



Veterans Affairs Media Summary and News Clips

16 May 2016

[1. Top Stories](#)

1.1 - MSNBC (Video): [Pressure mounting on Trump from veterans](#) (15 May, 4.5M online visitors/mo; New York, NY)

In this three-minute interview, IAVA's Paul Rieckhoff agrees with Sen. John McCain (R-Ariz.) that Donald Trump should apologize to veterans for past comments. Mr. Rieckhoff raises the issue of money Mr. Trump raised for veteran charities, and then transitions to a recent Senate VA Committee vote and why the current GI Bill should not be cut.

[Hyperlink to Above](#)

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[Hyperlink to Above](#)

1.3 - El Paso Times: [Bill improves VA health care](#) (15 May, Peta-Gaye Burrell, 419k online visitors/mo; El Paso, TX)

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[Hyperlink to Above](#)

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[Hyperlink to Above](#)

1.5 - The Recorder: [Right dose: Is reining in Rx practices hurting some patients?](#) (15 May, Tom Relihan, 121k online visitors/mo; Greenfield, MA)

Nationwide, more than 25,000 people died of unintentional overdoses in 2014, according to the National Center for Health Statistics. As part of its efforts to stem the tide, the CDC recently released new guidelines that recommend trying less-powerful painkillers or non-pharmaceutical methods of pain management, like Yoga or physical therapy, before resorting to opioids, and prescribing far fewer of them.

[Hyperlink to Above](#)

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

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2.1 - The Kansas City Star (Video): [Court rescues Marine veteran from jail, alcohol and torment](#) (15 May, Rick Montgomery, 901k online visitors/mo; Kansas City, MO)

Veterans treatment courts have existed on the Missouri side — in Jackson and Clay counties and Kansas City Municipal Court — for a few years. Johnson County's court opened this winter. More than 260 such programs have sprouted since 2008 in all but a dozen states around the nation, beginning in Buffalo, N.Y.

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2.2 - MedPage Today: [Owning a Dog May Help Veterans With PTSD. Small study finds adoption tied to lower depression, loneliness scores](#) (15 May, Kristina Fiore, 747k online visitors/mo; New York, NY)

Adopting a dog may help veterans with post-traumatic stress disorder (PTSD) get relief from their symptoms, researchers reported here. In a small randomized controlled trial of 19 veterans, those who adopted a dog from a local pet shelter had significantly greater relief from depression and loneliness than those put on a 3-month wait list (control), according to Stephen Stern, MD, of the University of Texas Health Science Center in San Antonio, and colleagues.

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2.3 - Delaware County Daily Times: [Walk for the Wounded offers salute to those who served](#) (15 May, Kathleen E. Carey, 451k online visitors/mo; Secane, PA)

Thousands came out to Rose Tree Park Saturday as they enjoyed the radiant sunshine – yet for all of its glow, that's not why they were there. Saturday was the ninth annual Walk for the Wounded, an event that's a morning 5K run, a walk around the park, a festival with informational and vending booths and a ceremony to honor veterans, particularly those who served in active warfare.

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2.4 - Ocala Star-Banner: [Gala of the Royal Horses now calls Marion County home](#) (15 May, Fred Hiers, 347k online visitors/mo; Ocala, FL)

On Friday, Gasser and some of his riders demonstrated their horses' physical abilities and their own horsemanship for a group of disabled military veterans. The 30 veterans had come from Gainesville to Peninsula Farm. The performance was free. The veterans were members of Mental Health Intensive Case Management, a program that provides services to veterans with mental health problems. The program is funded through the U.S. Department of Veterans Affairs.

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2.5 - Dispatch - Argus: [Transcendental Meditation a lifesaver for vets with PTSD](#) (15 May, Jackie Chesser, 150k online visitors/mo; Moline, IL)

Matt Smith had never heard of Transcendental Meditation a few months ago, but now it's giving him his life back. When he was discharged from the Army last summer, after more than 10 years of active-duty service and deployments to Iraq and Afghanistan, Mr. Smith -- a local veteran who asked that his real name not be used -- sought help for post traumatic stress disorder at the U.S. Department of Veterans Affairs clinic in Iowa City.

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2.6 - DailyProgress.com (Culpeper Star-Exponent): [Bonds of battle last for a lifetime](#) (15 May, Kristin Davis, 135k online visitors/mo; Charlottesville, VA)

They slowly descended the slick black stones of the Vietnam Veterans Memorial, a small tide of graying soldiers in 359th Transportation Company caps and shirts that left no question. This was their wall. Michael Buirge had come here once before.

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2.7 - WJBF (ABC-6): [Charlie Norwood V.A. Patient Wait Times](#) (15 May, Stefany Bornman, 123k online visitors/mo; Augusta, GA)

Nearly 85% of all patients at Charlie Norwood V.A. Medical Center are seeing doctors in 30 days or less. That's according to data released by the Department of Veterans Affairs. About 15% of patients don't see a doctor until 30 days or more.

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2.8 - Coeur d'Alene: [Helping vets express beauty once again. LightBenders photo course to assist vets who struggle with post-military challenges](#) (15 May, Brian Walker, 104k online visitors/mo; Coeur d'Alene, ID)

When Chris Chaffee retired as a photographer, cameras pulled him out the door by the neckstraps in search of a new purpose. Chaffee found that purpose by starting LightBenders, a new school of photography for veterans who struggle with the challenges of post-military service.

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2.9 - KOVR (CBS-13, Video): [CBS 13 News at 10p](#) (15 May, 45k broadcast viewers; West Sacramento, CA)

This one-minute video promotes a West New York organization that places service dogs with veterans and mentions the \$12 million VA study to gauge how efficient service dogs are for helping with anxiety, depression and PTSD.

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[3. Ending Veterans' Homelessness](#) – No coverage

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

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

5.1 - Yakima Herald-Republic: [Veterans adapt to a new challenge in Central Washington: college](#) (15 May, Rafael Guerrero, 300 online visitors/day; Yakima, WA)

One of thousands of students attending Central Washington University, Christina Ford is also one of several hundred military veterans among them. The transition from military to civilian can be a big life change; in her case, from the Air Force to Ellensburg. Ford served in security forces from 2009-13.

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6. Women Veterans – No coverage

7. Other

7.1 - The New York Times: [Obama in Vietnam Will Focus on Future, Rather Than the Past](#) (15 May, Gardiner Harris, 96.5M online visitors/mo; New York, NY)

The pictures will be unavoidable, and the flood of painful memories unstoppable. When President Obama lands next Sunday in Hanoi, his visit will be chronicled by photographers, cameramen and journalists who will track every public move of only the third presidential visit to Vietnam since the end of the American war there.

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7.2 - ReadWrite (Video): [U.S. VA explores protecting your hacking cough from hacking](#) (15 May, Donal Power, 5.9M online visitors/mo; San Francisco, CA)

Though cybercriminals haven't yet started hacking pacemakers for kicks, the U.S. Veteran Affairs Department (VA) has launched a new project to ensure connected medical devices are protected. As reported by NextGov.com, VA has begun fact-finding information on methods to safeguard wirelessly connected medical equipment from malicious cyber attacks.

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7.3 - San Antonio Express-News: [Obama under mounting pressure to stem drug costs. S.A. rep tackles high prescription costs](#) (15 May, Bill Lambrecht, 772k online visitors/mo; San Antonio, TX)

With Congress unwilling to act, U.S. Rep. Lloyd Doggett is marshaling Democrats to pressure the Obama administration to stem the soaring costs of prescription drugs. The San Antonio Democrat has stepped up efforts to persuade the National Institutes of Health to take the unprecedented step of breaking patents on high-priced pharmaceuticals developed with taxpayer assistance.

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7.4 - WXPR (NPR-91.9): [Feingold Hits Back At Tomah VA 'Dark Money' Ad](#) (15 May, Ken Krall, 47k online visitors/mo; Rhinelander, WI)

While making a campaign swing in Rhinelander Saturday, Feingold shot back at a revised commercial from a so-called 'dark money' group funded by the Koch Brothers, claiming Feingold did nothing after being notified of a problem at the Tomah VA.

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7.5 - The Exponent Telegram: [VAMC's Dr. Prasoon Jain making mark on pulmonary field](#) (15 May, Brittany Murray, 33k online visitors/mo; Clarksburg, WV)

Dr. Prasoon Jain, a pulmonologist at the Louis A. Johnson VA Medical Center, has been at the forefront of helping advance pulmonary research and techniques for patients not only in West Virginia but also worldwide. This month, Jain published his second book, "Diseases of the Central Airways," a clinical guide that shares some of the newest advances in the field.

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7.6 - The Guam Daily Post: [Editorial: Support needed to accomplish the mission](#) (15 May, 2k online visitors/day; Tamuning, GU)

We have to admire the can-do attitude of Martin Manglona, who was, until today, the administrator of Guam's Office of Veterans Affairs. Since his appointment to the position just about a year ago, he dipped into his own pocket to pay \$30,000 in salary to workers he hired for the office, but whose hiring had not been processed by the Department of Administration.

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1. Top Stories

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In this three-minute interview, IAVA's Paul Rieckhoff agrees with Sen. John McCain (R-Ariz.) that Donald Trump should apologize to veterans for past comments. Mr. Rieckhoff raises the issue of money Mr. Trump raised for veteran charities, and then transitions to a recent Senate VA Committee vote and why the current GI Bill should not be cut.

[Back to Top](#)

1.2 - KTRK (ABC-13, Video): [Families fight for legislation to support veteran benefits](#) (15 May, Tom Abrahams, 833k online visitors/mo; Houston, TX)

At any given time, there can be dozens of bills in Congress dealing with military veterans. Many of those have to do with benefits they and their families receive. As of this weekend, there are more than 900 pending bills related to veterans' benefits.

