million clinic was supposed to open in 2014, serving 24,000 area veterans a year.

Long said he is now hearing that the Springfield clinic could open in 2019 and that the VA is looking at three possible sites. He said the Joplin clinic would open after that.

"It's going to be four years behind schedule now, and they don't have a location picked," he said.

Long said the VA should at least talk with Mount Vernon leaders about keeping the Mount Vernon clinic open.

"If it makes sense for the developer, if it makes sense for the veterans, if it makes sense for the VA, then I'm for it," Long said.

Aurora resident Frank Brownlee, 30, is another veteran who goes to the Mount Vernon clinic. Brownlee, who was in the Marines, said he suffered a traumatic brain injury in the Iraq War and has post-traumatic stress disorder. He also praises the services the Mount Vernon clinic offers.

"Everything I need is taken care of there at the clinic," Brownlee said.

Dodson said his life has improved with help from the VA clinic in Mount Vernon. He said he had become addicted to painkillers and alcohol after being discharged. He is currently on probation

for possessing marijuana and said he has daily drug tests and regular meetings with his probation officer as part of a court program for veterans.

"The staff there is amazing," Dodson said about the Mount Vernon VA clinic. "So much of the community has come to rely on it."

Nonprofit help

Mount Vernon wants the VA clinic to stay where it is. City leaders are talking about redoing the buildings or building a new facility if that's what the VA wants. They've hired a Virginia nonprofit, Infrastructure Financial Inc., to help them, but city officials haven't been able to schedule a meeting with federal officials to make their case.

"We'd like to at least have the opportunity," said Mount Vernon City Manager Max Springer.

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**1.21 - Times and Democrat: [Time for Defense Department to take over veterans' affairs](#)** (9 November, Bill Connor, 85k online visitors/mo; Orangeburg, SC)

"Every week, we learn of new instances in which veterans across the country were either denied care, or worse, given substandard care if they were lucky enough to make it in the doors of their VA facility in the first place" -- John Cooper, press secretary for Concerned Veterans for America

On a recent MSNBC interview with Rachel Maddow, presidential candidate Hillary Clinton unintentionally reminded Americans of the ongoing problems surrounding the embattled Veterans Administration.

Speaking of the scandals surrounding the VA, Clinton made a clumsy attempt to downplay the extent of the problem: (The problems have) "not been as widespread as it has been made out to be. ... There have been a number of surveys of veterans and, overall, veterans who do get treated are satisfied with their treatment. ... Nobody would believe that from the coverage that you see with the constant berating of the VA that comes from the Republicans in part in pursuit of this ideological agenda that they have."

The facts, as confirmed by the VA's own inspector general, tell a far different story. In correcting Clinton's mistruths, we are again reminded of the ongoing and seemingly unfixable VA problems. It is time to quit rearranging the deck chairs on this Titanic, promising a new change in leadership as the panacea. We need to put veterans affairs under the control of the Department of Defense. Let me explain.

First, it's time to recognize that despite all scandals surrounding the VA over the years, the Department of Veterans Affairs remains broken. An estimated 307,000 veterans have died in recent years while awaiting treatment. The VA Office of Inspector General recently released shocking reports highlighting issues with facilities in Alaska, Illinois and California.

As early as Oct. 28, inspectors found that a veteran who could not eat (due to difficulty swallowing) experienced a substantial delay in getting care at the Oxnard Outpatient Clinic at

the VA Greater Los Angeles Healthcare System and later died. The IG found evidence of delayed care for hundreds of patients requesting consults at that clinic.

The investigation also "found that 548 neurology consults had been open for over 30 days, and nearly half of those were open over 90 days. Nearly two dozen general surgery consults were also found to have been open for more than 90 days." This despite a 2014 directive to resolve such consults within 90 days.

The second and third IG Reports from Illinois and Alaska found even more egregious violations. Things are not getting better, despite Hillary Clinton's rosy picture.

New leadership has not fixed the problems. It is time to recognize that the problem is with the nature of the separate Department of Veterans Affairs. That is something a different VA secretary will not solve.

From the observations of many veterans, and confirmed by inspector general reports, the problem is not with most dedicated health care providers like the doctors and nurses faithfully serving the veterans. Much of problem is at the midlevel and senior management level.

The Department of Veterans' Affairs includes various accountability issues inherent in the non-Military Federal Civil Service. Additionally, veterans' programs and medical disability ratings are qualified and certified while veterans are part of the active or reserve military within the Department of Defense, and yet the Department of VA is separate from DOD, legally and culturally. When mistakes are made with programs or disability upon honorable discharge, those problems can take years to fix within the VA.

In addition to those issues, other specific problems with veterans affairs are best fixed from within DOD.

First, the VA was created in the 1930s and since that time has not progressed with technology at the rate of DOD. One consulting group (Legacy Consulting), noted the "VA process and procedure platform is perhaps one level above a paper and pencil system ... software systems are archaic." Making use of the DOD systems would be much more helpful to the efficiency and timeliness of veterans' care.

Also noted by a Legacy National Security Consulting Group Report: "At the VA, there is no integrated database system connecting the VAs to each other, or to the Social Security Administration, or the Pentagon or to locations where vital service records are stored. At issue, when a vet seeks medical service from a different VA facility, he/she must have their own complete records with them, when burial services are requested, the VA does not recognize death notices/certificates from the SSA or the Pentagon. Under the Department of Defense, connectivity and approvals and sped-up considerably."

Veterans receiving services under the Department of Defense would continue with their status as soldiers, sailors, airmen and Marines throughout their lives. They would remain a part of the "force structure" and would be issuing veteran ID Cards. Veterans would also agree to become part of a strategic reserve if they are physically capable.

Veterans would be served under their "brother in arms" health care providers. This would be in the same current VA hospital structure, but a structure commanded by military officers, with leaders accountable under the Uniformed Code of Military Justice.



If any hospitals fail to serve patients in a timely and efficient manner, the respective responsible commanders can be quickly relieved of command. This accountability will bring quick and decisive change.

Many of the same current VA health care providers would remain providing veterans' health care, similar to the U.S. Army Corps of Engineers. With ID Cards, veterans would have the ability to receive health care funded by DOD at civilian hospitals. The savings of eliminating the Department of VA would allow earmarked funds for veterans health care within DOD.

As with any revolutionary change, some would object to this solution for Veterans Affairs. However, all should recognize the status quo cannot continue.

Attempting to downplay the full extent of the problem, like Hillary Clinton on MSNBC, won't work. Attempting to re-arrange the deck chairs with new leadership has proven not to work.

The Department of Defense handling of Veterans Affairs is the answer. "Honorable Discharge" should no longer mean alienation from the military in a separate department.

Our veterans should be "emeritus" members and entitled to continue as part of the military family. Our veterans deserve the best our nation can offer, so let's try a solution that will work.

Orangeburg attorney Bill Connor was the senior U.S. adviser to Helmand Province, Afghanistan, where he received the Bronze Star. He is the author of the book "Articles From War." Among his multiple tours of duty in the Mideast, Connor served in a six-month peacekeeping mission between Egypt and Israel.

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**1.22 - The Exponent Telegram: [Clarksburg Mission set to unveil five new beds in extended veterans' living area](#)** (8 November, Zach Tuggle, 34k online visitors/mo; Clarksburg, WV)

After risking injury and death while sacrificing years of their lives to military service for their country, some veterans return to the civilian routine carrying hidden, internal wounds that lead them down a path of despair.

To help these soldiers return to normalcy, the Clarksburg Mission on Wednesday will unveil five new beds that will be available to homeless veterans who are enrolled in either alcohol or drug rehab at the Louis A. Johnson VA Medical Center.

"This program is pretty generous, allowing them to stay here for six months, sometimes more," said Lou Ortenzio, director of ministry at the Mission.

It's been five years since the mission started housing veterans who were going to the VA hospital to fight chemical dependency, according to Chris Mullett, the Mission's executive director.

"Within six months, we hope to have them housed, working and on their own," Mullett said.

There were only five beds available to veterans when the program started. After Wednesday, the mission will have 16 beds — 13 for men and three for women.

Veterans occasionally come to the Mission directly and ask to make use of its VA-linked housing, but Ortenzio said staff at the Mission are not able to admit them.

“We have to refer them to the VA — there are social workers there who refer them to us,” Ortenzio said.

Mullett said the idea for the expansion in housing at the Mission came after a push nationally to end veteran homelessness by 2016.

“We felt like if we could find some space, then we wanted to be a part of that at the Clarksburg Mission,” Mullett said. “Two offices and a conference room are what we ate up to make that apartment.”

The new space consists of a full-sized kitchen, a living area with a couch and television, a laundry room, a bathroom and a large bedroom with five sleeping areas. Each sleeping area contains a bed, a nightstand and a dresser, and a curtain can be drawn to provide privacy for the veterans.

Mullett is proud of the success the program for veterans has experienced over the past five years. The first veteran to enroll is now living well, thanks to his time at the mission.

“I see him around town regularly,” Mullett said. “He’s in his own apartment. He’s sober, and last time I saw him he was engaged.”

Chuck Hall went through the program in 2013 and is now an employee of the Mission. The Kentucky native served in the Army from 1990 to 1994.

“I struggled with addiction for a lot of years and came to Clarksburg for the VA rehab treatment program,” Hall said. “I came once and went back to Kentucky and didn’t have any success.”

Hall then returned to Clarksburg to get sober for good, and he was referred to the Mission after health care providers at the VA learned that he was homeless.

“The veterans program at the Mission provided me with a good, structured environment that helped me sustain my recovery,” Hall said. “Once I got my own apartment, I just kept coming back and helping the other veterans.”

Being a veteran who went through the program himself makes Hall the perfect person for his job, since he can relate on so many levels to the people he’s now trying to help.

“These guys come home with PTSD, and they pick up the booze and the pills to cope with those issues, and the line becomes blurred over time as to what is PTSD and what is addiction,” Hall said. “Once you clear away the fog, you see what the actual damage is.”

Rules at the mission strictly prohibit drug and alcohol use while a person is enrolled in the program. Violators are asked to move out.

“Part of the process is that we might have to kick a guy out of our program a couple or three times,” Hall said.

Those who choose to come back are usually able to finally kick their habit and find the success in life they’ve been missing for so long, officials said.

Jason Allen — a retired Air Force master sergeant who served in Desert Storm, Iraq and Afghanistan — is two months into his second stint in the program at the mission.

“It’s just been amazing,” Allen said. “It’s helped me a lot with substance abuse.”

Like many veterans, Allen’s trouble with addiction crept up on him while he was battling PTSD and depression. After graduating from the Mission’s program once, Allen succumbed to the memories that pressured him to look to chemicals for comfort.

“I was coming up on anniversaries of a few of my guys who had lost their lives,” Allen said.

That’s when he decided to return to the program.

The Mission provides the safe, structured environment that Allen and his fellow veterans need to complete their treatment and recovery, officials said.

Anyone interested in learning more about the program can contact the Clarksburg Mission at (304) 622-2451, or visit online at [www.ckbmission.org](http://www.ckbmission.org).

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**1.23 - The Exponent Telegram: [Saluting our veterans](#)** (8 November, Andy Kniceley, 34k online visitors/mo; Clarksburg, WV)

America is a nation where over a million of its citizens — from the Revolutionary War through today’s military actions in Iraq and Afghanistan — have fought and died for the rights and freedoms that we enjoy. Millions more have suffered wounds in battle, with many sacrificing arms, legs and other body parts due to the hardships of war.

Virtually everyone who has fought and served for our great nation has had some level of mental health impact due to the horrors of battle. Many have suffered from Post-Traumatic Stress Disorder (PTSD) and face a lifetime of having to cope with a trauma that is invisible to most people on the surface.

We owe a debt to our veterans and their families that is immeasurable.

Sadly, we seem to more often than not take their personal sacrifices for granted. While we reap the benefits of their service to protect our great nation and its best interests around the world from harm, we too often fail to give our active military personnel and the veterans that have served before them adequate financial compensation and long-term benefits for their service.

Yes, there is the G.I. Bill that provides for some financial aid for post-service higher education.

Yes, there are healthcare services through VA hospitals — such as the Louis A. Johnson facility here in Clarksburg —that provide medical, psychological and dental care for qualified veterans. However, these programs have been shamefully underfunded for decades, which has resulted in long wait times and, in some cases, denial of adequate treatment across the system.

America must keep its promises to both active military personnel and veterans for the sacrifices they make. It is unconscionable to do anything less and, in fact, as a nation, we should do more.

I personally have never served in the armed forces. The draft ended following the Vietnam War. My oldest brother Steve was eligible to be drafted before the war ended.

But if called to do so, I would proudly have answered the call to duty.

My father served in the Army during the Korean War. He was fortunate that he never was assigned to a combat unit. Instead, he was assigned to the Presidential Honor Guard in Washington, D.C. However, several of his brothers — my uncles — did serve in various capacities in the war. My Uncle Oscar (deceased) actually served in military intelligence in Korea.

Growing up, it was always a thrill to me to listen to their stories about military service during deer camp in Braxton County. Each proudly shared stories about basic training, other soldiers who served in their unit and especially tales about their drill instructors and officers in command.

They never talked about battles they fought in or lives that were lost. It was apparent that their military duty helped to shape each of them into the responsible men that they were as husbands, fathers, citizens and employees.

Military service helped then, as it does now, to shape our great nation based on a foundation of service, integrity, honor and courage.

While in college, I seriously considered a future in the military. I took every single R.O.T.C. class that I could take without actually committing to military service. As a business major, these classes provided excellent leadership training. Several of my fellow football teammates did commit and had stellar military careers.

One of my best friends from high school, John Adams, chose to stay at home in Nitro and attend college at West Virginia State just minutes away.

Johnny was a late-bloomer. He was a skinny kid whose nickname was “Bones.” Think of Steve Rogers before he was transformed into Captain America. He was the last person that you would ever think would join the military.

In a surprise move, he volunteered to join the Marines. The transformation was amazing. Through a combination of his growth actually catching up with him and his body filling out from 130 pounds of skin and bone, he became a “lean, mean, fighting machine” at 6-foot-3 and 195 pounds. Now, when he walked into a room, he commanded respect.

I will never forget when the news reported the bombing of the Marine barracks in Beirut, Lebanon. I knew my friend Johnny was serving there. I frantically called his mom to find out if she had heard any word on Johnny’s status. Not a word for days on end.

Finally, after a week, he called to let her know he was OK. He was on a transport ship back to the U.S. and was not allowed to make any calls due to the fall-out of the bombing.