At a time when more and more veterans are coming home from war, those benefits are all the more critical, and they are the central plank of a growing fight for what vets families say they've earned.

Raechel Richards is among those fighting. Her husband, Rob, served three tours in Afghanistan as a Marine sniper.

"My husband had come from a long, long line of veterans," she told Eyewitness News.

In the midst of his second tour, he was badly injured.

"He was injured on a foot patrol and he sustained injuries to the neck, groin, legs, back, arms," she explained. "It wasn't until later that we discovered that he did actually have a traumatic brain injury."

Richards was medically discharged. Richards says he suffered from depression and was overcoming a drug addiction when his VA doctors prescribed a variety of painkillers that built up in his system.

According to a report in the Marine Corps Times, Richards' death was ruled accidental, a result of oxymorphone toxicity -- his medication had poisoned him.

"I got home and I found him in our home," she said. Now a widow and 28 years old, she is about to attend law school at LSU. She is also joining the movement for stronger benefits and faster, more comprehensive treatment of veterans and their families.

"Widows like me need to be able to say this is what happened and I want to change it so it doesn't happen again," explained Richards.

Her attorney, Houston lawyer Guy Womack, is also a veteran. He's seen how the system works firsthand.

"The pension and the benefits for the service members and their families," he said, "were earned in blood and sweat and the service of those service members."

There are currently a variety of bills on Capitol Hill which would enhance those benefits. Congressman Gene Green is among the sponsors.

"I think we can do better for our veterans and their families, and legislation is part of it," said Rep. Green.

One of the bills would impact widows like Richards. If she remarries before age 57, she loses the benefits he earned in battle.

Like servicemen and women who protect their country, police officers are charged with keeping their communities safe. They too are provided benefits, both financial and medical, that live after they die. But, unlike the military, HPD officers' spouses don't have an early marriage penalty. The city changed a similar restriction years ago.

"That's completely unfair," said the Houston Police Officer Union's Ray Hunt of the military system. "What happens if they remarry and that guy dies or she ends up divorcing? We still have the children to take care of."

Right now, one of the bills on Capitol Hill would eliminate the remarriage restriction for veterans' spouses. At the same time there is that push, there is also a spotlight on improved treatment.

"We ought to make sure that a veteran has benefits and training and care," said Rep. Green. "But we also need to recognize the family is part of that commitment too."

The Veterans Administration has undergone a massive restructuring in light of the VA hospital scandal that erupted in 2014. In Houston, the largest VA hospital campus in the nation, they are working to provide improved and timely treatment for those who've served. They've added 280 additional full-time employees in the last two years.

"My VA access has really been about veterans deciding when, where and how they're going to receive the care that they want and obviously deserve," explained Associate Director of the Texas Medical Center VA Christopher Sandles. "If you haven't taken the opportunity to walk the halls of this organization, you should."

Whether in the halls of a hospital or the halls of Congress, there is a growing movement to better provide for the men and women who've fought on behalf of our nation and the families who've sacrificed alongside them.

"If this culture of veterans' healthcare continues, there are going to be a lot more people like me," said Richards.

There are currently 54 veterans benefits bills in Congress that are up for floor consideration in the House or Senate.

The measure changing the so-called remarriage penalty is not among them -- yet.

[Back to Top](#)

1.3 - El Paso Times: [Bill improves VA health care](#) (15 May, Peta-Gaye Burrell, 419k online visitors/mo; El Paso, TX)

Land of the free home of the brave is the most expressive phrase that speaks for the veterans who fight for the rights and freedom of this country.

However, veterans need to be supported and compensated in areas that have negatively affected their lives during their service in the military. Hence, Rep. Seth Moulton introduced the Faster Care Act to assist veterans facing appointment issues at the Veterans Affairs facility.

The legislation will help in resolving the problem veterans are facing on a daily basis, which is getting an appointment promptly. H.R. 4352 will improve the current state of the Department of Veterans Affairs scheduling system and transition into the modern age like other private medical institutions in the United States.

The Faster Care Act will make a tremendous and positive impact on the lives of veterans in the United States of America in the area that is most lacking.

However, there are many other obstacles the Veterans Affairs in El Paso has to alleviate, such as employing adequate medical practitioner to fulfill the needs of patients.

Overall, Veterans Affairs have over 43,000 unfunded medical provider's positions. The El Paso Veterans Affairs has 160 authorized providing positions. Eighty-nine of them are filled.

The vacant positions mean that the Veterans Affairs will not function at full capacity. This is a nationwide problem, and it directly affects the community of Fort Bliss and El Paso.

El Paso has a large population of veterans due to Fort Bliss and they have to wait months to obtain an appointment to see a physician.

Sadly, the Department of Veterans Affairs here in El Paso has been ranked as one of the worst facilities in the country. Veterans with major health issues have passed away due to something as simple as scheduling problems.

The Faster Care Act will allow veterans to be more productive in society and not to be so irritated because their health needs are not being met.

On March 19, I attended a town hall meeting hosted by Congressman Beto O'Rourke.

The most important information gathered from Rep. O'Rourke at the meeting was the tactics the Veterans Affairs use keep their wait time statistics low by scheduling veterans' months out. If the veteran agrees to take the three months wait for the appointment, then it is a zero wait time.

Therefore, that would keep their average wait time to 9.4 days which makes the VA look good on paper, but not in reality.

At the town hall meeting, there were veterans who had been verbally abused and had to endure racial language, behavior that should not be tolerated.

O'Rourke made it clear that disgruntled veterans should not tackle the Veterans Affairs alone, as it is his job to fight for you.

Veterans, if you need help, please contact Congressman O'Rourke at (915) 541-1400 or on Facebook because he wants to help you.

Get it together, El Paso Veterans Affairs.

I look forward to the Faster Care Act passing, which will allow for the faster termination of Veterans Affairs employees for misconduct or underperformance, hindering veterans from receiving the best health care in the world that they deserve.

Peta-Gaye Burrell lives in Northeast El Paso.

[Back to Top](#)

1.4 - The Daily Sentinel: [Vietnam vet didn't receive proper care for hepatitis](#) (15 May, Katie Langford, 187k online visitors/mo; Grand Junction, CO)

Vietnam War veteran Rodger Holmes did not receive adequate follow-up care at the Grand Junction Veterans Affairs Medical Center for his advanced case of hepatitis C, according to a report by the Office of Inspector General released last week.

Holmes, while not named in the report, is the veteran who died in 2014, several months after undergoing a high-risk treatment program for hepatitis C.

The report addressed three allegations against the Grand Junction VAMC, but only substantiated one.

"We substantiated the allegation that follow-up care was inadequate and led to further hospitalization. The hepatitis C care provider (Dr. Stephen Meyer) often did not provide the care or assess the patient thoroughly when seen," the report stated. "The circumstances of discontinuity of care and the lack of a thorough analysis of the patient's condition may have contributed to his progressive decline and slower recovery."

The other allegations — that Meyer was unqualified to treat hepatitis C and that Holmes should have been admitted to the hospital earlier because of lab results — were not supported by evidence, the report said.

The report outlined Holmes' treatment at the Grand Junction VAMC and found that "(Meyer) or other staff did not provide the care or assess the patient thoroughly on at least four separate occasions." Those occasions were primarily when Holmes was treated for side effects of the grueling treatment regimen.

Care providers did not look at further causes of side effects, did not ask follow-up questions about symptoms, and did not order additional lab work in light of worsening symptoms, according to the report.

The investigation also found that Meyer spent progressively less time at the clinic where Holmes received treatment and that there was no contingency for his absence. Information on Holmes' condition and treatment was relayed through primary care physicians, clinical pharmacists, nurses and nurse practitioners.

"Staff who covered for (Meyer) addressed the patient's immediate clinical concerns. This focused approach did address the patient's acute issues but did not address the broader clinical concerns of his continued decline despite changes in drug therapy," the report stated.

Holmes was discharged from the hospital with "non-detectable" levels of hepatitis C.

Three months later, he was diagnosed with a urinary tract infection and sepsis and admitted to a non-VA hospice facility, where he later died.

Marc Magill, director of the Grand Junction Veterans Affairs Medical Center, said he disagrees with the OIG's findings that the medical center did not provide adequate care.

"Follow-up care and continuity of care depends on a lot of different variables, not just the treatment team at the facility," Magill said. "It's how the treatment regimen is observed by the patient. It's also how effective the treatment is."

Magill said that he sought independent peer review in Holmes' case, and those reviews supported the GJVAMC's course of treatment.

"It's very tragic anytime anyone under our care passes and we do look at any mortality and we have various levels of review," Magill said. "I was very confident in the levels of review I had made that decision based on and very confident in the level of care my staff provided to this veteran and to our veterans now."

There is no longer a physician at the Grand Junction Veterans Affairs Medical Center who specializes in treating hepatitis C. Patients with the disease are treated by their primary care physicians in the community or use "telemedicine" to communicate with a qualified VA physician in Denver, according to VAMC spokesman Paul Sweeney.

Chris Blumenstein, a former Grand Junction VAMC social worker, worked directly with Holmes while he was alive and campaigned to have his case reviewed by the Office of Inspector General after he died.

"I'm relieved the investigation confirmed that Rodger's care was mismanaged and unsafe, and that as a result important changes are being made," Blumenstein said in a statement.

"But I'm disappointed that the hospital director continues to foster a culture of deniability and to endorse low-quality health care by disagreeing with many of the investigation's conclusions. Ultimately, Rodger's legacy will be the important improvements in specialty medical care for western Colorado veterans brought about by his sacrifice," Blumenstein said.

Magill said he based his statements about the case on evidence, and that the medical center is continually improving the quality of patient care.

The full report is available online at <http://www.va.gov/oig>.

[Back to Top](#)

1.5 - The Recorder: [Right dose: Is reining in Rx practices hurting some patients?](#) (15 May, Tom Relihan, 121k online visitors/mo; Greenfield, MA)

GREENFIELD — On an icy night in 2008, George Busold of Greenfield, then a volunteer firefighter in Gretna, Va., received a call to respond to a head-on two-car crash.

One of the cars had flipped into a ditch, he said, and caught fire. The scene was halfway between his house and the station, so he went directly there and was first on the scene. Grabbing a 20-pound fire extinguisher, he hopped the guard rail and started down the embankment.

Then, the ground gave way.

Busold fell and landed on a big rock, herniating a disc in his spine. He didn't realize he'd been hurt at first and was still able to help extinguish the fire, he said, but collapsed in pain soon after.

He tried to continue working with his injury, but the pain became too much.

Now, 8 years later, the cumulative effects of that injury and others Busold has suffered throughout his life have left him constantly in pain.

Like many other Americans whom the Centers for Disease Control and Prevention say received one or more of the 249 million opioid painkiller prescriptions written in 2013 alone, Busold became reliant on a galaxy of pills and other pharmaceuticals, including morphine and oxycodone, to dull the pain and allow him to function each day.

But those same drugs are widely recognized as one of the root causes of a national addiction crisis and overdose epidemic, and new federal and state regulations aimed at curbing overprescription and stopping powerful opioids from being abused or sold on the street have people like Busold and some medical professionals worried.

Amid mounting deaths, new restrictions

In 2014, the Massachusetts Department of Public Health estimated 1,174 people died from overdoses related to opioid drug use — the fourth consecutive year such deaths saw a marked increase.

Nationwide, more than 25,000 people died of unintentional overdoses in 2014, according to the National Center for Health Statistics.

As part of its efforts to stem the tide, the CDC recently released new guidelines that recommend trying less-powerful painkillers or non-pharmaceutical methods of pain management, like Yoga or physical therapy, before resorting to opioids, and prescribing far fewer of them.

In March, the state's MassHealth program took a more direct approach, setting new limits on opioid prescription by halving the maximum amount of daily morphine equivalents a patient can be given from 240 milligrams down to 120 milligrams.

DPH spokeswoman Michelle Hillman told The Recorder that health care providers will be able to override the limit if necessary with the department's approval.

Neither the state limits nor the federal guidelines apply to cancer patients or those who have recently had surgery. MassHealth, the state's Medicaid program for the poor and disabled, in March defended its decision, saying it was designed to strike a balance between access to pain medication and prevention of abuse.

Private insurers have also taken measures to reduce opioid overprescription. In 2012, Blue Cross Blue Shield of Massachusetts introduced new rules that require prior authorization for all new short-acting opioid prescriptions for more than 30 days worth of pills within a 60-day period, and for all new long-acting opioid prescriptions, according to a company fact sheet. They also limit prescriptions for acetaminophen/opioid combinations to less than 4 grams per day.

Tom Kowalski, the company's clinical pharmacy director, said the measures were designed to make sure patients had conversations with their doctors about the risks associated with opioid use before starting them.

"The premise was that we would limit the pills going out, while not creating a barrier and creating ways to get access if (the patient) has more long-term conditions," he said.

Those rules will soon change, said Kathleen Makela, a company spokeswoman, to reflect new state legislation passed this winter that has placed more restrictions and regulations on opioid prescribing, including mandating use of a prescription monitoring system by doctors to track patients who may be seeking drugs from multiple providers, legalizing partial fills at the pharmacy and limiting the size of first-time opioid prescriptions.

Kowalski said the company is also currently reviewing its coverage plans to see how access to alternative pain treatment methods, like physical therapy, acupuncture or over-the-counter medication, could be made easier.

MassHealth limits too broad in scope?

While the new guidelines and restrictions were being formulated, many doctors and medical professional groups cautioned against placing firm restrictions on medical practice like the MassHealth limits.

"There have been a number of expert opinions that have talked about increasing patient dosage slowly and carefully, but with minimal upper limits as long as they're not getting into addictive behavior and there's evidence of beneficial effects," said Dr. Dennis Dimitri, the president of the Massachusetts Medical Society.

At the same time, Dimitri said, research has shown that prescribing above a certain level of milligrams of morphine equivalents per day provides less benefit and greatly increases the risk of accidental overdose. Exactly where that point lies, he said, is not clear.

While he considers efforts to rein in overprescription as one essential tool among many in fighting the opioid crisis, Dimitri said any restriction like the MassHealth limits needs to be accompanied by exceptions to give doctors time to wean patients down from high doses.

“It’s not only difficult, but it’s dangerous,” he said. “You cannot expect a patient to go down from 340 or 240 milligrams per day to 120 overnight; it’s an impossible task and it’s not safe.”

Dr. Ruth Potee, a local physician specializing in addiction and who treats Busold, believes the push to limit prescriptions has too broad a focus, to the point of harming the “vast majority of patients (on opioids) who get benefits from them.”

Potee is also active with the regional Opioid Task Force. Her husband, Dr. Stephen Martin, a family care physician at Barre Family Health Center, shares her sentiment.

Martin described one of his chronic pain patients who was unable to get his prescription filled after the March 7 deadline because it was over the 120 mg threshold.

“We’re talking about a gentleman who was doing exceedingly well — taking care of his kids, getting to appointments — and on an arbitrary date, at an arbitrary level, he was told ‘No.’ Now he can barely get out of bed,” he said.

Martin said he and his patient have been through three sets of documentation trying to rectify the situation with the state, and since there’s no way to track the progress electronically in real time, he said it’s a cumbersome and challenging process for busy doctors to pursue, and the results are time-sensitive for the patients.

The form requires the doctor to detail a patient’s medical history, covering a range of factors such as doctor’s notes, side effects of medication they’ve been on, any history of substance abuse, or adverse reactions to drugs, Martin said.

“When patients aren’t able to get these medications, it affects how they function; they get sick. It’s challenging to reproduce someone’s entire medical history on paper, but it’s a natural consequence of what they set up — they knew it was going to be complicated,” Martin said.

Figures provided to The Recorder by MassHealth show a total of 1,242 prior authorization requests have been submitted since the new limits went into effect, and about 75 percent of them have been approved. Of those requests, about 38 percent of them were for methadone.

“All prior authorizations are issued a decision within 24 hours of submission. The vast majority of these are actually completed within four hours,” the spokesperson said. “At times, a prior authorization request may be denied because all required documentation was not submitted. Additional documentation is then requested, which may result in some additional back and forth with the prescriber before an approval is granted.”

Martin said his patient was finally able gain approval on April 22 — nearly two months later — but even then ran into confusion at the pharmacy and had to have a new prescription for a slight lower — and less helpful — dose written.

“Maybe we’re just going through a rough patch, but we can’t keep doing this,” Martin said.

Martin said the threshold number itself is a bit arbitrary, too, noting that different factors such as a person’s weight and the tolerance they’ve built over the length of time they’ve been on opioids factor into determining the proper dosage that they need. That could be higher or lower than 120 mg, depending on the patient.

“If we can use a lower dose and get the same impact on function, then let’s do that. That’s good medical practice,” he said. “But let’s not do it under the crowbar of a regulation that just cuts people off at the knees.”

Busold is one of those people, Potee said.

“I don’t like taking them, but they help”

Busold’s health problems started while serving in the U.S. Air Force in the 1970s. There, he said, he suffered tears to both of his rotator cuffs and experimental surgery failed to fully fix the damage. Torn ligaments in one knee eventually morphed into arthritis, and he has bone spurs in both. He suffers from non-diabetic neuropathy and arthritis in both of his feet, which he attributes to wearing steel-toed boots for most of his life, and multiple herniated discs in his back from the firefighting injury.

“Basically, arthritis in every joint in my body,” he said. Doctors have told him surgery to fix the injuries would be too risky compared to the possible benefit, he said, so all he can do is find ways to manage the pain. He can’t sleep in a bed, he said, so he spends his nights in a recliner.

Busold said he stopped going to the federal Department of Veterans Affairs — which had him on 90 milligrams of extended-release morphine pills three times per day and 10 milligrams of oxycodone four times a day — when his doctors tried to switch him off opioids to just Tylenol amid federal opioid limitation efforts. He said he applied for federal Medicare benefits and supplemental care through the American Association of Retired Persons in 2014, then sought out treatment at Valley Medical Group instead, where he was referred to Potee.

“It only took her six months to get me off of the morphine and the oxycodone,” he said. “She just weaned me off of them until now I get 20 milligrams of methadone three times a day and 5 milligrams of Percocet four times a day. And that doesn’t do anything.”

He said he supplements that with Tylenol and Advil to get any sort of relief.

“They’re trying to stop all these suicides or overdoses from illegal street drug use, I don’t deny that at all, but they’re taking it out on us, on the people who really need their medications through a legitimate source, monitored by a doctor,” Busold said. “I don’t like taking them to begin with. But they help. They give me somewhat of a normal life.”

Busold said he thinks decisions on how much pain medication patients, such as himself, should be prescribed should be left up to doctors trained in pain management.

“Let them make the decisions. Bureaucrats behind desks shouldn’t have a say in this,” Busold said. “Don’t make the honest, good citizens suffer. I pray to God to take me at times, the pain is so bad.”