About six months later, we were able to get together on a weekend in Nitro with some of our other buddies and listen to Johnny's tales of military service. Of course, we were all wanting to hear about what things were like in Beirut. He shocked us all when he explained that the car bombing could have been prevented.

He explained that political tensions were so high at the time and the Reagan administration was so concerned about an accidental shooting by a Marine of a citizen that they were not issued any ammo while on guard duty. Evidently, this was leaked to the terrorists, and 241 Marines lost their lives as a result. Can you imagine being asked to stand a post in a hostile environment without any ammunition?

Sad, but true.

Most of us will never know what it means to face an enemy who wants to kill you. We likely will never see the horrors of battle. We are conditioned by movies, TV and video games to be desensitized violence and death.

But our active military personnel and veterans know better. If they haven't faced it personally, they were trained to do so if the need arose.

On Wednesday — Veteran's Day — take time to thank those who have served. When you see active military personnel in uniform, pay tribute to their service to our country and for protecting the rights and freedoms that we too often take for granted.

God Bless the American Soldier!

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**1.24 - KMSP-TV (FOX-9, Video): [Audio recordings reveal doctors' concerns about patient safety at St. Cloud VA](#)** (8 November, Jeff Baillon, 21k online visitors/day; Eden Prairie, MN)

Problems within the VA medical system are not new. But for the first time, audio recordings from doctors at the center in St. Cloud, Minnesota describe their concerns about conditions there. The recordings, obtained by the Fox 9 Investigators, give an unfiltered look at what's happening inside of the medical facility and what it means for veterans.

A SOLDIER'S STORY OF CARE AT THE ST. CLOUD VA

Even in the most joyful of moments while enjoying his three daughters, Ross Cameron struggled to feel any emotion.

The Iraq War left him stranded in an emotional desert. After he came home to Minnesota, he tried to live a normal life but the demons of the battlefield continued to stalk him.

While in serving in Iraq, he saw buddies die and he narrowly escaped death from a roadside bomb.

"He said 'I had a child pointing a gun at me. We were instructed to shoot,'" his wife Heidi told Fox 9. "He would tell me all the time, 'I want to feel something, anything.'"

He sought help at the St. Cloud VA for post-traumatic stress and a deep depression.

"Because you're not missing a limb doesn't mean you're not wounded," said Heidi.

According to his wife, it was hard to get medical appointments, his care was inconsistent and he would sometimes have random doctors.

In January, Ross was hospitalized briefly after he woke up in a garage with the car running. In June, his car ran off a road and hit a tree. Investigators estimated he was going nearly a hundred miles an hour.

Heidi and her three daughters are now frequent visitors to his grave site in Central Minnesota.

"At what point does he get a steady doctor, steady physician that's actually going to put time and effort into his case? They just didn't," she said.

#### ARE VETERANS IN DANGER?

Some members of the medical staff fear the quality of care is deteriorating to a point that's putting veterans in danger

"The workload is so intense and so great that I feel patient care is compromised," said an insider who agreed to talk to the Fox 9 Investigators as long as the person was not identified. "They want to do their best for their patients but they're not able to because of the system."

The "system", according to insiders is a toxic culture where senior management retaliates against anyone who questions why too few doctors are being assigned too many patients

"The providers are basically set up for failure," said the insider.

More than 30 providers have resigned since 2011. An exodus which a VA investigation found was driven in part by burnout from the demands of working 13 hour days.

"There are some tensions that are arising inside the workforce," said MN Representative, Tim Walz (D).

The relationship between staff and senior management is so strained that last month two congressmen paid a visit to the St. Cloud VA to find out what gives.

"I think there's a trust issue on both sides," said MN Representative, Tom Emmer (R).

#### MEETING RECORDING

A recording obtained by the Fox 9 Investigators of a 2009 meeting between a group of doctors and the St. Cloud VA's top brass shows the rift has been festering for years.

Meeting recording: "We've got some real serious concerns about patient safety."

Doctor in meeting recording: "A lot of very experienced physicians are saying we can't take this much longer. We are working long days under a lot of pressure and mistakes are being made. People have been harmed because there's just this avalanche of material coming at us."

The doctors claim the number of patients in their care is dangerously high, nearly 40% more than the VA's own safety recommendations.

Doctor in meeting recording: "You're trying to go through 20 zillion things, you don't even know the patient. The set up for error there is high, it's just really high."

They question the Medical Center's Director, Barry Bahl about why staffing records show patient to doctor ratios lower than they truly are?

Doctor in meeting recording: "We have probably a couple thousand patients who are assigned to doctors who haven't worked here in years. Patients assigned to doctors who either no longer work here or never did see patients."

That remark is in reference to so-called "ghost panels."

Doctor in meeting recording: "Can I just outright ask, is this legal, having ghost panels? Yes."

The doctors believe the ghost panels are a kind of book keeping trick. Patients are assigned to physicians who really aren't able to see them.

They suspect it's a way to make it appear as though the rest of the staff's workload is lower, more in line with the VA's recommended levels.

Doctor in meeting recording: "Could it be that our situation looks rosier to the outside world or to the VA at least because of these panels assigned to other people?"

Barry Bahl in meeting recording: "You guys are obsessed with this ghost panel stuff. Don't even fret, don't even think about it. All they want us to do is see all the patients in a timely manner and do whatever it takes to do that."

What, if anything, does management have to gain by playing this numbers game?

"To make it sound like we're stellar, we do a great job," said the insider.

VA executives can earn performance bonuses. Through a Freedom of Information Act request Fox 9 discovered Bahl got a \$7,500 bonus in 2009 when those doctors were raising questions about ghost panels. In the years since then, he's received a total of nearly \$52,000 in awards and incentives.

His medical chief of staff received \$18,000 in bonuses in 2009, since then a total of \$97,000 in awards.

A spokesperson for the St. Cloud VA says to his knowledge nobody would get a bonus based on patient panel sizes.

We wanted to interview the director of the center about all the issues our investigation has uncovered. He declined.

## VETERANS SPEAK OUT ABOUT CARE

"They treat you like a number, they really, really do," said Chris Stiles, an Iraq War veteran.

Appointments for complex health issues last maybe 15 minutes.

"They treat the symptoms the easiest, quickest way they see fit and you're out the door," said Sean Vaughn, also a veteran from the Iraq War.

They are frustrated by the high turnover of doctors.

"I know they're extremely busy," said Vaughn. "I've had four different primary care providers and I've never met a single one of them."

Despite past and present staffing issues, the St. Cloud VA maintains it consistently delivers both "timely and high quality" care for patients.

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**1.25 - Daily North Shore: [Dignity & Despair For U.S. Veterans](#)** (8 November, A.J. Goldsmith, 2k online visitors/day; IL)

NETTUNO, ITALY: Thousands of Americans rest eternally and with great dignity beneath stone crosses and stars at the Sicily-Rome American Cemetery; the solitude is broken only by the noise of grass cutters and clippers as workers maintain the dignity of the site.

Recently, I visited the memorials of America's World War II fallen and missing men and women at Nettuno and Florence, Italy, two of a number of such places of honor throughout the world. There are 4,398 headstones and 1,409 memorialized at Florence and 7,861 headstones and 3,095 memorialized at the Sicily-Rome American Cemetery at Nettuno

America takes such good care of those whose lives were terminated by war. For those who survived, the veterans, we can do better. We must do better if we are to call upon our youth to defend our country and its ideals.

With fewer American troops being deployed in the past two years, the ranks of veterans are decreasing. World War II veterans are in their 90s and those who survived the Korean Conflict are in their 80s. Vietnam veterans are in their 60s and constitute the largest group with Gulf veterans next.

There are 2.3 million veterans who are members of the American Legion. They are led by Dale Barnett, the national commander. Barnett says the following about Veterans' Day:

"There are many ways to thank the men and women who have served in our Armed Forces, but I cannot think of a better method of showing gratitude than to hire one. Employers who make



this smart decision will usually benefit from the discipline, skills and loyalty that are found abundantly in today's military."

One Lake Forest resident, retired businessman Jack Meyerhoff, who served as an infantry platoon sergeant in Vietnam, commented on Barnett's statement.

"The primary thing each of us can show a veteran is respect."

He went on to relate how he was verbally abused when he disembarked in San Francisco in full uniform.

"As far as hiring veterans goes, it sounds good, although so many do have service skills, these skills don't transfer easily to today's technological economy. Employers that hire veterans, have to commit to patiently helping the veteran to acquire the skills needed for the job, whether it is additional schooling or on-the-job training," Meyerhoff said.

Watching the presidential debates this year I am appalled at the total lack of conversation about America's veterans. There are no questions from the interrogators and no comments on the subject from the hopefuls.

In 2014 there were an estimated 22.5 million veterans in the United States. Eight percent are women.

Some of the statistics compiled by Veterans, Inc. \*\*are discouraging:

Between 529,000 and 840,000 veterans are homeless at some time during the year. On any given night, more than 300,000 veterans are living on American streets or in shelters. One third of homeless males are veterans. In 2007 veterans represented 11 percent of the U.S. population, but 26 percent of homeless are veterans. Seven percent of homeless veterans are women. There are more homeless Vietnam veterans than there were deaths during that war. The causes of homelessness include lack of income, combat-related physical and mental issues, substance abuse, adjustment to civilian life and a lack of services. The suicide rate among veterans is one percent higher than the general population.

\*\*U.S. Department of Veterans Affairs, National Coalition for Homeless Veterans, National Alliance to End Homelessness and the National Center on Family Homelessness.

There are 340,000 veterans who depend on federal or state assistance, according to the Center of Budget and Policy Priorities. Some 900,000 veterans live on food stamps as do 5,000 active-duty families. The Veterans Health Administration has more than 1,700 sites serving 8.76 million veterans annually ([www.va.gov.health](http://www.va.gov.health)). The veterans' medical crisis line is 1/800-273-8255.

For North Shore veterans who do seek medical care there is in North Chicago the Captain James A. Lovell Federal Health Care Center that serves 12,867 veterans a month as well as another 30,000 active duty military personnel and their families.

For veterans and active-duty personnel and families, Lovell's staff provides medical services for 3,206 outpatients and has 850 dental visits. It fills 7,719 prescriptions, performs 4,975 laboratory tests and immunizes 1,200.

According to Dr. Stephen R. Holt, Lovell center's director and a retired U.S. Air Force officer, for eligible veterans the waiting list for service is less than 100 days -far better than it was several years ago when the system was criticized for its time lag and the VA chief resigned.

Dr. Holt told DailyNorthShore that the VA has ongoing suicide prevention programs through its integrated mental services. To date there has been one suicide of a patient in the system. He stressed that it is difficult to detect suicidal tendencies that lay dormant and may be triggered by some random act or cause. His unit has three suicide prevention specialists who are available by telephone 24 hours a day (1/800-723-8255)

"We have learned a lot about PTSD and we are still learning," said Holt.

The United Service Organizations, USO, was chartered in February 1941 to provide recreation for on-leave members of the U.S. Armed Forces through 3,000 recreational clubs. The USO also sponsored battle-area entertainment tours. There are five Chicago-area USO sites located at O'Hare and Midway airports and Navy Pier, said Chris Miller USO's director of local operations.

I asked Miller why USO is now seeking financial support for "continuum of care" for wounded warriors when the Veterans' Administration is available.

His answer was that "so many veterans don't go to the Veterans Administration. Our local USO does not participate in the national program, he said.

I also receive mail soliciting donations from such organizations as Paralyzed Veterans of America, Wounded Warriors Project, Veterans of Foreign Wars soliciting money for disabled veterans and the Viet Nam Veterans of America looking for clothing and housewares. Several others solicit funds through television commercials. I can't possibly evaluate their effectiveness.

I asked Dr. Holt about these services. He declined to comment.

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**1.26 - Philipstown.info: [Yoga Helping Veterans Cope](#)** (8 November, Alison Rooney, 600 online visitors/day; Cold Spring, NY)

Yoga offers a spiritually enlightening or physically curative reward to practitioners. Providing people with inner tools for focus, strength and flexibility, and restorative, deep relaxation, is especially pertinent to a population sorely in need of these things: veterans, particularly those seeking treatment at the Montrose Veterans Affairs campus. There, once a week, a yoga program is offered to inpatients in the Post-Traumatic Stress Disorder (PTSD) unit and in the Substance Abuse Treatment and Domicile program, which serves veterans who have been or are currently homeless.

During Veterans Day week, Nov. 6 to 15, Veterans Yoga Project (VYP), an educational and advocacy national nonprofit charity, is sponsoring more than 100 yoga teachers and studios across the country in hosting donation-based classes to raise money for programs that support veterans and their families. Cold Spring's Kathie Scanlon, along with Wendy Terra, her fellow

instructor at the V.A., will host a “trauma sensitive” yoga class at on Saturday Nov. 14 at 1 p.m., at Peekskill’s PranaMoon Studio in space donated by owner Ellen Forman of Garrison; 100 percent of all donations given will go to support VYP programs.

Scanlon has been teaching the yoga class at the Montrose V.A. for two years. She says that “yoga has become almost standard fare at V.A. facilities for people with PTSD.” Her class is filled with veterans from two units. The first, substance abuse, enrolls veterans in a 32-day in-treatment program. Their participation in the class is mandatory — they must come at least once, during the second week of their stay — though they may simply observe if they choose.

Others are from the domicile unit, which is a four-month-long in-patient program serving veterans who are homeless, which can mean anything from being out on the streets to just released from prison or estranged from their family. The domicile unit veterans are mandated to come to class four times during their stay. Some come for just the minimum while others attend every week. In the domicile program veterans are taught life skills designed to help them get a job and put their life back together. Because there is a constant changeover of veterans at the facility, the classes change in composition each week, sometimes with a sea of new faces.

Scanlon calls “heartbreaking” what she sees, especially in the youngest veterans. “You can see the terror in their eyes; an inability to be comfortable in their bodies or on their mats. The really young ones almost always have seen active duty and are usually recently returned, over the past couple of years. You can see the trauma.” Scanlon says she can see the correlation of age to acceptance of yoga as potentially helpful. “The Vietnam-era vets often have more of the physical ailments: bad backs, bad knees, and they’re not always receptive. The younger guys are more like ‘anything that can help me,’” Scanlon says. The nature of the most recent conflicts is evidenced in how the younger veterans are presenting, “There are more kids with PTSD and it’s because of all the bombing and guerrilla warfare, the increase of firepower. So many have traumatic brain injuries.”