Prior authorization requirements for MassHealth can be found at: tinyurl.com/zwenequ

[Back to Top](#)

2. Access to Benefits/Care

2.1 - The Kansas City Star (Video): [Court rescues Marine veteran from jail, alcohol and torment](#) (15 May, Rick Montgomery, 901k online visitors/mo; Kansas City, MO)

A fishbowl holding a few gift cards stood to the left of the judge's bench.

On a railing in front of chairs where a jury normally sat, Johnson County's new Veterans Treatment Court had lined up modest prizes for those who had stuck to the regimen for the past two weeks: Donated T-shirts. Soap products, toothpaste. Plastic water bottles.

Doug Davis eyed the black ball cap.

"MARINES," the stitching said. "The Few. The Proud."

Everyone in the courtroom knew that Doug Davis — a frank but fidgety combat veteran and alcoholic — wanted to leave with that hat.

"If someone else grabs it, could we get a backup cap for Mr. Davis?" Judge Timothy McCarthy asked his treatment court team.

For two months Davis, 31, had been unable to claim the cap. And McCarthy, having pushed to create the first court of its kind in Kansas, worried that Davis might be its first reject.

Like drug courts, veterans treatment courts provide an alternative to jail for some veterans whose substance abuse, injuries, depression or stress related to military service probably contributed to their scrapes with police.

Unlike Davis, four other veterans who made up the inaugural group of treatment court participants had advanced to the next phase.

But Davis couldn't because he hadn't quit drinking. His urine tests time and again were "dirty." For a moment he considered giving up treatment court and serving a 16-month sentence for marijuana possession.

"The team," to use McCarthy's term, hoped that the steely support and Job-like patience of Davis' fiancée, Traci Hernandez, might bring the ailing veteran around. She's at every court appearance.

From the bench McCarthy could recognize by just looking that the wiry man before him had the worst case of post-traumatic stress disorder of anyone in the program. Davis would shift his feet, stammer and rub tattoos on his arms.

On this March afternoon, however, Doug Davis was turning a corner.

He arrived beaming, despite the couple's two-hour grind of bus transfers to get from their Independence home to the Olathe courthouse.

His jokes and high-fives drew smiles from the prosecutors and volunteer mentors supporting the veterans. That black Marines cap was soon to belong to Davis because the urine analyses showed him to have been sober for two weeks.

"Like a kid at Christmas," said Michele Parsons, a treatment court team member who works at the VA Medical Center in Kansas City.

The judge invited Davis up to the jury rail to collect his "swag." And when he bolted past the fishbowl and other prizes to grab the hat, two dozen people in the courtroom stood to applaud.

Even McCarthy, from the bench.

Last week at home, Davis and Hernandez — we'll switch here to Doug and Traci — reflected on a long, exhausting climb that continues for both.

That Doug today is 10 weeks sober doesn't mean Veterans Treatment Court has fixed him. He will be involved another year or more in an intense protocol that many veterans turn down because they view incarceration as easier.

Doug at least is marching in a new direction, all around him can tell. He and Traci credit that to the compassion of Judge McCarthy, to the veterans groups that reached out to the couple in court, even to the brutal therapy sessions when Doug dissolves in tears recalling a certain day on his first tour of Iraq.

He was a machine gunner in a turret atop a Humvee.

(In what his VA therapists call "prolonged exposure" sessions, Doug will sit with a psychiatrist once a week, close his eyes for 45 minutes and relive a horror with which he needs to come to terms. What he says aloud is recorded, and the treatment requires that he listen to the audio every night. "Very, very intense," said Parsons, but research shows it's effective in helping PTSD patients live with their memories.)

Credit for Doug's progress also goes to Traci, many say, and Doug agrees. "I wouldn't even be here without her," he said. "I'd be in prison."

Traci, nearby, said, "You got that right," while tapping a laptop to arrange student financial aid for Doug. He'll attend Park University this summer to pursue a business degree.

"It's been rough," she said of their relationship, which dates to sixth grade. "Real rough."

Doug assured her: "I'm done with all that. There's no looking back now."

And this time Traci believes.

Treat, not punish

Veterans treatment courts have existed on the Missouri side — in Jackson and Clay counties and Kansas City Municipal Court — for a few years. Johnson County’s court opened this winter.

More than 260 such programs have sprouted since 2008 in all but a dozen states around the nation, beginning in Buffalo, N.Y.

The objective is to separate lesser offenders from the criminal pack and try to treat, not punish.

“DUI. Drugs. Weapons charges. Domestic violence. Those are the offenses that will come up over and over,” McCarthy said, based on his discussions with other treatment court judges.

The Johnson County court presently serves 14 veterans, almost all from the post- 9/11 wars. McCarthy expects 25 to be in treatment by year’s end.

Participants who attend required court hearings, pass the drug screenings and check in with probation officers and VA therapists can graduate from the program in a year to 18 months. If they also stay out of trouble. The criminal charges that brought the veterans into the court typically will disappear from their records.

Kansas was slow to embrace the idea.

“Hug-a-thug,” some law enforcers cautioned McCarthy about how the public might view his efforts.

The nonprofit advocacy group Justice for Vets, which promotes treatment courts, has heard it from the start.

“Why should some criminals be treated differently just because they served in the military?” said Justice for Vets spokesman Chris Deutsch. “Because we know that between 80 and 85 percent of veterans who land in the justice system have been dealing with substance and mental-health issues” often stemming from PTSD.

“Punishment simply does not work when these conditions exist,” Deutsch said. “It’s far more effective to identify, assess and treat the underlying causes of the behavior.”

Since the treatment courts are relatively new, spring up at different times and vary in the kinds of criminals they accept, overall recidivism rates for those who graduate are difficult to gauge. Some judges say 90 percent who complete the program have never been arrested again.

Not all cases end well.

In Salt Lake City, Army veteran and treatment court participant Johnathon Reeves shot to death his fiancée and 2-year-old son before taking his own life. The city’s veterans court had had its first hearing just six months earlier. Proponents have kept the program going.

The Reeves tragedy occurred last June.

The same month, Lenexa police responded to complaints at a hotel about a drunken man acting up and passing out. His legs were stretching from the open door of his room.

It was Doug Davis.

Authorities arrived the next night, too. And as they brought Doug back into the room, one found half a joint on a dresser.

Proud Grandpa

Doug was 16 when he started drinking. That's also the age he charted his first DUI.

Through his adult life, "my mom probably saw me sober maybe just 30 days total," he said.

Four years were spent as a Marine. He signed up on his 18th birthday, a high school graduate out of Pomona, Kan. Doug was proud to complete boot camp at the same San Diego, Calif., facility where his grandfather George Shuster had become a Marine.

"I stood on those same footprints out there," Doug said. "Being a Marine was the greatest thing he ever did, and it made him the man he was."

Doug served two tours in Iraq, where from his gunner's turret he saw firefights stretch for three days.

That is all he'll say. He and Traci agreed to be profiled in this story on grounds he not talk about Iraq.

After Doug's honorable discharge in 2007, he returned to his home state and joined a roofing crew. He and three other workers would guzzle beers most every night — Doug could go through a 12-pack. When he got drunk enough the others would ask what he saw in Iraq, and only then would Doug talk.

In 2012 Doug fielded a Facebook friend request from Traci, with two sons from a broken marriage. Doug was Traci's first crush when they attended grade school together in the Basehor-Linwood district.

Within four months of their courtship, the couple acquired a town home.

"He didn't tell me he was a raging alcoholic when we moved in together," Traci said.

Drinking was behind every criminal offense Doug committed, be it trespassing, marijuana possession or destruction of property.

Like many combat veterans, he avoided contact with veterans organizations. "I'd seen terrible stuff over there and figured it was behind me, I was going to forget it and move on," he said.

But he couldn't forget what he saw, despite all the drinking he did to try.

He and Traci were homeless and staying with friends when an argument drove Doug to check into that hotel room in June.

This would lead to his second marijuana possession charge. A sister posted bond, but Doug was arrested again for breaking the glass on the door of an Ottawa liquor store.

His mother, Pamela Joy Reynolds, bonded him out that time.

It was one of her final acts of charity accorded Doug. Reynolds died suddenly last August at age 59.

Doug spiraled further. "I just said 'whatever,' " when he dodged a court appearance and moved to Independence.

Bounty hunters tracked him down there.

Doug was back in jail when word arrived in October that grandfather George, the proud Marine, was dead.

Welling up

There are moments in Veterans Treatment Court when Judge McCarthy's eyes well up a bit.

Like when participant Steven Leonard read a poem he wrote called "Sorry."

"Understand, Judge, not all poems rhyme," Leonard said before reading.

"Sorry" was an apology to his mother — typos, spelling errors and all:

Dear Mom as I sit here writing to you with a shakey hand.

I sit here in this foxhole on this battlefield knowing that I might not make it home.

So I would like for you to know this mom I am sorry ...

Sorry for misbehaving as a kid. Sorry for not hugging her enough. Sorry most of all for not saying he loved her.

McCarthy welled up again when another veteran handed him a dog tag stamped by the Wounded Warrior Project. Though not a veteran himself, the judge has carried the memento in his pocket ever since.

A third time McCarthy felt his emotions stirring came May 4, when Doug Davis stepped to the lectern to give a status report.

"Today," Doug declared, "I'm at 60 solid days of being sober.

"I just want to thank you, Judge, and the veterans court. Not only for my sobriety ... but this has helped me make the changes I've always had to make in my life."

Doug relayed that he was meeting now with other combat veterans every Monday at the VA. Through those connections a tree-trimming job came along, providing enough money for him to pay off all of his court fines and restitution costs.

He and Traci also had saved \$3,200 to buy a minivan, eliminating those bus transfers they needed to get to treatment court, drug screening and therapy.

It didn't occur to Doug to tell McCarthy about the day he stopped drinking. It was March 4. Doug was back in Pomona visiting Grandma Caroleanna, widow of George Shuster.

He visited the cemetery where his mother and Grandpa George were buried beside each other. Doug saw their headstones for the first time. And he broke down, vowing to make them proud.

Next day he and Traci planted daisy seeds outside their home to mark the occasion of their new way of living.

Last week they gathered at a Pizza Ranch with several new friends, a group of veterans supporters called Team Fidelis. The group's founder, Marine veteran Daniel Brazzell, rose from the table to salute the sobriety of Doug and another veteran in his sixth month of participating in treatment court on the Missouri side.

More than 100 local members strong, Team Fidelis came into being two years ago to raise awareness about U.S. veteran suicides. Brazzell and other members — veterans and non-veterans — attend treatment court sessions to offer whatever help they can to participants such as Doug.

Could you use a bicycle? Doug said absolutely, and Team Fidelis arranged the purchase of two used bikes for Doug and Traci. The couple have since joined dozens of other Team Fidelis members in fundraising runs and biking events.

Doug was so impressed by the organization he tattooed Team Fidelis' logo on his abdomen.

"Oh, man, they've done so much for me," he said. "So much. Just the camaraderie ..."

Doug acknowledges that his journey is far from over.

But for now, he knows that Judge McCarthy's treatment court has made this new life possible.

[Back to Top](#)

2.2 - MedPage Today: [Owning a Dog May Help Veterans With PTSD. Small study finds adoption tied to lower depression, loneliness scores](#) (15 May, Kristina Fiore, 747k online visitors/mo; New York, NY)

ATLANTA -- Adopting a dog may help veterans with post-traumatic stress disorder (PTSD) get relief from their symptoms, researchers reported here.

In a small randomized controlled trial of 19 veterans, those who adopted a dog from a local pet shelter had significantly greater relief from depression and loneliness than those put on a 3-month wait list (control), according to Stephen Stern, MD, of the University of Texas Health Science Center in San Antonio, and colleagues.

Although veterans who adopted dogs also had greater reductions in PTSD symptoms, these weren't significantly different from controls, they reported at the American Psychiatric Association annual meeting.

"Adopting a pet dog from an animal shelter may be a useful adjunct to treatment for some veterans with PTSD," Stern said during a press briefing.

For their study, Stern's group, which included a medical anthropologist, recruited veterans with PTSD who were currently being treated for their symptoms, had stable housing, hadn't been hospitalized for psychiatric illness in the last 6 months, and didn't have suicidal ideation.

"We got the idea from many veterans who told us how much their dog had helped them," Stern said.

Ultimately they randomized nine patients to dog adoption from the local Humane Society and 10 to a 3-month wait list. The dogs were pets, not service animals, the authors pointed out.

Veterans and their dogs received support from the study team, and free veterinary care, as well as eight sessions of free obedience training from the Humane Society.

Stern and colleagues measured the effects on three outcomes: PTSD symptoms as measured by the PCL-5, depression symptoms as measured by the PHQ-9, and feeling of loneliness as rated on the the UCLA Loneliness Scale.

The intention-to-treat analysis showed about a 15% reduction in PTSD symptoms on the PCL-5 scale for those who adopted a dog, with a smaller reduction for control group. There was a moderate effect size of 0.7, but it wasn't significant, Stern said.

There were, however, significantly greater improvements in depression scores, with a reduction in the dog group but a slight increase in the control group. This had a stronger effect size of 1.1, which was significant ($P=0.01$), they reported.

Those who adopted a dog also had better outcomes on the loneliness scale, with a significant reduction for dog owners compared with an increase for the control group. The strong effect size of 1.2 was significant ($P=0.03$), Stern said.

The group also conducted extensive interviews with the veterans and found that within a month of adoption, most reported a positive experience of companionship and affection from their dogs.

They also said they became more physically and socially active, and had better relationships with family and friends, Stern reported.

In a separate presentation, Sa Eun Park, MD, of Allegheny Health Network in Pittsburgh, and colleagues analyzed what happened to companion animals when their owners were hospitalized for psychiatric illness over an extended period. Many are taken into animal shelters, and then put up for re-adoption, Park said.

"For a lot of our patients, they never get married, they never have children, so this is the only family they have," she said.

Although service animals are not commonly deployed in mental health, studies of companion animals have shown positive results, including the NIH-sponsored STARS study, Park said.

"That study had good implications," she said. "[Pet ownership] provided patients with social interactions with other people, it gave them a plan and an objective, to plan their finances, to have a routine in their lives. I think it's really important. It's one of those things that gets overlooked."

The study was supported by the Department of Veterans Affairs, the Strong Star Consortium, the San Antonio Humane Society, and the University of Texas.

[Back to Top](#)

2.3 - Delaware County Daily Times: [Walk for the Wounded offers salute to those who served](#) (15 May, Kathleen E. Carey, 451k online visitors/mo; Secane, PA)

UPPER PROVIDENCE >> Thousands came out to Rose Tree Park Saturday as they enjoyed the radiant sunshine – yet for all of its glow, that's not why they were there.

Saturday was the ninth annual Walk for the Wounded, an event that's a morning 5K run, a walk around the park, a festival with informational and vending booths and a ceremony to honor veterans, particularly those who served in active warfare.

The walk is a signature event for Operation First Response, a national organization that dedicates 97 percent of its proceeds to providing for the financial needs of veterans from rent and utilities to clothing and travel expenses.

Nick Constantino, senior advisor for Operation First Response, was gratified to see the 3,000 to 4,000 attendants throughout the day.

"It's very gratifying to see the event grow after nine years and to see the same faces that we started with day one still attending and new faces coming in," he said. "It's very encouraging. It means a lot for the support and for what we do."

He explained some of the work his organization does.

"What people don't see here and what I have the opportunity to see is how this support here translates into helping these vets," Constantino said. "I'm fortunate enough to be able to get that phone call and I hear the relief in the voices of a military veteran or a wife saying, 'Thank you. We don't know how we would have saved our home.'

"That's the kind of thing that I hear that makes this all worth the while," he said.

He explained that every little bit helps.

"In Delaware County, (many people) probably don't understand a difference of what \$150 to \$200 would make in somebody's life," Constantino said.

He continued, "I had a call from one guy one time. He was at the end of his rope over them shutting off his water and electric. It amounted to \$290 between both bills. Now, could you imagine that man taking his life because of \$290?"

"I mean, let's face it, we'll go out and blow that on a steak dinner," Constantino said.

During the veterans' ceremony, Delaware County native and Philadelphia police officer Jesse Hartnett was honored and presented with a \$5,000 check for enduring being ambushed while on patrol and shot several times.

Among those in the audience were his parents, both of Delaware County. His mom, Terry, said she's thankful he's alive and said she only watched the video of his ambush twice because it was so difficult.

She said Saturday was unique because it spoke to his service in the Coast Guard, which he joined after graduating Monsignor Bonner High School in 2001 after the Sept. 11 attacks.

Hartnett served on active duty with the Coast Guard from 2009 to 2015 and then in the reserves from 2009 to 2015.

"This is great because he's a veteran himself," Hartnett's mom said. "So, it's in his heart. He wanted to be here today."

In fact, on Friday, he had been in Washington D.C. for a race that a friend was running in his honor but another family friend helped him get to the ceremony Saturday just in time.

"He came right here," his mom said.

She said recovery will continue to take time.

"He still can't use his left hand," she said, adding that he still hopes to return to being a patrol officer. "That's what he wants."

Another veteran familiar with police patrol is Brian Siegman, a Marine Corps staff sergeant who served two tours of duty in Iraq between 1999 and 2010.

He shared his story Saturday about the struggles he faced as he urged everyone to reach out and check on veterans to make sure they are alright.

Siegman said he enlisted in the Marine Corps in 1999 and was deployed to Iraq in 2003 during the invasion.

When he was discharged, he wanted to be an Upper Darby police officer and he had to complete the psychological evaluation.

At the time, he said, the psychologist "didn't think it was a good idea for me to become a cop."

He said the police department was understanding.

"They told me to go to the (Veterans Administration), get a few years of therapy under your belt, come back and test again in a few years," Siegman said. "If you're doing much better, ... we'll put you on."

So, he took their advice and he sought help from the VA.

In the meantime, financial pressures began to mount.

“I just bought a home, I had three kids at the time and a dog,” he said. “I wasn’t able to make ends meet. We were already receiving foreclosure notices because we’d been behind a few months.”

He called the Marines.

“I said get me overseas so I can try to make some money and I can try to save my home,” Siegman said.

He went to Baghdad, Iraq and served seven months as a personal security detail. In 2010, he was discharged.

Upon his release, he approached the Upper Darby police again and this time, he was sworn into duty in December 2010.

“It was a great job, I loved it,” Siegman said. “However, it wasn’t a good job for me. I brought too much of what I had learned overseas and in the military onto the job. I was a little bit too aggressive. I started to get in trouble a few times.”

His supervisors talked to him and tried to guide him.

“Unfortunately, a year and a half on, I got called to a house for a suicidal/homicidal person,” Siegman said. “When I got there, I ended up having to shoot him.

“After that, any therapy that I had prior to this incident just started to fall by the wayside,” he said. “All my symptoms, PTSD, started manifesting, they came back full force. It started getting more and more difficult to work.”

A year later, he was suspended.

As part of that, he agreed to go to the VA, see a psychologist and get back on medication.

At some point, he was feeling better, so he stopped taking his medication – and found himself in trouble again.