There is very specific training for those conducting yoga classes with veterans who might be suffering from PTSD. To start, Scanlon sets up the room differently to the usual fashion of rows. “I make sure that the guys have a lot of space between each other. I always have a wall behind them [not another person], so they can only look ahead. I position myself so that I am the closest to the door, and I put my back to it, so essentially I am ‘guarding’ the room. Often the people I can see a PTSD reaction in are people closest to the door.” Participation is never forced. “This could be a triggering situation for them — being on the floor on their backs,” Scanlon said. “But just being in the room is a good introduction and can have a calming effect. I work really hard in the first 15 minutes to establish a rapport with them, especially knowing this could be the one and only time they will have this experience. I joke with them and tell them that this is part yoga class, part stand-up. I try to give them the idea, in the initial minutes, that this could be something that could help them. For the most part, it’s pretty successful.”

Once the class begins, there are other differences from standard yoga class procedures. There’s no assisting or adjusting. There is an understanding that, because of injuries, including nerve damage all the way down to their feet, many will be unable to hold poses, and, at times, chair yoga is incorporated. Poses are chosen which focus on calming the nervous system: forward bends, inversions, lots of lower back release, nothing energizing. “I almost always stay up in the front of the room. Before I even start walking I give everyone a heads up that I’m moving through the room. During the final period of relaxation, I ask them if I can turn off the fluorescent lights. There’s still lots of natural light. I close the door to give them a sense of privacy and security.” No music is played, as commonly-used “yoga music” can evoke traumatic

memories. Scanlon watches her visual metaphors, often used to relax. Things as basic as “imagine you are sinking your toes into the sand” can have extremely negative connotations.

For Scanlon, what’s most essential in her work with the veterans is trying to establish “the connection they need back to their own body, seeing their body as a safe place to be. Helping them feel that they can re-inhabit their body and see it as dependable and reliable to them. In the two years I have been teaching these classes, there has not been a class in which someone did not express gratitude for the sense of well-being that yoga engenders.”

PranaMoon Studio is located at 1000 North Division Street in Peekskill. For more information on VYP, visit [veteransyogaproject.org](http://veteransyogaproject.org).

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## 2. Ending Veterans’ Homelessness

**2.1 - ABC News (AP): [Rhode Island Latest State Poised to End Vets' Homelessness](#)** (8 November, Michelle R. Smith, 22.9M online visitors/mo; New York, NY)

For more than two years, Don Perrault lived without a home as the Vietnam veteran struggled with depression and personal setbacks that at one point left him with nothing to do but take a therapeutic 7-day walk to New Jersey — then walk back.

Now, after living out of a shelter where he shared a room with six other men, he has a home of his own under an ambitious push to wipe out homelessness among veterans in Rhode Island.

"It helps a little bit with your mind, your mental aspect," Perrault, 60, said. "It's hard for a person who is homeless to have dignity."

The efforts that have secured Perrault a newly renovated one-bedroom apartment — complete with new furniture and even a TV — for a rental voucher and \$25 per month for rent and utilities are part of a national push to end homelessness among veterans by the end of the year. The goal has been spurred by both President Barack Obama's administration and Zero: 2016, a campaign run by the nonprofit group Community Solutions

In August, the federal government declared Connecticut the first state to end chronic homelessness among veterans. New Orleans, Houston and a handful of other communities have also reached the goal.

Nearly 50,000 veterans were homeless nationwide before the effort began, Community Solutions estimated.

Rhode Island, Connecticut and New Mexico, all part of the campaign, are on track to reach the veterans goal, said Community Solutions spokesman Adam Gibbs. One strategy all three states are using is a list of names, he said.

In Rhode Island, every person who comes into the homeless system is given a "vulnerability survey," which asks a series of questions about their history and assigns them a score based on

how likely they are to die on the street. Then, advocates create a list of all the people who are homeless with the most vulnerable people listed on top, by name.

A committee meets weekly and goes down the list to try to find housing for each person. If a person has a problem that's standing in the way of getting an apartment, such as a criminal record, the committee tries to come up with a solution.

The state is also using a "housing first" strategy, which prioritizes getting people into permanent housing, said Eric Hirsch, a professor of sociology at Providence College, who chairs the Zero: 2016 campaign in Rhode Island. In the past, people would be placed in temporary housing and have to get substance abuse or mental health counseling or jump through other hoops before getting a permanent place to live, Hirsch said.

Now, they get the apartment first and are then "surrounded" with services that they can then choose to use. Many decide on their own they want the help, he said. Hirsch said his research and research by others shows 85 to 95 percent of people placed in permanent housing were there a year later using this approach.

A big help has also been a dedicated stream of money from the state, and more money set aside for things like rental subsidies, said Jim Ryczek, executive director of the Rhode Island Coalition for the Homeless.

Advocates say they don't expect to eliminate homelessness completely, but that their goal is to make sure if people become homeless, they have a permanent home within weeks, rather than months or years.

Rhode Island advocates last year estimated that 4,067 Rhode Islanders used a homeless shelter at some time in 2014, out of a population of around 1 million people.

The Zero: 2016 program's next goal is to end chronic homelessness in a several states and cities by the end of next year.

In Rhode Island, the project will be using the same model they have used for veterans. They have already found homes for 176 chronically homeless people since January, out of an estimated 400 chronically homeless. They also plan to focus on housing families.

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**2.2 - The Oregonian: [Goal of housing homeless veterans is within reach: Editorial](#) (8 November, 9.6M online visitors/mo; Portland, OR)**

Sometimes a problem can seem so big that it's hard to figure out a path to a solution. Such is the case with the myriad challenges that veterans face when they return from war. And it's certainly the case with the issue of homelessness. But the cities of Portland and Gresham, along with Multnomah County, deserve credit for finding a way to make a difference by focusing on the overlap of these two problems.

In January, Portland officially joined a 25-city effort to house homeless veterans. In September, the city councils and county board announced a 100-day push to finish the task. As Veterans

Day approaches, there is reason to believe the effort will be successful. Of the 690 veterans that officials estimated are homeless in Multnomah County, 510 had been placed as of Sept. 31.

Everyone involved in this effort deserves applause. It's a long list: the cities, the county, local offices of Veterans Affairs, nonprofits such as Transition Projects and Home Forward, mental health agencies and property management companies that have embraced the program.

But the job will never truly be completed. Some veterans who get a home won't be able to stay there. Some who have a place to live today will lose a job or face some other misfortune that puts them on the streets. And new veterans will arrive in the county.

"We're working with a population that is changing all the time," said Marc Jolin, director of Multnomah County's "A Home for Everyone" initiative.

The real test of success will be what happens next year and in the future. Has this effort established a lasting framework to better serve veterans? And have government agencies learned lessons that can be applied to other societal challenges?

Answering those questions requires looking at what has made the veterans initiative work. Certainly, access to money has been a key element. Federal funding was made available through the Department of Veterans Affairs and Department of Housing and Urban Development. VA and HUD also utilized their existing offices and programs, such as Section 8 and VA Supportive Housing vouchers, to support the cause. Local governments kicked in additional funding and provided incentives to landlords. Nonprofits have provided assistance to help veterans acclimate to their new homes and circumstances.

Together the various government agencies, nonprofits and private businesses have accomplished more than would have been possible individually. And for the most part, they did it by utilizing existing programs.

There is also another factor at work.

"Housing veterans is a lot easier sell to people" than some issues involving the homeless, acknowledged Portland Commissioner Dan Saltzman, who oversees the Housing Bureau.

Veterans do deserve our support, and it shouldn't take a special program or annual Veterans Day commemorations to remind us of that. The same spirit of cooperation that has made a very meaningful difference in the lives of hundreds of veterans could also be applied to other disadvantaged groups. Sometimes the best way to solve a problem is to narrow the focus, create the right partnerships and make the best possible use of resources already at your disposal.

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**2.3 - The Washington Examiner: [Schumer pushes bill to help homeless vets](#)** (9 November, Kelly Cohen, 2.8M online visitors/mo; Washington, DC)

Sen. Chuck Schumer, D-N.Y., is urging his colleagues to pass legislation that would give homeless veterans more housing.

According to Schumer, too many of New York state's veterans do not have access to the support they need, especially those who are homeless.

The Veteran Housing Stability Act was introduced in late July by Sen. Richard Blumenthal, D-Conn., along with Democratic presidential hopeful Bernie Sanders, I-Vt., and Sens. Sherrod Brown, D-Ohio, and Mazie Hirono, D-Hawaii. But Schumer told reporters this week he wants to find a way to move it along in the upper chamber.

"We owe it to our veterans to ensure they can find affordable, safe housing and stay off the streets after protecting the many freedoms we know and cherish," Schumer said.

The legislation would encourage landlords to rent to veterans, ramp up programs that research the causes of veteran homelessness, and expand the Department of Veteran Affairs housing assistance program, among other things.

But veterans' homelessness is not just a New York issue.

As cities continue to make strides in combating veterans' homelessness, getting this bill through the Senate would be nothing but a good thing, according to Steve Berg, a vice president at the National Alliance to End Homelessness.

"Legislation like this is really fine tuning the system that's been set up," Berg told the Washington Examiner, noting the strides that have been made in combating veterans homelessness thanks to Congress, the White House and numerous organizations. "It's nice to be in a place around veterans' homelessness where were dealing with just technical details."

"In the next few years, we will be working with Congress to overhaul federal homeless programs so communities can put a prevention system in place to keep from getting back to a crisis situation we're in right now," Berg added.

According to the Department of Housing and Urban Development and the U.S. Interagency Council on Homelessness, there were nearly 50,000 homeless veterans found to be homeless nationwide during a single night in January 2014.

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**2.4 - WAVY-TV (NBC-10, Video): [VA sponsors 'Stand Down' for homeless vets](#)** (8 November, Lex Gray, 1.2M online visitors/mo; Portsmouth, VA)

HAMPTON, Va. (WAVY) — Veteran support organizations joined with volunteers this weekend to push for greater awareness and care for homeless veterans in Hampton Roads.

The Hampton VA Medical Center and Military Affairs Committee sponsored a 'Stand Down' for homeless veterans and their families at the YH Thomas Community Center Saturday.

The goal of the stand down, according to event organizers, is to provide food, clothing, showers, health screenings and referrals to other services for veterans and family members who are homeless or at risk of becoming homeless.

“Over the past year, the VA, in partnership with the community, has housed over 400 homeless vets,” said Marti Chick-Ebey, an event spokesperson. “At this point, [ending veteran homelessness] is not a job that will ever be done. We’re continually working to address and find any homeless vets that may not have been found, and still need help and still need services.”

For more information, visit the Hampton VA Medical Center’s website.

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## **2.5 - The Coloradoan: [Letter: City made ‘strides’ in reducing vet homelessness](#) (8 November, Mayor Wade Troxell, 605k online visitors/mo; Fort Collins, CO)**

In July, I joined 850 municipal and state leaders in the Mayors Challenge to End Veteran Homelessness, an initiative to make veteran homelessness across the country rare, short-lived and non-recurring. Every day, communities are making headlines for housing all known veterans, and Fort Collins has made significant strides in reducing homelessness among our veterans as well.

Right now, 71 veterans are using Veterans Affairs Supportive Housing vouchers in Fort Collins to rent apartments they otherwise could not afford. This includes 18 veterans who moved into Redtail Ponds in the past year. The Fort Collins Housing Authority also recently obtained another 10 vouchers to serve even more veterans. Housing Authority staff has worked diligently with the Department of Housing and Urban Development to raise voucher payment standards for to ensure veteran voucher-holders are not priced out.

Volunteers of America Supportive Services for Veteran Families has also served 100 very low-income veterans and their families with rental assistance to help these individuals move back into permanent housing or to keep the housing they may be at risk of losing. All veterans are connected to a specialist who can help secure benefits, access employment services or find healthcare providers.

While this work has set us on a strong path forward toward helping every veteran find and retain stable housing, there is still more to be done. Even those veterans with vouchers are still having trouble finding apartments.

As mayor, I am asking those community members who have rental properties to consider renting to a veteran with a voucher. Each individual has the aid of a case manager ensuring veterans are supported as they move out of homelessness and into housing. Property owners and managers who are interested in joining me in this effort and renting a home to a veteran can contact the staff at Volunteers of America at 970-472-9630 to learn more.

It is through collaborative efforts like this, bringing together service providers, housing providers, community members and landlords that Fort Collins can join the ranks of other successful communities to affirm that we have made veteran homelessness rare, short-lived and non-recurring.

Wade Troxell is the mayor of Fort Collins.



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**2.6 - Providence Journal: [R.I. on track to end homelessness for vets](#)** (8 November, G. Wayne Miller, 416k online visitors/mo; Providence, RI)

Unable to find work in Rhode Island after moving to the state several months ago from North Dakota, Marine Corps veteran Sam Lubbers, 53, found himself spending nights in homeless shelters. For a few days, he slept in the woods near the Providence Veteran Affairs Medical Center.

Then, a short while ago, he learned from VA staff about new veterans' housing that had opened inside a refurbished mill on Douglas Avenue near the North Providence line. Years in its realization, the Veterans for Tomorrow complex offers hope to Lubbers and other veterans.

The complex, which was to be officially dedicated on Monday, is also one of the reasons Rhode Island is on track to reduce veterans' homelessness as it participates in the national Zero: 2016 campaign, an effort involving several government and private agencies and organizations.

"I'm loving it," Lubbers said on a recent morning as he welcomed a guest into his one-bedroom apartment. "I love the privacy. I love the solitude of being able to open my window. It's my house, my home, for now."

And vastly superior, he says, to the shelter where he stayed, a place he remembers for its "bed bugs, rats and mice."

Lubbers' apartment has a kitchen and dining area and is equipped with new furniture and a TV provided at a discount by Cardi's and Best Buy. Some apartments have handicapped-accessible bathrooms. And all have the outside views that delight Lubbers, who receives partial disability payments for a knee injury and overall care through the VA Center, which he praised.

"The VA system here is, hands down, in my opinion, the best that I've experienced," he says. "And I have been to Texas, California, North Dakota, South Dakota, Montana, Idaho and Nebraska."

Veterans for Tomorrow was created inside a 14,125 square-foot, three-story mill that dates to 1832 and is listed on the National Register of Historic Places. Empty for years, it was transformed into modern housing for 20 veterans with a \$5.1-million rehabilitation overseen by the nonprofit Arc of Blackstone Valley. The 20-apartment complex also includes community and education rooms.

Financing came from several city, state and federal tax credits and sources, including Rhode Island Housing, Building Homes Rhode Island, the City of Providence's HOME program, and the state Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. Behan Brothers, of Middletown, was the general contractor.

Since Rhode Island was selected a year ago as one of just five states to participate in the Zero: 2016 program — a national initiative spearheaded by the New York-based non-profit Community Solutions — 163 homeless veterans have been housed, according to the Rhode

Island Coalition for the Homeless. By the end of the calendar year, the coalition expects to find placement for the remaining 38 who have been identified.