It was during one of his days off and his wife and he had gotten into a fight. It had escalated to the point where the police were called.

At that point, he was told if he got suspended one more time, he’d be fired or he could take long-term disability.

He opted for the disability and began to build his life back together.

Siegman gave several credits for where he was – a genetic test that matches medication to DNA, a therapist at Psych Choices of Delaware Valley, EMDR, and the yoga and meditation and Iraq/Afghanistan support group held at the Upper Darby Marine Corps.

“I feel great,” he said. “I’ve been feeling great for about a year now.”

Yet, Siegman implored the audience to reach out to others who may not be in his position.

“Hopefully, we can start putting an end to this epidemic that we have of veteran suicides,” he said, citing two friends who had died, one a firefighter and another, an Army Iraq veteran who committed suicide a month and a half ago.

“The VA is not going to reach out to us individually to make sure that we’re ok,” Siegman said. “We need to start checking on each other. As veterans, we need to take care of each other first because nobody else is going to do it.”

He asked people to check veterans’ Facebook activity and to text them.

“Pick up the phone,” Siegman said. “Call one person a day – a veteran. Do something to check on your friends to make sure that they’re doing ok ... And, if you think something’s wrong, if something don’t seem right, let somebody know.

“There’s nothing good that comes from taking your own life,” he said. “Nothing good. The problem’s still there but what you did was you chose a permanent solution to a temporary problem.”

[Back to Top](#)

2.4 - Ocala Star-Banner: [Gala of the Royal Horses now calls Marion County home](#) (15 May, Fred Hiers, 347k online visitors/mo; Ocala, FL)

For the past 15 years, Rene Gasser and his family have seen much of the world through the window of their RV or atop one of their show horses.

“We’re like gypsy horsemen,” said the 59-year-old Gasser in a thick Swiss accent. “And our babies have always come first.”

Gasser, his family and a few hired horsemen have called Australia home for more than 30 years, but putting on nearly 100 equestrian shows annually in Australia and neighboring countries, Gasser said they were mostly on the road.

Gasser said given the landmass of Australia and its relatively sparse population, it didn't make financial sense anymore to base his Gala of the Royal Horses there. It was time to find a new home for the 14 stallions, most of them Lipizzans, Andalusian and Friesian horses.

The more research Gasser did looking for a new base from which to operate his equestrian show, the more Ocala appeared as a central location for horses, their training and their care. He decided to base the businesses in Peninsula Farm, a 314-acre training and boarding facility on North U.S. 441 just outside Ocala.

“We really decided to start a new business altogether,” he said, citing a move to add a more theatrical flair to provide customers with a broader spectrum of entertainment.

For the past 12 months, the troupe has traveled to 90 cities to entertain up to 5,000 people per show.

They are just now moving to an Ocala farm. They were temporarily based in Citra.

“We've been everywhere from Dallas to Kansas City... and up to Maine,” Gasser said of the troupe's recent tour.

Through other people in the equine industry, the Gassers met Ron and Jackie Hall, managers of Peninsula Farm. The couple was one of the reasons Gasser decided to move their operations to the couple's facility and winter there. The Gala of the Royal Horses operation employs 15-25 people and more during its tours.

“What's not to love,” he said, sitting by the farm's covered arena and looking out over the farm's pastures and exercise track.

Gasser said that shows such as his have to compete with a variety of entertainment, especially in Florida with its theme parks, “but one thing we have on our side are people who love horses, and in the United States there are a lot of them.”

The shows are typically two hours long. The horses cost the Grassers \$30,000-\$50,000. Rene Grasser is a seventh generation horseman.

Ron Hall said Grasser's decision to base his operation here is one more voice in a choir that contends Marion County is THE equine destination and has the resources horsemen need.

The Halls bred Andalusians and usually have about 150 at the farm. The farm is owned by Abelardo Morales, based in Monterrey, Mexico.

The farm already rents stalls and barns to thoroughbred owners and pleasure riders. When HITS comes to Ocala, competitors board their horses there too.

“It's good for the economy,” Hall said of Gasser's move here, “and its gives Ocalans something more to do and additional entertainment.”

Gasser will schedule shows in the Ocala area during the winter.

On Friday, Gasser and some of his riders demonstrated their horses' physical abilities and their own horsemanship for a group of disabled military veterans. The 30 veterans had come from Gainesville to Peninsula Farm. The performance was free.

The veterans were members of Mental Health Intensive Case Management, a program that provides services to veterans with mental health problems. The program is funded through the U.S. Department of Veterans Affairs.

“It's an opportunity for them to see something that these vets had never had the opportunity to see,” said Glenn Moody, a mental health technician with Veterans Affairs who helped transport the group to Ocala.

“Look and you can see them grinning and enjoying themselves,” he said. “They looked forward to it.”

The organization typically makes out-of-town excursions each week, he said.

One of those attending was 56-year-old Ann, a U.S. Coast Guard veteran.

Ann's last name is being withheld to protect her privacy.

"They're like so gentle and so calming," Ann said as one of the horses stuck his head into the arena's viewing area after the show.

"Look at their eyes," she said turning toward the horse. "They're very intelligent horses. It makes you feel close to nature.

"It's an interesting balance between man and horse. They work so well together."

[Back to Top](#)

2.5 - Dispatch - Argus: [Transcendental Meditation a lifesaver for vets with PTSD](#) (15 May, Jackie Chesser, 150k online visitors/mo; Moline, IL)

Matt Smith had never heard of Transcendental Meditation a few months ago, but now it's giving him his life back.

When he was discharged from the Army last summer, after more than 10 years of active-duty service and deployments to Iraq and Afghanistan, Mr. Smith -- a local veteran who asked that his real name not be used -- sought help for post traumatic stress disorder at the U.S. Department of Veterans Affairs clinic in Iowa City.

He said they gave him medications, which he'd rather not take. Then one VA counselor suggested he try TM. "I had never heard of it before," he said.

Mr. Smith said he researched it online and learned how to do it in Davenport in mid-March.

He said he saw a big improvement within a few days. "I know it's going to get better. I just want to become me again."

Veteran Jerry Yellin, 92, also said he saw an improvement in his PTSD within a few days of learning TM. He now lives in Florida, but he lived in Fairfield, Iowa -- the U.S. headquarters for TM -- for 26 years.

He said TM finally gave him the "relief" he had been seeking for 30 years, ever since he was discharged from the Army Air Corps in 1945, after the end of World War II.

Mr. Yellin said he joined the Air Corps (now the Air Force) when he was 18, two months after the bombing of Pearl Harbor in December 1941.

After training, he began flying missions in the Pacific, and on Aug. 14, 1945, Capt. Yellin flew the last combat mission of the war over the Japanese island of Honshu. He was discharged in December of that year.

"One day a fighter pilot, the next a civilian," he wrote on his website, captainjerryellin.com/about-jerry-yellin/.

"No buddies, no airplane, nothing to hold on to, and no one to talk to. Life, as it was for me from 1945 to 1975, was empty. The highs I had experienced in combat became the lows of daily living.

"I had absolutely no connection to my parents, my sister, my relatives, or my friends. I listened to some of the guys I knew talk about their experiences in combat, and I knew they had never been in a battle, let alone a war zone," he wrote. "No one that I knew who had seen their friends die could talk about it.

"The Army Air Corps had trained me and prepared me to fly combat missions, but there was no training on how to fit into society when the war was over," he wrote.

"I was depressed, unhappy, and lonely, even though I was surrounded by a loving wife and four sons. That feeling of disconnect, lack of emotions, restlessness, empty feeling of hopelessness lasted until 1975" -- the year he learned TM.

Mr. Smith joined the Army in 2004 and was a member of the military police for the first three years. He was sent to Iraq for 15 months in 2006 and 2007, where he was involved in many mortar attacks and firefights.

He signed on for another stint and was sent to Afghanistan from 2010 to 2011.

Mr. Smith, 31, now works as a civilian for the Army at the Rock Island Arsenal.

He said his post traumatic stress started when he saw a fellow soldier shot in the head by a sniper in Iraq. He was the truck commander, but he "froze" and couldn't direct his men's response, although all did their jobs properly, he said.

Another time, Mr. Smith was in a convoy headed to Baghdad when the lead truck hit an explosively formed projectile, or penetrator (EFP). He said although no one was killed, he froze again when he saw the devastating injuries some of the men suffered.

On top of incidents like those, he said, soldiers often were sleep deprived because of recurring rocket and mortar attacks.

The Army and Department of Veterans Affairs are studying how TM can help active military members and veterans with PTSD.

Mr. Smith said they are teaching TM to some soldiers so they can deal with the stress of war as it occurs, rather than after they are released. It should be taught to all soldiers, he said, and those with PTSD shouldn't be afraid or embarrassed to discuss it.

Mr. Yellin said TM, not drugs, is the answer for PTSD. Millions are spent on antidepressants for those with PTSD, but treating the problem with drugs just creates drug addicts, he said. "TM is a natural process. It's quick. It's easy, and it works."

Mr. Yellin -- who was inducted into the U.S. Air Force Hall of Fame in 2014, and will be honored at the World War II Museum in New Orleans in June -- now gives 20 to 25 talks around the country each year on treating PTSD with TM.

The David Lynch Foundation (davidlynchfoundation.org) helps military and ex-military members and their families get access to TM classes through its Operation Warrior Wellness program (operationwarriorwellness.org).

The foundation estimates that more than 500,000 troops deployed since 2001 suffer from PTSD.

A study titled "Impact of Transcendental Meditation on Psychotropic Medication Use Among Active Duty Military Service Members With Anxiety and PTSD" was published in the January issue of the journal *Military Medicine*.

The study included 74 active-duty service members with PTSD or anxiety disorder. Many had experienced multiple deployments and were seeking treatment for PTSD at Dwight David Eisenhower Army Medical Center's Traumatic Brain Injury Clinic at Fort Gordon, Ga.

For the study, half the service members practiced TM in addition to their other therapy, while the other half did not. After a month, 83.7 percent of the meditators had stabilized and reduced or stopped their use of psychotropic drugs to treat their PTSD.

In the group that did not meditate, 59.4 percent had stabilized and reduced or stopped taking psychotropic drugs for PTSD, while 40.5 percent had begun taking higher dosages of medication.

Similar percentages were found in a six-month follow-up.

"Regular practice of Transcendental Meditation provides a habit of calming down and healing the brain," the study's lead author, Dr. Vernon A. Barnes, said in a news release. He is a physiologist at the Georgia Prevention Institute at the Medical College of Georgia at Augusta University, and a TM practitioner.

"TM has given me my life back," Mr. Smith said. "I can be a better husband, a better father and a better friend. Without TM, I think I would be on a roller coaster spiraling out of control."

For more information on the military and PTSD, visit:

-- psychcentral.com/news/2011/06/02/transcendental-meditation-helps-vets-with-ptsd/26627.html

-- www.medicalnewstoday.com/articles/232362.php

-- www.tm.org/blog/research/our-veterans-are-lacking-a-crucial-tool/

-- fortgordonglobe.com/news/2014-12-12/Front_Page/Soldiers_meditate_as_alternative_therapy.html

[Back to Top](#)

2.6 - DailyProgress.com (Culpeper Star-Exponent): [Bonds of battle last for a lifetime](#) (15 May, Kristin Davis, 135k online visitors/mo; Charlottesville, VA)

They slowly descended the slick black stones of the Vietnam Veterans Memorial, a small tide of graying soldiers in 359th Transportation Company caps and shirts that left no question.

This was their wall.

Michael Buirge had come here once before.

“There are so many names on this wall. I forgot,” he said.

Then, turning to platoon leader Burrell Welton, his voice broke. “I didn’t do anything special.”

Welton nodded his head, threw an arm around Buirge’s shoulder.

Neither said anything else. Decades of shared experiences—nightmares and anxiety they couldn’t quite place, guilt and excesses that staved off what they didn’t want to remember—spoke their own silent language.

They’d arrived in Fredericksburg a day before from as far away as California for a reunion marking the 50th anniversary of the reactivation of the 359th. A tour bus had brought the group of 30 veterans to Washington on Wednesday, dropping them off in view of the Vietnam Memorial.

“We need to find Andy’s,” Bob Dye said.

Spc. George D. “Andy” Anderson had been one of them, an Ohioan barely out of his teens when his country called.

Like Buirge and Dye and Welton, he’d come to Vietnam in 1967 as a replacement for the 359th, a status that bonded them from the start.

Anderson had been mortally wounded in an ambush 75 days before he was set to go home.

Someone called out where to find it: Panel 35E, Row 28.

Welton headed toward the center of the V, where the wall rose higher. He pointed to a single name among more than 58,000 chiseled in shining stone.

“Right there. Right there,” he said.

Welton put his hands in his pockets, shook his head. He looked at the ground and, having found what he’d come to see, walked away.

A PROMISE—AND ANGUISH

Welton felt responsible.

Almost half a century later, feelings of failure still welled up. He was Anderson's platoon leader. It was his job, he said, to make sure he got home safe.

"I didn't hold my promise to him."

A day after their visit to the wall, Welton, who'd come from Colorado, sat in a banquet room of the Fredericksburg Hospitality House Hotel and Conference Center where the following morning the 359th Transportation Company Association would elect officers and vote on whether to have a reunion once a year instead every two years. They'd spent the day visiting the U.S. Army Transportation Museum at Joint Base Langley-Eustis in Newport News, one of a flurry of activities packed into the veterans' four-day visit to Virginia. After the Vietnam Memorial, they'd visited Arlington National Cemetery and placed a wreath at the Tomb of the Unknown Soldier.

They'd ended the day with a military pageant called "Twilight Tattoo" that told the history of the Army through musicians and drill teams.

"The 'Tattoo' is a lively and entertaining way to end the long and perhaps difficult trip down memory lane," a reunion schedule stated, and Buirge and Dye and Welton agreed that it had.

But on Thursday night, the trio sat together at the Central Park hotel and thought about the wall, about Anderson, about the 13 other men from their company whose names were there, about the hundreds—maybe thousands—of others who'd died service-related deaths after the war.

They have spent most of their lives trying to reconcile their survival.

"It was just sheer freaking luck," Buirge had said as he stood at the wall.

Most had ended up in Vietnam the same way. They were sons and nephews of World War II veterans who'd grown up hearing stories of heroics across Europe and the Pacific.

The 359th, in which they all ended up, had been first activated in December 1942; its trucks had rolled across France, Belgium and Germany. The company was reactivated in 1966 as America's involvement in the war in Southeast Asia intensified.

Dye and Buirge were drafted.

"My turn," Dye thought when his number was called.

Welton enlisted at 18 after flunking his first semester of college. By 19, he was a highly-respected officer volunteering to lead more than his share of convoys along Mang Yang Pass.

Every morning, some 60 tankers, each hauling 5,000 gallons of fuel for tanks and trucks and aircraft, made the drive along that volatile stretch of road they called Ambush Alley.

Buirge, Dye, Welton and Anderson had been at it for months, falling under fire more times than they could count. But they'd always managed to come out on the other side, until the morning of Jan. 15, 1968.

A FATEFUL SWAP

Dye sees it in his nightmares often enough.

He has carried with him for decades the belief that it should have been him, not Anderson, killed that day. Anderson's truck wasn't running right. So he and Dye switched places in the convoy.

They lumbered on seven or eight more miles when Dye saw something that didn't sit right with him: Two Vietnamese men walking along the road with what looked like bamboo sticks.

They were satchel charges, potent explosives the men tossed onto the road.

Dye saw Anderson's truck blow. He saw dozens of Vietnamese men appear from the wood line, guns drawn, and knew he had to get out of there.

He grabbed his rifle, threw his truck in gear and took off for a military checkpoint two miles away. It was only after he stepped out that he noticed his pants had turned red.

He'd been shot through both knees.

Dye would see Anderson alive one last time, in the hospital. He died 10 days later from his wounds.

Welton's quick action at the scene ensured everyone else made it out alive, his men say. But that was little consolation to the 19-year-old lieutenant who led from the front.

HURTS THAT NEVER HEAL

They could keep everything that happened from well-meaning relatives and friends back home. They even had a way of hiding it from themselves, Welton said. But when these soldiers-turned-grandfathers were back together again, memories from Vietnam rose up.

There was the hunger that never seemed to subside, the exhaustion they hadn't known before or since. There was the sound of sniper fire and explosions, images of burning tankers and smoke heavy on the horizon.

There had been moments of humanity, too. Buirge, who now lives in California, recalled a young Vietnamese girl who sold Cokes to the GIs. They'd managed to communicate despite the language barrier, with Buirge explaining to her the foreign concept of snow. She'd knitted him a scarf he has kept all these years.

On their first night in Fredericksburg, name tags around their necks, they tried to explain a brotherhood that ran deeper than blood.

"It was only a year out of our lifetime," Welton said.

"But more happened in that year than 20 years here," said Dye, who was here from Missouri.

For years, they felt betrayed by their government and the media and their countrymen. They said they were spit on and called baby killers. They'd been denied membership to organizations like the Veterans of Foreign Wars where they might have found help, Welton said, because Vietnam had not been a declared war.

"They shuffled you under the rug," Buirge said.

“I wish it had been that nice,” Welton said. “Nobody understood what we went through. We didn’t understand what we went through.”

In 1970, Buirge paid a visit to a Veterans Affairs hospital. “I was mentally messed up and I didn’t know why.”

The VA’s response, he said, was that he’d get over it.

“There was no PTSD,” Welton said of post-traumatic stress disorder, which is now such a commonly diagnosed consequence of combat.

“Our favorite saying was, ‘It don’t mean nothing,’” Dye said.

Explained Welton: “Everything we came to believe in and cherish and tried to live up to what our parents had done, it didn’t mean anything.”

For 40 years, they put away everything that linked them to Vietnam, both the tangible and intangible.

BRIDGING THE DECADES

Now here they were in Fredericksburg, approaching old age and joining a new generation of soldiers from the reactivated 359th, who have fought in the wars in Iraq and Afghanistan.

The younger generation sat together at a table in the hotel banquet hall, distinguished in their Army fatigues. Buirge walked over and extended a hand.

“Thank you for your service,” he said.

These warriors had come home to a far different America, where the uniform represents sacrifice, its wearers worthy of respect.

For a decade, men like Dye and Welton and Buirge have shared in that sea change. They took part in parades, read with misty eyes banners made by schoolchildren thanking them for their service. They went to VA-sponsored counseling where they talked about their experiences.

They came to reunions like this one, where no matter how much time had passed they saw in each other’s faces the soldiers they used to be.

[Back to Top](#)

2.7 - WJBF (ABC-6): [Charlie Norwood V.A. Patient Wait Times](#) (15 May, Stefany Bornman, 123k online visitors/mo; Augusta, GA)

Nearly 85% of all patients at Charlie Norwood V.A. Medical Center are seeing doctors in 30 days or less.

That’s according to data released by the Department of Veterans Affairs.

About 15% of patients don't see a doctor until 30 days or more.

The average wait time in Augusta for primary care is about 14 days.

It's 13 days for specialty doctors and 3 days for mental health.