“We are on track to house all our homeless veterans by the end of this year, ensuring that those who have served our country with dignity and honor are treated with the respect they so deserve,” said Coalition head Jim Ryczek.

Said the coalition’s Maria Cimini, “We now have an unprecedented collaboration between federal, state and local government, philanthropy, veterans’ organization, homeless service providers, mental health and substance-abuse organizations, housing authorities, developers, landlords and homelessness constituents — all on the same page, with the same goal, to house our homeless veterans. And that has made all the difference.”

“It’s really all about the collaboration, communication and advocacy for these men and women,” said David Gendreau, a veterans’ case manager for The Providence Center, a partner in Zero: 2016 and operator of a comprehensive housing program for veterans.

Officials cautioned, however, that while the zero figure is expected to be achieved by the start of 2016, the overall problem will not be solved, as newly homeless veterans emerge. To help meet that anticipated need, Zero: 2016 participants will work to move residents of Veterans for Tomorrow and similar programs into permanent housing, thereby opening up units.

A native of Michigan, Lubbers served in the Marines during the 1980s. He later worked in construction and maintenance in several states, along the way becoming a volunteer outreach emissary, or chaplain, with the nonprofit Marine Corps League and other veterans’ organizations. He continues that work in Rhode Island, with the remaining population of homeless men and women who have served in the military.

“I go to visit the homeless vets,” Lubbers says. “I’m related to them. I can connect with them. I go up underneath bridges. A lot of these vets choose to stay off the grid, if you will, because they don’t trust cops, they don’t trust government, they don’t trust nobody.”

They usually trust a fellow vet, however.

“I bring them boxes of food or clothing or blankets. If I’ve got some spare change, I’ll give them some spare change.”

Lubbers also encourages them to contact the VA — and consider applying for Veterans for Tomorrow or similar housing.

Lubbers cannot predict how long he will live at his new home, but he does not intend to be a permanent resident.

“I’d like to move on and let another veteran get in here that really deserves it and needs it. When I get myself on my feet again.”

Veterans for Tomorrow is offering a commemorative brick program to help defer the costs of landscaping and furnishing. For details, visit [www.bricksrus.com/order/veteransfortomorrow](http://www.bricksrus.com/order/veteransfortomorrow)

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**2.7 - WESA-FM (NPR-90.5): [Pittsburgh Vets Share Stories Of Homelessness Through Their Own Lens](#)** (8 November, Anthony Priore, 154k online visitors/mo; Pittsburgh, PA)

You've seen them — homeless veterans living in large cardboard boxes or shabby tents under a bridges and underpasses. But the clearest image might come from the narratives of and photos taken by the homeless vets themselves.

To raise awareness about homelessness among veterans, VA Pittsburgh Healthcare System is hosting a three day event Monday through Wednesday, Veterans Day, at its facility on University Drive in Oakland. The event pairs patient narratives with photos, which the veterans snapped as part of a research study devoted to personalizing the struggles of homelessness.

“The researchers gave veterans point and shoot cameras and had them go out into their living environment,” said Sheila Tunney, public affairs specialist at VA Pittsburgh.

According to the U.S. Veterans Administration, military veterans comprise about 12 percent of homeless adults nationwide. That includes an estimated 180 homeless vets living in metropolitan Pittsburgh.

But the issue of homelessness extends beyond a lack of a permanent shelter.

“When you think about homelessness, you don’t necessarily think, 'Is this guy getting health care?' or 'Is this woman getting health care?' Sometimes (homelessness) is a big barrier to getting health care,” Tunney said.

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**2.8 - The Register-Guard: [Vet LIFT program helps disabled veterans get a home of their own](#)** (8 November, Mark Baker, 76k online visitors/mo; Eugene, OR)

The beginning of what could have been the end came in the dead of a typically cold January night in the northeast corner of the state.

“She was laying on my shoulder in the morning,” Devon Williams recalls. “I was cold. I tried to move her, and that’s when I realized she was just kind of dead weight.”

He was cold because she was cold.

Kristin Nicole Wolf, Williams’ third wife, was only 35 when she died mysteriously on Jan. 10, 2009, in La Grande.

“All I know is she died in the middle of the night,” says Williams, 44, now of Eugene. “That just kind of pushed me over the edge.”

A member of the Oregon Army National Guard since 1996, Williams served as a sergeant with the Guard for a year in Iraq, from November 2004 to November 2005.

He met Wolf by email when he was in Kirkuk, about 100 miles north of Baghdad, working as an ammunition supply specialist. She was working in Ohio for the United Service Organizations, better known as the USO, shipping packages to troops.

Years later, after he'd lost Wolf, the mother of his two children, Williams already was suffering from post-traumatic stress disorder from his year in Iraq and other stresses; stresses rooted in a life that began in Amarillo, Texas, in 1971 when he was born to a 14-year-old mother.

By the time he was almost 7 and adopted by a Texas couple, he had been passed from one biological family member to another no fewer than 10 times, he says.

After Wolf's death, which doctors attributed to complications from giving birth, four weeks early, on Nov. 24, 2008, to daughter Delilah, now 6, things began to spiral out of control for Williams.

In the next few years, he bounced from one Veterans Administration hospital to the next, from Boise to Portland, Walla Walla to Roseburg, — stays that lasted anywhere from a few days to a couple of weeks to a month — while his children bounced in and out of foster care.

Rock bottom came four years ago this month, during a stretch when he and Delilah, and son Drake, now 8, were homeless in the Eugene-Springfield area for about nine months.

Home flitted between his pickup truck and/or travel trailer or the occasional stay in a cheap motel.

It was at the latter, on Highway 99 in Eugene on a November night in 2011, when the police arrived. They came because Williams passed out while talking on the phone with a VA responder who, concerned, called 911.

Williams attributed his collapse to not eating well and running out of blood pressure medication the VA had prescribed.

While the police took him to the hospital, they took Drake and Delilah to the state Department of Human Services. They went back to foster care.

He went back to his pickup truck.

"His life could have gone two ways: It could have completely blown up or it could have turned around," says Anne Williams, housing programs director at the St. Vincent de Paul Society of Lane County. "And we just happened to be there at the crossroads."

A home of their own

The "crossroads" Anne Williams, no relation to Devon, is talking about is a program called Vet LIFT.

A decade-old collaboration between St. Vincent de Paul and the VA, it stands for Veterans Living Independently Following Treatment.

It's the reason Devon Williams, once homeless, now owns his own home.

“Our mission is basically to address community needs, and this was a huge community need,” Anne Williams says.

Vet LIFT provides assistance to homeless veterans dually diagnosed with substance abuse and/or mental health issues.

Williams says he has no issues with substance abuse, despite a 2011 charge for driving under the influence after taking the prescribed sleep aid Ambien, but qualified for the program based on his PTSD diagnosis.

The program has purchased three apartment complexes in west Eugene in recent years to provide immediate housing to vets who qualify.

It also provides counseling, health care referrals, financial literacy and vocational assessment services.

On Oct. 14, at the Valley River Inn, Anne Williams accepted the Eugene Mayor’s Award for community service, presented to Vet LIFT at the fourth annual Serenity Lane Community Service Awards Breakfast.

She talked a bit about the program to the packed room of about 400 then brought up someone she said best exemplifies the program’s success.

That “someone” was Devon Williams.

Many in the crowd were moved when he brought his children on stage and talked tearily about what’s it’s like to be a homeless, single dad.

He mentioned how “something as simple as being able to bathe can make a difference” in a homeless person’s life.

Asked why she selected Devon instead of another veteran who has been helped by Vet LIFT, Anne Williams said: “Because his story was so compelling, and he represented all of the successes we’ve had and represented them so eloquently.

“He is the face of the current conflict that people can really identify with. He’s a veteran, a father, and he’s faced adversity and overcome it.”

Reducing the numbers

Vet LIFT claims to have helped reduce Lane County’s population of homeless veterans from nearly 4,500 in 2005 to about 200 today.

The numbers are difficult to assess and differ sharply from Lane County’s.

In 2005, Lane County’s biennial one-night homeless count, conducted every other January, counted 1,293 homeless people in the county, 76 of them who said they were veterans.

This past January, 1,473 homeless people were counted, 210 of them who said they were veterans, according to county numbers.

The Lane County count “misses a huge number of folks,” Anne Williams says. “And there are (veterans) who’ve been living out in the woods forever. Blue River is full of them. Veneta is full of them. Oakridge is full of them. It’s an aging population. Winter is rough, and it’s almost here again.”

The 2005 numbers that Vet LIFT refers to were based on those provided by the VA’s annual CHALENG (Community Homelessness Assessment Local Education and Networking Groups) survey, Anne Williams says.

The push in recent years by local, state and federal organizations to end veteran homelessness can be traced to a five-year goal set in 2010 by President Obama’s administration, a joint effort between the VA and the Department of Housing and Urban Development, to end vet homelessness in the United States by the end of 2015.

First lady Michelle Obama said last year, at a White House ceremony to unveil the Mayors Challenge to End Veteran Homelessness, a piece of the initiative involving mayors from across the nation, that there were still about 58,000 homeless veterans in the United States, according to a New York Times story.

Yet, that was a 33 percent decrease from 2010, the administration said in a separate statement earlier in 2014.

The Obama administration has devoted record amounts of money toward finding homes for veterans, with \$1.6 billion proposed in President Obama’s 2015 budget, Michelle Obama was quoted as saying in the New York Times story.

#### Emergency housing

St. Vincent de Paul was able to cobble together hundreds of thousands of dollars to get Vet LIFT started in 2005, Anne Williams says.

A small federal grant of \$117,000 from HUD provided for the purchase of an old apartment complex at 951 W. Seventh Ave.

More money came from a \$300,000 city of Eugene loan. An additional \$246,000 came from a federal Community Development Block Grant loan, and various state mental health and addiction programs provided more funding, Williams says.

“I used as much as I could get from every single source I could find,” she says, sitting in her cluttered office at St. Vincent de Paul’s administrative building on Chad Drive in northeast Eugene.

Vet LIFT later bought the apartment buildings at 1025 W. Seventh Ave. and 1070 W. Sixth Ave. Hundreds of homeless veterans have been housed there in the past decade, Anne Williams says.

Devon Williams lived at St. Vincent de Paul’s emergency housing beds at the Mary Skinner Apartments on West Second Avenue in January 2012, then moved into the 1025 W. Seventh Ave. building in February. He lived there for much of that year, his children moving between there and foster care.

Funding through Vet LIFT's Grant and Per Diem program, at the VA rate of what is now \$43.20 a day, paid for the housing, Anne Williams says.

Last fall, St. Vincent de Paul's Supportive Services for Veteran Families, or SSVF, program received a three-year, \$3 million grant from the VA, Anne Williams says. The goal is to serve 200 veteran households per year for three years by either getting veterans housed or preventing them from being evicted from their residences.

To be eligible for funding, veterans must have served at least one day in the U.S. military or Coast Guard and have an honorable discharge.

"Everybody responded"

Devon Williams continued to serve weekend duty in the Oregon Army National Guard after returning from Iraq in 2005.

In 2009, after his wife died, he was honorably discharged because of his mental health issues, he says.

He took the kids to Carrizo Springs, Texas, where his adoptive mother and father, Joanne and Wayne Williams, live. That didn't work out for very long, though, and they went back to La Grande, where Devon Williams had moved from Barstow, Calif., in his early 20s.

The next couple of years took them to Forest Grove, where he has a teenage son, and then to Eugene--Springfield, where Williams met a woman he would marry, and divorce, twice.

They shared a home in Springfield, but once he was on his own again he didn't have much.

"The kids and I were basically homeless," between April 2011 and January 2012, says Williams, sitting in the sparsely furnished, three-bedroom home he was able to buy in August on Hidden Lane, off Highway 58 in Eugene, just east of Interstate 5, thanks to a loan from the VA.

"Devon's was a case everybody responded to," Anne Williams says. "Everyone was saying, 'This guy cannot live in his truck with his kids, so how are we going to make this happen?'"

"I can't believe my life"

How a homeless veteran was able to buy his own home can be traced to weekly VA meetings Williams attend in 2011.

That's where he met Joey Canaday, a Vet LIFT case manager who now works in the same capacity for the SSVF program at the Chad Drive office.

"And he looked fairly grimy," says Canaday, himself an Air Force veteran who served in Iraq and Afghanistan. "And when they finally have a place to shower and put their stuff, you can see the transformation. He just looked like a regular guy (then)."

Devon Williams was eventually able to get 100 percent VA disability because of his mental health issues, he says.

That gave him enough money to leave the Vet LIFT housing on West Seventh Avenue and rent a home in Springfield.

According to the VA's Compensation Benefits Rate Tables, a veteran on 100 percent disability with one child receives \$3,015.22 a month in benefits, and \$80.52 per month more for each additional child under 18.

That money enabled Williams to save enough money to buy his home on Hidden Lane, with an acre of property in the back, for about \$285,000.

As part of the Vet LIFT program, Williams was eligible for a Valley Individual Development Account, or VIDA, which helps low- to moderate-income people save money that's compounded by a match of state and federal funds.

For every \$1 you save, the match is \$3, up to \$3,000, Anne Williams says. Thus, the \$3,000 Devon Williams saved was matched by \$9,000, giving him the \$12,000 he used as a down payment to buy his home.

"But, more importantly, it gave him contact with one individual who was able to counsel him and keep him focused on his goal," Anne Williams says.

Devon Williams says his mortgage is \$1,685. After he pays other bills, he still has enough for food for the three of them and to buy them clothes when needed.

"It's enough to cover everything and put food in our refrigerator and a roof over our heads," says Williams, who tends to fluctuate between an easygoing laugh and moments when his face is strained and the turmoil within him stirs.

He does not work but has been collecting landscaping equipment. He has this idea of organizing other homeless veterans to get landscaping jobs. All would put a percentage of money they make back into the program to buy more equipment.

On a Monday afternoon in mid-October, he is cutting potatoes and onions to make pot roast as the kids run around the house; Drake with a bubble-blowing gun, and Delilah back and forth between the kitchen and her bedroom, where her voice booms from a singing machine.

Both children are students at Two Rivers-Dos Rios Elementary School in Springfield.

"I'm in this, like, period right now, to where I can't believe where my life is," Williams says. "I never thought I'd be buying a home.

"I'd lost all hope"

VET LIFT

What: Collaboration between St. Vincent de Paul Society of Lane County and the U.S. Department of Veterans Affairs to assist homeless veterans dually diagnosed with substance abuse and/or mental health issues.

Where: 1070 W. Sixth Ave.



Contact: 541-344-0465

More information: [www.svdp.us](http://www.svdp.us) or 541-687-5820

"He's a veteran, a father, and he's faced adversity and overcome it."  
—Anne Williams, St. Vincent de Paul Society of Lane County

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### 3. Ending the Claims Backlog – No coverage

### 4. Veteran Opportunities for Education/GI Bill

#### 4.1 - The Washington Post: [Starbucks will extend tuition benefit to a veteran employee's family member](#) (9 November, Jena McGregor, 20.3M online visitors/mo; Washington, DC)

Starbucks grabbed headlines last summer when it announced it would offer full tuition coverage to employees who work toward an online undergraduate degree from Arizona State University. Now, if an employee is a veteran or an active-duty member of the military, Starbucks will extend the free tuition to a spouse or one of the employee's children, too.

The new benefit, announced Sunday to employees, was designed to make the tuition benefit more relevant to the veterans the company is trying to hire, said Adrienne Gemperle, Starbucks's senior vice president of global human resources operations, in an interview.

In conversations with the company's Armed Forces Network and with other military employees, Starbucks realized many of its veterans weren't using the benefit because they either already had a college degree or planned to pay for college through the G.I. Bill. They wanted to know whether they could share the benefit with someone in their family.

"There's a benefit from this as a recruitment tool as well," Gemperle said. "It allows our veterans to look across their family's goals in the way that's most meaningful to them."

The new perk will allow Starbucks employees to gift the tuition coverage — a collaboration with Arizona State University that is made up of scholarships from ASU, financial aid and reimbursements from Starbucks — a single time to a spouse or child.

Even if many Starbucks military employees are not using the tuition perk for their own education, veterans or reservists can receive the benefit for themselves and for one other family member. For instance, employees who don't have a degree and want to save their G.I. Bill benefits for a master's program could use the Starbucks tuition benefit for their undergraduate years and cover a family member's college costs at ASU as well.

The announcement comes as other companies extend more benefits to employees' family members. Last week, Amazon said its employees would be able to share their unused paid parental leave with a spouse or partner who does not receive a similar benefit themselves. (Amazon founder Jeffrey P. Bezos also owns The Washington Post.)

"I think that there is a broadening consciousness from employers to say ... that we need to look creatively at what the most relevant offerings are," Gemperle said. "At Starbucks, quite simply, we spend a lot of time talking about both [employees'] personal and professional aspirations."

The extended tuition perk was just one piece of veteran-related news from the coffee company. As part of the announcement, Starbucks also said it is beginning a program to pay active duty and military reservists for up to 80 hours of service each year, a benefit many companies already offer. It announced plans to grow its number of "military family stores" — outposts near military bases managed by veterans with a special focus on military issues — as well as other initiatives and promotions for Veterans Day, which is Wednesday.

Starbucks also provided an update on its commitment, made in November 2013, to hire 10,000 veterans and military spouses over the next five years. Two years later, the company reported it has hired more than 5,500 veterans and military spouses. More than 95 percent of those hired are in retail jobs, such as barista and district manager positions; many of the others work in supply-chain management or in the company's roasting plants.

Starbucks is just one of many companies that have made commitments to fill its ranks with veterans in recent years. In May, Comcast NBCUniversal said it would hire 10,000 reservists, veterans and their spouses or domestic partners between 2015 and 2017. In 2013, Wal-Mart said it would guarantee a job offer to any eligible veteran who was honorably discharged from active duty, and it now projects it will hire 250,000 veterans by 2020. Accenture, Bank of America and AT&T have all made veteran-hiring pledges.

Meanwhile, the 100,000 Jobs Mission, a coalition of corporations that has grown from 11 to more than 200 companies, has been so successful that it recently changed its name to the Veteran Jobs Mission and is now committed to hiring 1 million veterans.

Such efforts may be one reason the job outlook for veterans has improved notably. According to the most recent jobs numbers announced by the Bureau of Labor Statistics on Friday, unemployment for all veterans reached a seven-year low, falling to 3.9 percent in October from 4.5 percent last year and 6.9 percent two years ago. The jobless rate overall was essentially unchanged, at 5 percent.

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**4.2 - Syracuse.com (The Post-Standard): [Vet with a vision: How Michael Haynie turned Syracuse University into a veterans leader](#)** (8 November, Teri Weaver, 3.1M online visitors/mo; Syracuse, NY)

Michael Haynie has helped put more than 4,000 people to work without ever opening a business.

Those new jobs across the nation came from a somewhat unlikely place — the Syracuse University campus.

Haynie is at heart an entrepreneur, a person who recognizes a gap in the marketplace, then pours in the very thing people didn't even know they were craving.

He saw the need to help military veterans, many with disabilities after tours in Iraq and Afghanistan, start their own businesses. He capitalized on the desire by powerful business leaders with real money — at J.P. Morgan Chase, PepsiCo and Starbucks -- who wanted to do more for vets.

In less than a decade, Haynie helped thousands of veterans launch products and businesses. He's also made Syracuse University a place that scholars, investors and politicians turn to when it comes to veterans issues.

"We are the leaders in the world of veterans now," SU Chancellor Kent Syverud said. "People from all over the world come here to study what we do with veterans."

Haynie's work has brought \$60 million to SU, his office says. Without Haynie, it's hard to imagine SU would be talking about opening a medical school that trains physicians how to treat veterans.

"I don't know if Syracuse, the community, realizes this, but Mike Haynie is a national asset," said Randy Blass, a close friend from Haynie's U.S. Air Force career who now runs similar vet programs at Florida State University. The trajectory of Haynie — and his work at SU — is staggering, his friend says.

Since 2006, Haynie has gone from a newly hired business professor to a No. 2 spot — SU's vice chancellor on veteran and military affairs reporting directly to Syverud.

The meteoric rise makes sense: Under Haynie, donors pledged more than \$30 million to the Institute for Veterans and Military Families during SU's most recent fiscal year. That was more new pledges than attracted by any other SU department, including the athletic department, Haynie said.

Haynie has made Central New York his home, though his job now puts him on the road about 120 nights of the year.

This summer, after a flight in Detroit was canceled, he didn't look for a hotel. He rented a car and drove to his Cazenovia home, arriving after 2 a.m. He needed to be in Syracuse that day to teach a class for the Entrepreneurship Bootcamp for Veterans with Disabilities — the program that jump-started his academic career into veterans affairs.

"I'd rather be here," he told the class, after explaining he'd been meeting with Robert McDonald, the secretary of the U.S. Veterans Administration.

It was classic Haynie. He now warrants face-to-face meetings with the nation's decision-makers. But he yearns to be in the classroom, working one-on-one with students. It's why he still answers emails, personally, from vets from previous boot camps.

It was also classic entrepreneurship. "You do it without the resources," Haynie says of building something new. "You just go."

'Got to have this guy'

Melvin Stith admits he broke university rules when he hired Haynie. Stith, the former dean of SU's Whitman School of Management, interviewed Haynie in 2006 during the Air Force captain's first trip to Syracuse. Haynie had just made a hard choice to leave the Air Force after 14 years.

Haynie, 46, grew up in North Wales, outside of Philadelphia. He had joined the military through ROTC at the University of Delaware. As an Air Force officer, he worked in contracts and acquisitions. His interest in business and entrepreneurship began while he was an aide de camp to Gen. George Babbitt, a four-star general in charge of Air Force equipment and weaponry who also had been an early drummer for The Ventures ("Walk, Don't Run").

"He was not your typical Air Force general," said Haynie, who admired the way Babbitt imposed private-sector practices onto the Air Force's supply chain.

While in the Air Force, Haynie also earned his doctorate from the University of Colorado and taught business classes at the Air Force Academy.

"I've got to have this guy," Stith said. "I saw all of this, plus his academic training. I just wanted him."

When Stith learned Haynie already had an offer from Ohio State University, the dean didn't wait. Instead, Stith put an immediate, written offer in Haynie's hands.

"I've never made an offer like that," Stith said. "I broke the rules."

Haynie joined the faculty at Whitman in time for the fall of 2006.

'I was looking for something'

Haynie says he was looking forward to "just being a professor." But that first fall, he realized he missed being a part of something larger than himself.

"I was looking for something that I lost when I left the military," he said. "I was looking for something that would help me find another way to serve."

He came up with a simple idea: Invite a small group of disabled vets to SU for a boot camp that would help them launch businesses. Stith, a U.S. Army vet who fought in Vietnam, said yes before Haynie could finish explaining the idea. They decided they wanted the boot camp to be free for the vets.

Stith mentioned Haynie's idea to Martin Whitman — the namesake of SU's business school — over lunch. Stith said he was planning to pay for the first boot camp out of the school's funds.

Whitman, who served in the military in World War II, stopped him, Stith said. The Wall Street investor wrote a \$100,000 check.

To recruit the first boot camp class, Haynie finagled a few minutes before wounded veterans at Walter Reed National Military Medical Center in 2007. He talked about how people with disabilities often thrive through self-employment because as owners they can easily adapt work and workplaces to accommodate their strengths and weaknesses.

After the session, a staff member at Walter Reed scolded him for raising the hopes of the wounded troops, Haynie said. "At the same time," Haynie added, "my class was filled overnight."

'Seven minutes'

In 2010, Haynie was still a professor at SU's business school. But the veterans programs — and his vision — kept growing. War-weary service members were still in Afghanistan and Iraq. The nation was becoming more aware of the challenges of traumatic brain injuries and stress disorders. Universities were building schools focusing on national security, defense and counterterrorism.

Yet, as Haynie saw it, no university had thought to focus on veterans and their families as an area of study. He wanted SU to fill that void.

SU's chancellor at the time, Nancy Cantor, liked the idea, Haynie said. "But you can have all the good ideas in the world, and part of what you've got to be able to do is fund them," he added.

A few months later, Haynie met with the chief operating officer at J.P. Morgan Chase. For the meeting, Haynie prepared 40 slides in PowerPoint, that ubiquitous program that is practically a requirement at military briefings.

He never opened his briefcase. The meeting lasted "about seven minutes," he says. Haynie left with a \$7.5 million commitment from the investment house, money key to launching the institute. He called it one of the "best and most surreal meetings" in his life.

IVMF is now in its fifth year of operation. It has about 50 employees and has trained more than 33,000 vets, service members and their family members. The boot camp has spread to nine other universities and evolved to help caregivers of veterans also start businesses.

Since Kent Syverud took over SU in early 2014, he's put all of the university's military programs — from ROTC to on-campus military courses to the Veterans Resources Center — under Haynie's watch in the school's new Office of Veteran and Military Affairs.

In early 2015, Haynie was promoted to vice chancellor, one of only two on campus.

'It blows my hair back'

The institute's new home is in the former law school library. It doesn't offer classes to SU students. Instead, it's more like a think tank on veterans affairs that also advises and trains vets on finding jobs or opening businesses.

At the center is Haynie, who flies out of Syracuse to meet with former President George W. Bush, to make plans with the founder of Starbucks, and to testify before Congress. CNN, Fox News, 60 Minutes have covered his work. This spring, President Barack Obama named Haynie as vice chair to the nation's MyVA Advisory Committee.

"It blows my hair back," said Blass, of Florida State, about his close friend's success. "It's always a big list of initiatives, new ideas."

Earlier this year, Starbucks founder Howard Schultz announced his family's foundation would team up with the IVMF and open training centers on military bases to help service members transition to the civilian workforce. It's part of a \$30 million commitment from Schultz to help vets. The institute will run the training centers.

Haynie's new uniform is a business suit. But he's still very much an officer. Check out his hair. "I cut it myself," he said. "Clippers in the bathroom."

At SU, this vice chancellor's office barely holds a desk, a bookshelf and a small table that seats just three people. There's a photo of him with former President Bush, whom he's gotten to know working on veterans programs at The Bush Institute. There's an impromptu thank you letter from former President Bill Clinton, sent after Haynie wrote about veterans in The New York Times.

"He likes that he can pick up the phone and call President Bush," Blass said. "He also likes that he can buy a loaf of bread and nobody knows him."

Haynie recently moved from Syracuse to Cazenovia Lake so he can spend more time fishing. He was on a rare week of vacation in Montana this summer when news broke that SU wants to open a new medical school aimed at training doctors for VA hospitals. The idea could create thousands of jobs and bring millions of dollars in economic investment and research money to SU and the Syracuse area.

It's another classic entrepreneurial move from Haynie. Vets and the VA need more doctors. Why not open up a school that trains them?

Yet this time, there's been pushback. Officials at Upstate Medical University criticized the plan. Ultimately, it was not included in the Central New York region's "big idea" bid for \$500 million in economic development money from the state.

Even as Haynie works on these big projects, he still gets excited when a former student finds success. He still gives out his personal email and cellphone number to the military and vet students he meets. They send him updates, texts he's much more excited to show than presidential letters or photos.

He pulled out his phone to show a message from a former student. Brad Fite was a Marine who had survived a roadside bomb explosion in Afghanistan in 2010. This summer, Amazon began carrying Fite's memoir, "Life after Death."

"Just stuff like that is what brings you back," Haynie said.

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**4.3 - The Davis Enterprise: [Female veteran offers support, inspiration to others at UC Davis](#)** (8 November, Tanya Perez, 101k online visitors/mo; Davis, CA)

Megan Kennedy walked into a Houston U.S. Army recruiting office in 2002, right after high school graduation.

“I went with one of my friends to a recruiter,” she recalled, “and I don’t know what came over me. I walked in the office, and said ‘you know what? I’m ready to join.’ ” Ironically, the friend she accompanied for moral support didn’t enlist that day.

More than a decade later, Kennedy, 31, works at UC Davis as an undergraduate admissions analyst and adviser, while also serving as a staff adviser to the Davis Student Veteran Organization and as an officer of the newly formed Veterans Constituency Group that supports all veterans and military on campus.

Part of what makes her an effective liaison to student and staff veterans are the obstacles she faced while in the military.

For starters, Kennedy was injured during basic training in South Carolina. She realized right away that she was hurt, but “the military really wants to discourage faking injury,” Kennedy said. “The culture of the military is to bully you, to keep you from going to a doctor.”

She demanded X-rays, but nothing was detected. While at home for Christmas that year, she said, “my feet swelled up to the size of grapefruits.” It was not until after advanced individual training that she was diagnosed with stress fractures in her foot and knee, as well as back and ankle injuries.

“Female military members are more prone to stress fractures because all of that equipment is made for male bodies,” Kennedy explained.

Stress fractures need immobility to heal, which she never had the opportunity to do. “My body never got that chance to heal.”

‘Other than honorable’

The next part of Kennedy’s tale is complicated.

“When I got home from training, we were called to deploy,” Kennedy said. But the deployment was canceled, so she went to a Veterans Administration hospital for treatment for her stress fractures. She received an honorable discharge, which unbeknownst to her, lasted only 34 days.

When the next deployment came, her paperwork had fallen through the cracks, she said, and the people working on her case had left the Army (more common after the events of 9/11 had enticed so many military volunteers). She later found out that her discharge had been categorized as other than honorable, or OTH, and she’d even been in danger of being AWOL when her unit was sent to Afghanistan.

Instead of reporting for duty in Afghanistan, Kennedy — technically a reservist at that time, and thinking she’d been honorably or medically discharged — was an executive assistant manager at Walgreens in Houston where she planned to become a store manager.

Explanations as to why she didn’t receive the expected medical discharge didn’t add up. After a congressional inquiry, Kennedy said, “My file said basically ‘we couldn’t find you, so this is what we did.’ My address was still my parents’ address,” she explained, “and it was very strange that they couldn’t find me.”

Silver lining

Today, Kennedy is still working on a discharge upgrade.

“I do have service-connected injuries,” she said, which should warrant a medical discharge. She said that “People injured in basic training kind of get shuttled out. The military doesn’t know what else to do with them.”

Additionally, Kennedy’s “compensation claim has been pending with the VA for more than four years,” she explained. “I now also suffer from a severe depressive disorder, a recurrent anxiety disorder and a panic disorder.”

The silver lining, however, is that she is well-equipped to help student veterans at UCD with their post-military issues.

“Serving my brothers and sisters in arms in the small ways that I can is one of the larger goals in my life that keeps me going,” Kennedy said in an essay she wrote for a project called “What is a woman veteran?” put forth by the Sacramento-area Women Veterans Alliance.

“Veterans have led the way most of their lives, and they deserve access to all that UC can offer through dedicated outreach and recruitment,” Kennedy continued.

Her journey through the education system also helped Kennedy be qualified to know the myriad channels available to help student veterans.

“I didn’t have access to my G.I. Bill because of my discharge, but I was able to use VA Vocational Rehabilitation (Ch. 31) to complete my bachelor’s degree in philosophy and political science at the University of California, Davis,” she wrote.

Still striving

Kennedy also credits her time at UCD as one where “I met fellow veterans who not only supported me but also inspired me to keep striving for the things I want in life.”

Now in her job at UCD, Kennedy said, “I’m excited to say we are starting to see more veterans and National Guard coming in as freshmen,” rather than from community college. She likes that student veterans “have more time to get acclimated” to the four-year university, saying of those who’ve first done military service, followed by community college, “UC is a whole different ballgame — you can’t work full-time and go to a UC.

“And you’re only there for two years,” Kennedy continued, “on the quarter system, where everything is moving so quickly.” She added, “There’s very little time to become fully part of the (university) community,” something she doesn’t want fellow veterans to miss out on.

Yet, Kennedy said, “A lot of (veterans) feel they aren’t smart enough to go to a UC, or think ‘my benefits won’t get me there.’” Their service, she insists, makes them “world-class, so why would they not choose to come to a world-class institution?”

Learn more about the Women Veterans Alliance at [www.womenveteransalliance.org](http://www.womenveteransalliance.org), and read Kennedy’s entire “What is a woman veteran?” essay at [www.womenveteransalliance.org/blog-2](http://www.womenveteransalliance.org/blog-2).

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**4.4 - Corvallis Gazette-Times: [Unseen veterans](#)** (8 November, Anthony Rimel, 72k online visitors/mo; Corvallis, OR)

Steven Olson, a 23-year-old Linn-Benton Community College student, remembers a young woman in one of his classes asking him if he was really a veteran.

Olson served two combat tours of duty in Afghanistan with the U.S. Army's 82nd Airborne, so he was able to tell his classmate that, yes, he is in fact a fully qualified veteran.

Replied the woman: "I didn't know people like you were veterans."

Student veterans face a lot of the same issues as any other veteran in the post-9/11 era: difficulties transitioning back into civilian life; mental health or disability issues; and struggles with GI Bill benefits that can sometimes leave them with financially lean months.

But veterans attending Oregon State University and LBCC say they also face other challenges: connecting with classmates who are younger and less experienced than they are, and a lack of awareness among peers about the issues they face.

The Veterans Club at LBCC and the Veterans and Families Student Association at OSU, which both have re-formed this year after having been dormant, are working to raise awareness of veterans and their issues on campus.

In fact, the question of how best to raise awareness of veterans' issue was a theme at a meeting last month of the Veterans and Families Student Association at OSU.

At first glance, the Oct. 20 meeting might have looked like any student gathering, although the students were a little older. The dress was casual, with jeans and sneakers or boots. There was only one woman in attendance. The 10 men in the room were bearded, with only one exception: a student who is active with the Oregon National Guard. One man had hair so long he had it pulled back in a knot behind his head.

They did not conform to the stereotype of what people with military backgrounds look like.

"We're not a bunch of clean-shaven high-and-tights," said association president Donald Phillips, a 27-year-old Oregon native.

The meeting took place in the midst of midterms, so the members agreed to keep it short, but they still covered a lot of ground. They discussed issues any newly active club might: T-shirt designs, club fundraisers, getting the university to approve their status as a sponsored student organization, and persistent problems with their meeting space, the Veterans Lounge in the Memorial Union, which also is being used by other students.

They also talked about a bill passed by the Oregon Legislature that will give priority registration for classes to veterans and active duty members of the U.S. Armed Forces. The bill takes effect in September 2016, but Phillips urged the group to lobby OSU officials to put it in place before that.

The conversation eventually turned to Veterans Day planning. Unlike recent years, OSU will be observing the holiday on Wednesday; it even started fall term early to make room for the day in its schedule. The club members discussed fundraisers or some kind of event to raise awareness of student veterans and their issues, but eventually one club member floated the idea of putting together some kind of unofficial activity that would give student veterans a chance to bond. The association had been dormant on campus for at least a year before being revived this school year, so many in the group didn't know each other well.

Many of these suggestions resonated with the group, and by the next meeting, some decisions had been made: Group members will staff tables on the lawns outside OSU's Memorial Union on Monday and Tuesday to raise awareness and plan to hold unofficial social gatherings on Wednesday, Veterans Day, involving other veterans.

Phillips, an Army veteran and psychology major who wants to pursue a career working with veterans who have service-related disabilities, said the idea of students in the club doing something to reach out to other veterans clicked with the group for a simple reason: They often feel people who haven't served can't understand them as well.

"Veterans relate to other veterans," he said. "It doesn't matter what war they served in, or even if they served in a war."

And, he said, that's a large part of why he wanted to restart the group this year, and why the group is reaching out to the public.

A safe place

Phillips said the Veterans Lounge in the Memorial Union has been a regular topic at the association's recent meetings. The club's veterans want a space where they feel comfortable, and they say the current lounge isn't meeting their needs.

Phillips said the club would like a space that's more off the beaten path, so that nonveterans would use it less. Members also would like a space with separate rooms; one could be a quiet study area, and another could be a lounge where students could talk. He added that having to pass through the Memorial Union Lounge, one of the "most crowded areas on campus," can be stressful for some combat veterans because they often are uncomfortable around large numbers of people.

For Kylissa Taylor, a 30-year-old student who spent six-and-a-half years on active duty with the Navy, the Veterans Lounge is an example of how invisible student veterans can be sometime on campus: She said other students often just wander in and use the space and have loud conversations.

"To everyone else it is just a room," she said. "To us, it's our lounge."

Willie Elfering, the veterans and military resource adviser for OSU, said the Memorial Union location is meant to be a temporary space until a more permanent center for veterans on campus can be created. But he said he is unaware of any plans to create a more permanent home for veterans on campus.

For Phillips, the desire to help veterans is a familiar role: He worked as a medic for four years, and deployed with the First Armored Division out of Fort Bliss, Texas, to southern Iraq during 2009-10.

“Doing that I was the first line of help for a lot of guys,” he said. He said since he left the Army he’s seen depression, alcoholism and suicide attempts among his peers. But he hopes the club will give veterans a place to be around people who understand each other.

“When you have a similar background to the people you are trying to help, they feel more understood,” he said.

Phillips said he got divorced because of issues that arose while he served overseas. Still, he said, the experience made him appreciative of what Americans have. He even mentioned appreciating Corvallis’ ban on plastic shopping bags after seeing dunes made of trash in Iraq.

“It gave me a lot of perspective on life, not sweating the small problems as much,” he said.

Is this high school?

Student veterans have a different perspective than other students for a simple reason: They have more life experiences to draw upon than does an 18-year-old freshman.

The different perspective can require some adjusting on campus.

Taylor, the Navy veteran, left active duty in May 2014, and started at OSU that fall.

She recalled walking into a chemistry class and wondering if she’d mistakenly wandered into some high school program held because of how young the students in the class appeared to her.

“It was a culture shock,” she said.

Taylor, originally from Tempe, Arizona, said her service was mostly shore-based, and she served in a variety of locations, including Bahrain.

Of her current classmates, she said, “You can’t relate much because of the age difference.” She added that veterans also have more life experience, which can mean student veterans often have different concerns than traditional students.

“We’ve been through a lot of crap, so to us their priorities look really petty,” she said. “We think bigger picture, we’re more after jobs than grades.”

“Being an adult you have bills and finances that other students don’t,” said Taylor, who still is in the U.S. Navy Reserve. She added that many of the members of the Veterans and Families Student Association have families, and “real-life situations” to deal with outside of school.

Taylor is an ocean science major, and hopes to work with a science organization like the National Oceanic and Atmospheric Administration or the Ocean Conservancy after graduation. She said veterans can struggle with the shift to college because the military is very focused on job skills training, rather than the more broad-based knowledge students gain as they work on a college degree.

At LBCC, Olson has grappled with many of the same issues.

He said it can be hard for student veterans to relate to many of their peers, and that it can be a little demeaning to go from having a lot of responsibilities in the military to being in class with recent high school graduates.

“If I’m talking to a 23-year-old who is not a veteran, it’s a completely different kind of person,” he said.

He said it can be hard to relate to classmates who are all about the college lifestyle and concerned with parties, while his biggest concern is figuring out how to buy a house with his Veterans Affairs home loan eligibility.

“I’m adulting pretty hard at 23,” he said.

#### Priority registration

Phillips said in addition to getting a center on campus, implementing priority registration for veterans, as mandated by a bill that passed the Legislature this year, would be an important way OSU could help veterans.

Steve Clark, a university spokesman, said officials in the Registrar’s Office and Enrollment Management will work with students and veteran service groups on campus over the next few months to discuss how OSU can best implement the bill, which mandates that a priority enrollment system be in place for veterans by September 2016.

Phillips also said offering veterans discounted parking could help; many veterans have disabilities that don’t qualify them for disabled parking permits, and on their fixed benefits it can be difficult to afford parking in convenient lots.

At LBCC, Olson said universities and colleges could aid veteran students by having classes and workshops aimed at helping them transition from the military.

#### Helping their own

Olson, the president of Linn-Benton Community College’s Veterans Club, said incidents like the one where his classmate was skeptical of his veteran status prompted him to get the club started again after being inactive for a couple years.

“It’s important that veterans take care of their own,” he said.

Originally from Williams, Oregon, Olson joined the Army in 2010 and left as a sergeant in October 2014, just a few months after completing his second tour. He said the military usually has people being discharged on a 12-month-long process to transition them out of the service, but since it needs people in combat to serve actively while they’re still in the military, the timeline sometimes shrinks to three months.

As a result, he missed out on the chance to get some college credit through the programs, which would have prepared him better for school. Some student veterans end up in remedial courses, he said, which can be a hardship since the GI Bill only pays for 36 months of college.

"People in combat arms, they have to use their GI Bill getting caught up which shortchanges you on getting your degree," he said.

Phillips, at OSU, pointed to another issue with the GI Bill: To qualify for full housing benefits, he said, he's required to be enrolled in 12 credits at a time. But during summer term, when classes are broken up into shorter, more intensive sessions, he's not enrolled for 12 credits during any of the individual sessions. That means he doesn't qualify for full-time housing benefits. And since summer term ends before September, and classes don't begin until late in the month, he can't get housing benefits for the whole month.

He said he's able to plan for this, but it can lead to some lean times.

### Emerging leaders

The student veterans said they have a lot to offer their schools.

Olson, a physics student who plans to transfer to OSU and eventually pursue a master's degree in education, said that the veterans on campus bring work ethic and leadership to the school.

He gave a couple of recent examples: after the shooting at Umpqua Community College, the LBCC student government asked the Veterans Club to read the names of the victims during vigils held on LBCC's campuses. In addition, students in the club also spoke about their personal experiences with post-traumatic stress disorder at a campus workshop on the subject.

"We're pillars of the campus when it comes to responsibility," he said.

He added that groups like the Veterans Club are important in helping students. In addition to raising awareness of veterans' issues through events such as screenings last week of "Project 22," a documentary about veteran suicide, the club also offers mentorships, in which new student veterans can be paired with a more experienced student with a similar major or service background so they can receive help and advice as they transition away from military life. He said this is effective because veterans have a lot of shared experiences that allow them to connect.

"When I have a conversation with a veteran, it's like having a conversation with a brother or a sister," he said.

These connections, he said, are important because many veterans will isolate themselves, so veterans and the broader community need to find ways to come together.

"The biggest problem veterans face today isn't the disdain of Vietnam and that period, it's the indifference of the average American," he said.

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## 5. Women Veterans

**5.1 - The Wall Street Journal: [Female Veterans to Collaborate With Artists in Harlem. Social Design Collective chosen as artist-in-residence at the Mayor's Office of Veterans' Affairs](#) (8 November, Corinne Ramey, 39.2M online visitors/mo; New York, NY)**

Female veterans in Harlem will soon be collaborating with artists as part of an initiative to bring art out of museums and into city government.

The New York City Department of Cultural Affairs plans to announce on Monday that Social Design Collective, a project spearheaded by artist Jules Rochielle, has been chosen as artist-in-residence at the Mayor's Office of Veterans' Affairs.

Ms. Rochielle and Christine Tinsley, an artist who spent several decades in the U.S. Coast Guard, will work with female veterans at the Harlem Vet Center to build relationships among female veterans and connect them with veterans' services.

"A big part of this will be doing community outreach and trying to build connections using art as a strategy," Ms. Rochielle said. The eight-month residency won't primarily result in physical objects, but will likely involve images, journals, storytelling and social events, she said.

"We're really concerned with the social function of art," said Ms. Rochielle, who has had other similar residencies in localities nationwide. She has worked with youth around gang violence in Santa Ana, Calif.

To select the artist-in-residence, the Department of Cultural Affairs solicited proposals, and Ms. Rochielle and Ms. Tinsley's project was chosen from about 100 applications, said Edwin Torres, the agency's acting commissioner.

Of particular value were Ms. Rochielle's experience with socially engaged art and Ms. Tinsley's work around portraits and storytelling for female veterans, he said.

The initiative's first artist-in-residence, the Cuban artist Tania Bruguera, was placed in the Mayor's Office of Immigrant Affairs earlier this year. The Department of Sanitation has long had an artist-in-residence.

"We want to show people who aren't in the art world that art and culture can be useful to them, and especially be useful to the population they serve," Mr. Torres said. "We're hypothesizing that that's how you get arts and culture supported at scale."

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## 6. Other

**6.1 - WND (Culture Wars): [ISIS, Gitmo and Obama's failure to veterans. Exclusive: Chuck Norris blasts White House for neglecting America's heroes](#) (8 November, Chuck Norris, 3.8M online visitors/mo; Medford, OR)**

Back in June, President Obama authorized hundreds of additional U.S. troops to deploy into Iraq to boost local forces fighting ISIS. A little over a week ago, Obama also authorized American boots on the ground in Syria to fight ISIS there.

It is unfortunate that U.S. troops have to mop up again for the trial-and-error tragic Middle East strategies and oversights of the White House. But such reversals of course seem to be par for the course for this administration.

Former CIA Director and Defense Secretary Leon Panetta personally warned Obama during his tenure that completely vacating Iraq would create a greater vacuum for the growth of terrorists like ISIS.

Panetta explained, "I think when we stepped out of Iraq, in many ways, we created this vacuum in which not a lot of attention was paid to what was happening in Iraq or what was happening in Syria with the extremists who were developing a base of operations. That combination, plus obviously not getting all of the intelligence that we should've had on it, I think is what produced the ISIS that we're confronting today."

It is bad enough that Obama is sending U.S. troops into harm's way on account of the White House's own mistakes. It is quite another thing when our servicemen get home that the White House continues to fail them with the follow through in their post-war care.

In 2014, the White House's own report concluded the VA has "significant and chronic systemic failures."

On Nov. 5, just a few days ago, the Military Times reported that the VA denied benefits to thousands of living vets because the agency's records showed them as deceased. The report explained, "[The] VA continues to be plagued by missteps, including an internal report indicating that nearly one-third of veterans with pending applications for VA health care likely have already died."

So aloof is the present Democrat hierarchy to our veterans that the Military Times reported in August of this year that the Democratic National Committee mistook foreign vets for American vets. The DNC's "Veterans and Military Families' website had as its only picture a shot from White House photographers during President Obama's visit to Warsaw in 2011."

Despite Obama's own repeated commitment to end veteran homelessness, it is estimated that 50,000 veterans remain among the 600,000 homeless in America. Despite Obama tripling the amount of money to get homeless veterans off the street and boasting that a third of them have found homes, Politifact reported: "The one-year estimate of sheltered veterans does not support the 33 percent number Obama offered. According to the most recent data, there were just 6.5 percent fewer homeless veterans from 2009 to 2013."

And yet, Obama has had great success in empowering and enabling Islamic jihadists and also helping them to find their homes abroad and even in the U.S. The FBI recently warned us that 900-plus ISIS operatives are presently being investigated inside the U.S. – in every state of the union – and that they are actively recruiting U.S. teens and trying to hack major U.S. power grids. In addition, there were 240 jihadists in Guantanamo when Obama took office. Thanks to Obama's care for them, there are now only 112 Islamic extremists left there, and he shortly plans to close down the Cuban facility by executive action and relocate the remaining jihadists to U.S. prisons.

And who can forget that the suicide rate among veterans remains at an all-time high? In fact, it's even increased for recent veterans. As the Los Angeles Times reported, "Recent veterans have

committed suicide at a much higher rate than people who never served in the military, according to a new analysis that provides the most thorough accounting so far of the problem ... roughly 50% higher than the rate among other civilians with similar demographic characteristics.”

On the eve of this Veterans Day (Nov. 11), it is high time the White House quits making a mockery of our troops abroad and quits neglecting our veterans’ post-war care at home.

And if Washington can’t get it right, then I encourage Americans and American businesses everywhere to extend their gratitude in any way this Veteran’s Day by showing those who have served just how much we appreciate them. If you’re at a loss for a local way to do that, then consider making a donation to charities like the Wounded Warrior Project, Cars for Veterans, or Blue Star Mothers of America.

Let us pray for those troops who are once again being sent back into Iraq and Syria to risk sacrificing life and limb in the battle against America’s enemies. And let us pray for their families who say goodbye to their loved ones and are apart from them this holiday season.

My family and I understand these types of military sacrifices. My father fought in World War II at the Battle of the Bulge. I served four years in the Air Force. My brother, Aaron, served in the Army, and our brother, Wieland, was killed in action in Vietnam when he walked point alone and drew out enemy fire so that others in his platoon could fight their way out to freedom. Many souls were saved on that day because of my brother’s bravery. (My mom wrote a chapter on each of us, and for the first time tells Wieland’s war story at length in her autobiography, “Acts of Kindness: My Story.” Here she is talking about it on Fox’s “Huckabee” show.)

This Veterans Day, my wife, Gena, and I join millions of patriots everywhere to honor and salute all of America’s veterans, pray for those active in service, and humbly bow in thanks for our fallen heroes who gave their lives that we might live ours.

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**6.2 - Roll Call (#WGDB): [It’s Veterans Week in the Senate](#)** (8 November, Niels Lesniewski, 1.2M online visitors/mo; Washington, DC)

Majority Leader Mitch McConnell has an aggressive plan for what could be a two-day workweek ahead of the Veterans Day holiday.

The Kentucky Republican secured a consent agreement Nov. 5 that sets up a Tuesday morning vote on the Senate agreeing to a House-passed revision of the fiscal 2016 defense authorization bill, clearing one must-do item off the calendar.

While the changes to the policy measure reflect the funding levels for the Pentagon in the recent bipartisan budget agreement, eliminating one key reason President Barack Obama vetoed the original measure, a disagreement remains over potentially closing the detention facility at Guantánamo Bay, Cuba.

White House Press Secretary Josh Earnest has identified the Gitmo issue as one additional reason why the first version of the Pentagon’s authorization bill faced a veto.



Senators will also continue work on the fiscal 2016 spending bill for military construction and the Department of Veterans Affairs, timed just ahead of the Nov. 11 observance of Veterans Day.

The MilCon-VA measure is the first appropriations bill the Senate has proceeded to this fiscal year, with Democrats saying the measure could form the basis for an omnibus bill during the December debate on keeping the government funded past Dec. 11.

“We are one step closer to putting veterans first and partisanship aside,” Sen. Mark S. Kirk, R-Ill., the corresponding Appropriations subcommittee chairman, said in a statement after the Nov. 5 vote to proceed to that bill. “This bipartisan bill funds veterans’ care at record levels — \$1.1 billion above what the president requested.”

In addition to veterans-related events Wednesday, McConnell is scheduled to deliver a lecture presented by the Henry Clay Center for Statesmanship and Transylvania University in Lexington, Ky.

McConnell is speaking about a trio of Kentuckians who all served as senators: Happy Chandler, Earle C. Clements and Thruston Morton.

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**6.3 - Wicked Local – Billerica: [Honoring Billerica's veterans](#)** (7 November, Mary Leach, 336k online visitors/mo; Westford, MA)

BILLERICA - Residents ranging in age from 5 to 95 paid tribute to those who served our country at a special breakfast to honor veterans held on Nov. 3 at the Billerica Elks Club.

Granddaughters Charlotte Turco, 5, and Bianca Turco, 8, joined father Damian Turco at their grandfather’s table, as the youngest people at the event.

“When my granddaughters heard that we wanted to honor veterans, they asked me what a veteran is. I said ‘come to the breakfast and I’ll show you,’” said Daniel Turco, U.S. Army veteran.

Ninety-five year old Kenneth Sennett, retired Army, was the most senior veteran in attendance.

“It makes me feel very good to attend this breakfast,” Sennett said, adding that he served four years in the South Pacific during World War II. “I’m a member of the Disabled American Veterans 47 Billerica and I enjoy taking part in my club’s activities.”

Held in honor of Veteran’s Day, which is celebrated on Nov. 11, the breakfast was hosted by Kenneth L. Buffum, director of Veterans Services in Billerica. Approximately 80 individuals attended.

The event opened with a touching tribute to the POW/MIA by Georgia Gadbois of Ipswich. Gadbois explained the meaning of the empty table at the front of the room that symbolizes the plight of those who were prisoners of war or missing in action and never returned home, making the ultimate sacrifice in service to their country.

Senator Ken Donnelly (D-Arlington), State Representative Marc Lombardo (R-Billerica), Town Manager John C. Curran, and Middlesex Sherriff Peter J. Koutoujian offered brief remarks. All noted with pride that Massachusetts has some of the strongest veterans support programs in the nation.

Christine Croteau, director of the VA Medical Center in Bedford, shared her personal experience as the niece of a World War II veteran who made a big impact in her life, yet never discussed his experience serving in the military. She said her goal, along with the VA Medical Center, is to help veterans get what they need, whether it is medical care, housing or employment.

“Look for the veteran who may be isolated and seek them out. We want veterans to live life to the fullest and never want for anything,” she said. “We can’t do it without you.”

The breakfast was made possible through the sponsorship of Daniel Turco and Flir Systems. Catering was provided by Mr. Jack’s in Billerica.

Representatives from The Viridian Heroes Program did a brief presentation on opportunities for veterans.

According to the U.S. Department of Veteran Affairs website, Veterans Day, which is celebrated on Nov. 11, is a celebration to honor America’s veterans for their patriotism, love of country, and willingness to serve and sacrifice for the common good.

Nov. 11 marks the end of World War I, known at the time as “The Great War.” World War I officially ended when the Treaty of Versailles was signed on June 28, 1919, in the Palace of Versailles outside the town of Versailles, France. However, fighting ceased seven months earlier when an armistice, or temporary cessation of hostilities, between the Allied nations and Germany went into effect on the eleventh hour of the eleventh day of the eleventh month. For that reason, Nov. 11, 1918, is generally regarded as the end of “the war to end all wars.” Veterans Day continues to be observed on Nov. 11, regardless of what day of the week on which it falls.

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**6.4 - Daily Local News: [Veterans honored in parade at Coatesville VA](#)** (8 November, Lucas Rodgers, 258k online visitors/mo; West Chester, PA)

CALN >> America’s veterans were honored and celebrated in the annual Veterans Week Parade at the Coatesville VA Medical Center on Friday morning.

The parade took place along Blackhorse Hill Road and through the grounds of the VA Medical Center.

Veterans of World War II and the Korean War who spent time as prisoners of war (POWs) served as parade grand marshals. Those veterans are: Pf. Lindly Cattell, Tech. Sgt. William Giambrone, Pfc. Louis Liberato, Pfc. Harold McCarter, Staff Sgt. Robert Thompson, who served in WWII; Sgt. 1st Class James DeLong and Cpl. David Mills, who served in the Korean War.

Many local organizations and groups celebrated veterans during the parade, including: marching bands from Coatesville, Octorara and Pottsgrove school districts; Keystone Valley, Thorndale, Modena, Christiana, Coatesville and Wagontown fire departments; the Pennsylvania State Police Troop J; the Chester County Sheriff's Office; Sons and Daughters of the American Revolution; Knights of Columbus Chester County Assembly 1873; the Coatesville Leo Club; several VFW posts; and various veterans organizations.

The Chester County Corvette Club and Crusin' Classics of Chester County ran many cars in the parade. The Phillie Phanatic made an appearance at the parade to engage in playful antics with the crowd. One of the final floats in the parade featured live music from the VooDoo DeVille band.

A formal flag-raising ceremony took place Friday afternoon in front of Building 1. Veterans and other participants lined up and proceeded to the American flag flying high at the top of the hill. The celebration was especially meant to honor veterans of World War II and the Korean War who spent time as POWs.

"We are honored to host the Veterans Week Parade every year, and we know it is important that we recognize veterans together as a community," said Kathleen Pomorski, public affairs officer at the Coatesville VA Medical Center. "Parades and other special events help us to remember what their service and sacrifice really mean, and more than that – to demonstrate our nation's gratitude and respect to them."

Veterans Week continues through Nov. 11 with several events planned.

A second flag-raising ceremony is set for Nov. 9 at 2 p.m. in front of Building 138. The ceremony is open to all, but is especially for veterans who reside in the Community Living Center, where 24-hour nursing care is provided, usually on a long-term basis. The event is open to the community.

A Veterans Day salute takes place on Nov. 11 at 10:45 a.m. at Veterans Plaza at the intersection of First Avenue and Lincoln Highway in the city of Coatesville. The Military Order of the Purple Heart Chapter 1777 and the Veterans of Foreign Wars Post 287 will host the event where participants will speak about Veterans Day. The observance concludes with the laying of a wreath at the base of the Coatesville Veterans Council War Memorial. The salute is open to the community.

Veterans Week will culminate on Nov. 11 at 1 p.m. in the Great Hall with the Voices of Legends show, a concert where Eric Kearns, a singing impressionist, will deliver vocal recreations of superstar recording artists.

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**6.5 - The Times-Tribune: [Right place at the right time: veterans saved lives](#)** (8 November, Jim Lockwood, 190k online visitors/mo; Scranton, PA)

Instinctively drawing upon their military and medical training backgrounds, Mr. Clare and Mr. Dodge recognized the symptoms of the victims and took decisive actions that helped save their lives.

Mr. Clare of Green Twp., Pike County, and Mr. Dodge of Clinton Twp., Wayne County, who are members of Wayne-Pike Detachment 640 of the Marine Corps League, each received on Saturday a prestigious award from the Chapel of the Four Chaplains. The organization has honored Presidents Harry S. Truman, Dwight D. Eisenhower, Jimmy Carter and Ronald Reagan, as well as military personnel, veterans and civilians from all walks of life.

Based at The Navy Yard in Philadelphia, the organization is named after four chaplains who gave up their lifejackets to save others on a sinking ship that had been torpedoed by a Nazi U-boat in the North Atlantic during World War II. The awards are given in the spirit of the selflessness of the four chaplains.

Mr. Clare received a Charles W. David Jr. Lifesaving Medallion, a rarely-given award bestowed upon a recipient who was at grave personal risk while helping save a life.

Mr. Dodge received a Legion of Honor Award that is given in recognition of a lifetime commitment to selfless service and societal advancement.

The two men received the awards during Saturday's detachment ceremony in Honesdale.

'This is no joke'

Mr. Clare, 56, a Marine veteran who served 1981-85 in an airwing, has had numerous chronic disabilities, including several leg surgeries and hip replacements and a rare form of cancer. On Nov. 24, he was picking up prescriptions for himself at the Wilkes-Barre Veterans Affairs Medical Center when a car screeched into a parking lot.

Mr. Clare, who uses a cane, saw that the passenger was having trouble getting out of the vehicle and went to lend a hand. A registered nurse who also has a degree in exercise physiology with a concentration in cardiac rehabilitation, Mr. Clare held out his arm so the man could brace himself.

"As soon as he touched me, I saw the color of his hand, gray, and I knew right away — massive heart attack," Mr. Clare said.

Due to bone-disease and several prior leg surgeries and hip replacements, Mr. Clare had not run in 25 years. However, at that moment, Mr. Clare dropped his cane and ran 70 yards around a large construction area to the hospital and inside the emergency department to get help.

"I talked to a lady in the ER. I said, 'Listen, I'm a registered nurse and this is no joke. There's a guy outside having a heart attack right now, if he's not dead'" already, Mr. Clare recalled. He grabbed a wheelchair and ran back to the man, whose condition had worsened. Mr. Clare and a police officer got the victim into the wheelchair and into the ER.

Because of Marine and nursing training, Mr. Clare provided such on-the-spot, detailed observations about the man's symptoms and condition that hospital personnel sent the patient immediately to the cardiac intensive care unit. There, he underwent open heart surgery for three bypasses and stents, and has since made a full recovery.

Mr. Clare's impromptu diagnosis saved valuable time and helped save the man's life, according to the Four Chaplains award nomination submitted by a Marine Corps League official. The

observations included a very weak, irregular pulse, a gray pallor, difficulty breathing, pain in the chest radiating down arms, no capillary refill and blue around the lips.

Mr. Clare, who is commandant of Wayne-Pike Detachment 640 of the Marine Corps League, said, "That's the way it is in the Marine Corps. You're taught to really pay attention, be decisive and act."

Doctors said the man had only a 10 percent working capacity of his heart and would not have been able to take even five steps without collapsing.

Mr. Clare also did not immediately realize that his running to get help that day caused a 6-inch vertical fracture in his left femur.

'They never stop'

Mr. Dodge Sr., 67, was in the Navy from 1966 to 1970. He served a year in Vietnam as a corpsman medic with a Fleet Marine Force. Because of that service, Mr. Dodge also belongs to Wayne-Pike Detachment 640 of the Marine Corps League.

On Aug. 21, Mr. Dodge was with fellow detachment member and longtime friend Harry Feldman, of Waymart, at a storage facility in Honesdale to get league fundraising supplies. Mr. Feldman, a Marine veteran who served from 1958 to 1961, became seriously ill as they were on the second floor of the storage facility.

"He didn't feel well. He got really bad. His legs were like rubber," Mr. Dodge said of his friend. "We were upstairs and nobody else was in the place. I wouldn't let him go down the steps because I was afraid he would take a nosedive."

Mr. Dodge got Mr. Feldman, who was diabetic, into a freight elevator and had to send him down alone because the controls were only on the outside.

"I sent him down and I ran down the steps," Mr. Dodge said. "When the (elevator) door opened, he was sliding down the wall. I carried him over to the steps and tried to see what was wrong with him," to determine if the problem was related to diabetes.

"At that point, he started drooling, which I knew was not a good sign. Chances are, you're having a heart attack," Mr. Dodge said. "I knew there was something desperately wrong with him, presumably with the heart."

As Mr. Dodge ran to his car to get his cell phone to call 911, he heard the thump of Mr. Feldman slumping onto the floor. Mr. Dodge ran back and found Mr. Feldman starting to vomit and rolled him over so he wouldn't choke. Emergency personnel arrived within a few minutes and took Mr. Feldman to a hospital. He later got a pacemaker and has since celebrated his 79th birthday.

Mr. Feldman said of Mr. Dodge's actions, "He was just there for me, no question about it. That's what we're supposed to do, and that's what he did. He was a Navy medic and all that training came in. He didn't panic. He just did what he had to do. I don't know if I would have wanted anyone else with me at that time."

Mr. Clare nominated Mr. Dodge for a "Chaplains" award. Both men said they never expected to be honored for their actions.

“When there’s only two of you there, you can’t step back and wait for someone else. It’s either do it or feel guilty” later, Mr. Dodge said.

Mr. Clare noted that one of the VA doctors remarked that, “It doesn’t even have to be war time; veterans are always helping each other out. A veteran helping a veteran. They never stop.”

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Here’s the story of the heroic, selfless actions of four chaplains aboard the U.S.A.T. Dorchester, according to the organization’s website, [www.fourchaplains.org](http://www.fourchaplains.org) :

On Feb. 2, 1943, the U.S.A.T. Dorchester, an Army transport ship, was crowded to capacity carrying 902 service men, merchant seamen and civilian workers, in a North Atlantic convoy from Newfoundland to an American base in Greenland.

German U-boats were on the prowl and had already blasted and sunk several ships.

On Feb. 3, at 12:55 a.m., German submarine U-223 spotted the Dorchester. Torpedoes were fired and one was a direct hit, killing and wounding scores of men.

The captain gave the order to abandon ship. Other convoy vessels rescued hundreds of survivors.

During the pandemonium, four Army chaplains brought hope in despair and light in darkness.

Those chaplains were Lt. George L. Fox, Methodist; Lt. Alexander D. Goode, Jewish; Lt. John P. Washington, Roman Catholic; and Lt. Clark V. Poling, Dutch Reformed.

They tried to calm the frightened, tend the wounded and guide the disoriented toward safety.

The chaplains distributed life jackets. When there were no more, they removed theirs and gave them to the next in line.

Survivors in nearby rafts could see the four chaplains with their arms linked, bracing against the slanting deck and offering prayers as they went down with the ship. In less than 20 minutes, the Dorchester sank into the Atlantic’s icy waters.

Of the 902 men aboard the U.S.A.T. Dorchester, 672 died, leaving 230 survivors. When the news reached American shores, the nation was stunned by the magnitude of the tragedy and heroic conduct of the four chaplains.

The four chaplains

- George L. Fox was born March 15, 1900 in Lewistown. At 17, he left school, convinced military authorities he was 18 and joined the ambulance corps in 1917 shortly after the United States entered World War I. As a medical corps assistant, he was highly decorated for bravery and was awarded the Silver Star, Purple Heart and the French Croix de Guerre. He became an itinerant preacher in the Methodist faith, was ordained a Methodist minister in 1934, and served as a pastor in Vermont.

In mid-1942, he joined the Army Chaplain Service.

- Alexander D. Goode was born in Brooklyn, N.Y. on May 10, 1911. He followed in his father's footsteps in becoming a rabbi and served at synagogues in Indiana and York, Pa. He became an Army chaplain in 1942 and had been assigned to the 333rd Airbase Squadron in Goldsboro, N.C. before being transferred to Camp Myles Standish in Taunton, Mass. There, he was reunited with Chaplains Fox, Poling and Washington, who had been classmates at Chaplains School at Harvard.

- Clark V. Poling was born August 7, 1910 in Columbus, Ohio. His father was an Evangelical minister and rebaptized as a Baptist minister. After graduating from Yale University's Divinity School, Clark was ordained in the Reformed Church in America and had assignments in Connecticut and New York. During World War II, he became a chaplain, even though he had heard that World War I chaplains has the highest mortality rate of all military personnel. A few months after he perished on the Dorchester, his wife gave birth to a daughter.

- John P. Washington was born in Newark, N.J. on July 18, 1908. After entering seminary, he became a deacon in 1934 and was ordained a priest in 1935. He had served at several parishes in New Jersey.

Shortly after Pearl Harbor, he received his appointment as an Army chaplain. He was named Chief of the Chaplains Reserve Pool in Indiana and in 1942 was assigned to the 76th Infantry Division in Ft. George Meade, Md.

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**6.6 - Brainerd Dispatch: [Heldt ready to tackle Ironman](#)** (8 November, Renee Richardson, 172k online visitors/mo; Brainerd, MN)

Ten years after returning from the sands of Iraq, Josh Heldt is determined to complete a physical challenge that looms large as part of his homefront battle with post-traumatic stress.

Josh served with the 1st Combined Arms Battalion, 194th Armor Regiment that was part of the 34th Infantry Division—the Red Bulls. He joined the Minnesota National Guard out of a desire to go to college. No Brainerd unit had been called up since World War II until his generation. After more than a year of deployment, Josh returned home a changed man with a new struggle before him that would strain his family and his own well-being.

When Josh took on the Ironman challenge a year ago, he said he thought it would help him get through his post-traumatic stress disorder. The day ended short of that goal. But Nov. 15 is providing a second chance.

The triathlon combines a sunrise swim of 2.4 miles, biking 112 miles and running a full marathon of 26.2 miles all in a single day with nearly 3,000 competitors. The last finishers must cross the line before midnight. Along the way there are time cutoffs that can end a triathlete's day early. Josh's goal of completing the Ironman fell a handful of minutes short during the bike challenge. A tough, panicky start to the swim in the black waters of what amounts to a wide canal didn't help. And an incline into an atypical headwind of 18 to 20 mph slowed riders in the

field to a crawl. What took 25 minutes to cover one way, became an ordeal of an hour or more on the return loop.

Josh took on the 2014 Ironman after suggesting the physical and mental challenge to Gary Walters, known for his annual fundraising challenges. For Walters, whose eldest son served in two tours in Iraq, it was a request by a veteran he couldn't turn down. Walters took on the Ironman for his Kinship Partners challenge for 2014 to raise funds and awareness for the importance of mentors in young lives. Both Josh and Walters struggled with the mass start as thousands of swimmers descended in steady streams into the water in the pre-dawn darkness. But they both overcame their fears to complete the swim in time to continue to the bicycle portion. There, they both fell just minutes short. Josh missed the bike cutoff by 4 minutes, Walters by 7 minutes. But they knew even if they finished the bicycle challenge, there may not have been enough time left to complete the marathon.

The disappointment of not finishing the challenge was evident in the hours after they were pulled from the course. By the next day, both men were determined to try again. They'll try again Nov. 15 in Tempe, Ariz., joined in the effort by Gary Walters' son Jackson.

The men signed up to take part in the 2015 Ironman the day after their attempt last year, but the Ironman was already full. Competitors typically earn their way into the Ironman by lining the course in various volunteering roles the previous year. This left another avenue for entry, but with an added challenge of needing to raise \$5,000.

Last week, Josh was short of the fundraising goal. With four children at home, his wife Marcie went through every option she could think of to make up the remaining funds and couldn't see how it was possible. They'd already included proceeds from a garage sale and supporters at their day care Annie's Childcare and Learning Center knew they were short and set up a bake sale to help.

One of Josh's co-workers at Cub Foods passed previous Dispatch articles about the Heldt family struggles with PTSD on to the United Food and Commercial Workers Union Local 653 and Matt Utecht, union president. Marcie said she was contacted out of the blue when they weren't sure how they could fund the remaining costs by the union, which donated the remaining funds they needed.

Now that the Nov. 15 start date is approaching, the nerves are creeping up for Josh and his wife Marcie. Josh has prepared with an emphasis on biking. The loss of the Brainerd Family YMCA pool was one setback, although the Brainerd High School pool was made available for an hour a week to help Josh and Walters prepare for the swim. For the race itself, they have the advantage of knowing what to expect this time. But this year there are other pressures as well.

"I'm starting to feel the pressure now because people gave so much for this one," Josh said.

Dealing with his PTSD remains a challenge, but the Heldts said things are better.

"I'll always say things are better—it's up and down," Josh said. He said medication is helping. But at the end of the day he can feel the anger and the discomfort with basic things from the light intensity of a Kindle or sounds around the home.

Marcie said after spending years worrying about everything and anything setting off anger that could lead to rage followed by silence, it's taking time to adjust to not walking on eggshells all



the time. She used to wonder how 14 months of service in Iraq could have changed things so much given a lifetime, but learned those lessons based in fear are the ones people cling to. Now after living with it for years Marcie said she's come to understand that more as she works to unwind from the stress of living PTSD at home. She said while medications have helped Josh, it remains almost impossible to get in for counseling. And if she calls the Veterans Administration with concerns, a coordinator checks in with Josh and if he says everything is fine, that's the end of it. Marcie said still in many ways they feel they are on their own in dealing with the PTSD. Going into a 45-day inpatient treatment program isn't an option at this point, Josh said, adding his reticence remains his worry that his family won't be there when he gets out.

As for the PTSD, he said, "It's always going to be there. My depression is not that bad. I still don't like being around people. I don't think that will change now."

Josh was worried about going to a recent 10-year reunion with his unit at Camp Ripley. He was concerned what the reaction was to his openness about his PTSD. It took all of 30 seconds for him to see that wasn't going to be the case. The experience turned out to be a positive one.

"It was nice to see I wasn't alone," he said.

His fellow soldiers understood and some shared his burdens upon their return. In some ways it seems as though they just returned from Iraq.

Marcie continues to worry daily about Josh, who in the past had raised fears he may harm himself. For Josh, he said he hopes finishing this Ironman challenge will fill a void.

"I'm hoping after the Ironman, I feel complete and I don't know I will," Josh said. "... I can see the finish. To me it represents all the struggles, ups and downs and all that. I haven't even thought about not finishing."

Now Josh said his plan is be aware of the split times, of the cutoff times and to give himself at least eight hours to complete the marathon so if his body has broken down by then, he'll be able to walk and still complete the day in time to qualify as an Ironman.

"I think I've learned I can do a lot more than I thought if I just set my mind to do it or if Marcie helps me," Josh said.

He said he hopes to do more. They found a community they are trying to be more involved with through the BMX bike meets in Barrows.

He's already reached out to other veterans who are struggling and wants to do more to raise community awareness of those trying to find their way through PTSD. After trying to fundraise themselves they have tried to help others knowing how much goes into the effort.

"It made me realize it was something we could do," Marcie said. "We learned you ask and people will help."

Marcie said coming out and talking about their struggles with PTSD as a family was life-changing. "We did feel like we were hiding. We were scared to talk about it. ... It's not something we try to hide or keep in the house and hope no one knows. We just try to embrace it. It's our life and we just try to do ... the best we can."

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