According to data released last year for the same time, the wait times are getting longer.

[Back to Top](#)

2.8 - Coeur d'Alene: [Helping vets express beauty once again. LightBenders photo course to assist vets who struggle with post-military challenges](#) (15 May, Brian Walker, 104k online visitors/mo; Coeur d'Alene, ID)

LightBenders photo course to assist vets who struggle with post-military challenges

When Chris Chaffee retired as a photographer, cameras pulled him out the door by the neckstraps in search of a new purpose.

Chaffee found that purpose by starting LightBenders, a new school of photography for veterans who struggle with the challenges of post-military service.

"They say that overcoming the effects of PTSD (post-traumatic stress disorder) is about as easy as bending light rays," he said, referring to how the name was derived. "If these veterans can step up to the challenges necessary to own PTSD more than it owns them, then they are strong enough to bend light rays, and I'm going to show them how."

LightBenders will be a free eight-week photography course to help local veterans deal with the effects of PTSD and other non-physical and physical combat-related injuries. It will be taught at the Veterans Outreach Center at Mirabeau Park Hotel and Convention Center in Spokane Valley, and Chaffee is hoping the first class will start in June.

"I believe this is a divine calling, and I'm following it," said Chaffee, a Vietnam veteran. "I'm probably busier now than I was as a photographer."

Chaffee said LightBenders picks up where VA treatment ends.

"These veterans experienced the unforgettable, witnessed the unimaginable," he said. "LightBenders is here to help them discover and express beauty once again. They were there for us. Now they're home. Let's be there for them."

Chaffee also volunteers at veterans events and takes photos for Real Life Ministries, so starting up LightBenders was a natural for him.

More information on the school is available at facebook.com/lightbenders.vets. Chaffee can be messaged there or people can call him at 651-8134.

The program is not open to the public. Veterans will be recommended to the program by staff at the Veterans Outreach Center and the V.A. Medical Center and Outpatient Clinic.

Class subjects include: landscape and nature photography; portraiture; camera settings; composition and lighting; action and sports photography; and low-light and nighttime photography.

Tax-deductible donations can be made to LightBenders through the nonprofit Veteran Community Response, which is hosting LightBenders.

What did your military background consist of?

I was raised in a military family. We lived in Germany, Guam and several states. My dad (Robert) was an officer in Army intelligence. He spent many years at the Pentagon. A lot of what he did I don't know about. I have profound respect for the military. I joined the Navy at 17. The second day after I turned 17 I was in boot camp. That experience makes me sensitive to veterans causes, and the military got me into photography.

What did your military service include?

I served in Vietnam in the early 1970s both with the Navy off shore and the Marine Corps in country providing reconnaissance and photo services. My nickname was Pancho because I looked like one carrying ammunition for a squad gunner.

How did you get involved with photography?

I've been playing with it since I was 12. A friend owed me \$2 and he couldn't pay it, so he gave me a Kodak Instamatic camera and six rolls of black-and-white film. From the first time out of the development tank, the hook was in me and never left. It defines me. My daughter is getting into it now and I'm extremely proud of her.

What has been your photography experience?

I owned Advanced Image and Printing on Seltice Way in Post Falls for eight years. I also worked for the Press Courier in Ventura County, California and the Ventura County Star Free Press. I've also owned and worked in photo labs large and small.

What is your favorite subject to shoot?

I love love nature photography, but I haven't done so much of it lately. A 30-foot camper was part of my retirement plan but it sits at the house untouched. I've got more important things to do than shoot pretty lakes and sunsets. I have fond memories of shooting in Glacier Park and other national parks. Parks is about all I miss about California.

Do you shoot film still?

I don't have time for film anymore. Film is no fun unless you can take it into the darkroom yourself.

Your camera collection is all Nikon. What's up with that?

I first started shooting with Nikon in 1972 in the Navy. I dropped a camera 50 feet onto the flight deck of the U.S.S. America aircraft carrier from a hovering helicopter. It blew the glass elements out of the front, but the camera was still good. Nikon is an optical technology company, and I've always appreciated that. I'm talking to Nikon about sponsoring LightBenders.

How long have you lived here?

I moved here in 1992 and have been living at Hauser Lake for 24 years. I have lived here longer than anywhere in my life, and I have no plans of changing that.

How did LightBenders start?

I discussed starting a camera club with Dr. Ken Cogswell, a psychologist at the V.A. Medical Center in Spokane. I realized while having a conversation with him that it could be made available to veterans who struggle with PTSD. A camera club is just a camera club, so he and I came up with this therapeutic endeavor. This is not sanctioned by the V.A. — it is an unknown therapeutic endeavor — but he encouraged me to pursue it.

When will the first class start?

Hopefully June 1, but that's dependent on a fundraising campaign and if I can get the cameras on time. The Veterans Outreach Center at Mirabeau Park will provide the classroom and they are providing personnel for clinical support. I'd like to get in four classes per year.

How is the fundraising campaign going?

We need \$7,000 to kick it off for equipment. So far we have received a \$500 donation from Disabled American Veterans Chapter 9 so far. If we don't receive the money before June 1, the class will be delayed. This is not on my timeline. It's on His. The class will not cost veterans anything. They'll return the equipment upon completion of the course. We have received great support from Camera Corral (in Coeur d'Alene) with equipment. I will supply the digital imaging software and computers.

How big will the classes be?

We'll only have six students at a time. We want to keep classes small. There will be classroom instruction then practical field applications. That will give me the opportunity to work with them one-on-one.

How much will you be paid for leading LightBenders?

I will not be paid one penny for what I'm doing.

What happens when students complete the course?

Our alumni will continue to take field trips. The program does not end. PTSD never ends and neither should LightBenders for my students. Alumni will be invited back as guest speakers and instructor assistants. Alumni members will also be invited to class graduation to welcome new members at a dinner ceremony. Additional specialty workshops are planned to further advance their knowledge and technique as photographers.

How will LightBenders help veterans?

There's one veteran who is interested in the program who has wanted to study photography. He agrees that it will be a launching pad to get him out of the house, which will help him socially reintegrate among other people in the community. We will have professional photographers critiquing their work and encouraging them. That interaction with other people will help them with depression and get them out into the field. Most importantly, we are showing them that they have beauty within and they can express it.

Will the veterans' work be viewed?

At the end of the course, we will show their work on a 65-inch TV that they can sit 10 feet away from. I want that for the wow factor. I'm looking forward to that moment when they can say, wow, I did that. A gallery wall of the students' work will also be at the V.A. and at the Veterans Outreach Center. I want them to be proud of the work they do. There may also be opportunities for them to sell their photos. A Facebook page will be created to showcase their weekly photos.

If veterans want to be considered for the class, how do they do that?

They need to register through the Veterans Outreach Center at (509) 444-8287.

Why do you continue to be involved in photography?

Every day I wake up I feel like I went to Disneyland and never left.

[Back to Top](#)

2.9 - KOVR (CBS-13, Video): [CBS 13 News at 10p](#) (15 May, 45k broadcast viewers; West Sacramento, CA)

This one-minute video promotes a West New York organization that places service dogs with veterans and mentions the \$12 million VA study to gauge how efficient service dogs are for helping with anxiety, depression and PTSD.

[Back to Top](#)

3. Ending Veterans' Homelessness – No coverage

4. Ending the Claims Backlog – No coverage

5. Veteran Opportunities for Education/GI Bill

5.1 - Yakima Herald-Republic: [Veterans adapt to a new challenge in Central Washington: college](#) (15 May, Rafael Guerrero, 300 online visitors/day; Yakima, WA)

ELLENSBURG, Wash. -- One of thousands of students attending Central Washington University, Christina Ford is also one of several hundred military veterans among them.

The transition from military to civilian can be a big life change; in her case, from the Air Force to Ellensburg. Ford served in security forces from 2009-13.

For one, there's the age difference between her and her classmates; it's like comparing high schoolers to middle schoolers, she joked.

"A lot of my co-workers (and fellow students) aren't even 21," said Ford, 26.

The age difference is just one example of how, as a veteran, she faces different challenges in adjusting to college life. But CWU supports its nearly 600 veteran students in various ways, from a veterans center to a recently re-formed club for veterans.

The U.S. Department of Veterans Affairs says there were approximately 500,000 student veterans and beneficiaries receiving education benefits in 2009. The number increased to more than 1 million by 2013, with that figure expected to increase by 20 percent over the next few years.

And only 15 percent of student veterans are in the traditional college ages of 18 to 23, according to the VA. Most are between 24 and 40.

At Central Washington, student veteran enrollment this year is 5 to 6 percent of the university's overall enrollment, higher than the national average of about 4 percent, said CWU Veterans Center Director Ruben Cardenas.

Between 2012 and 2015, the number of veterans studying at CWU increased by 20 percent. According to CWU, the increase is 30 percent when active duty, reservists and eligible dependents are factored in.

It can be a tough transition to college life for student veterans. To start, the structure found in the military is gone. There is no set time to wake up; no blocks of the day are set aside.

The laid-back atmosphere of college allows more freedom, which can take some getting used to.

"You're going from something that's really structured to where you go do this, and it's your own idea of how to do this," said Korey Gould, a reservist entering his second quarter of classes.

"It's your choice of whether or not it's best to miss a class."

Justin Dennis, who is majoring in information technology and administration management, said relearning how to study and manage homework is a wake-up call for veterans, who have gone years without worrying about it.

Some also are married now. Dennis said he moved to Ellensburg because his wife enrolled at CWU.

“She had followed me long enough, so I figured I should follow her this time,” said Dennis, 28, who served in the Army for eight years.

Ford, meanwhile, said married couples may want more mature friends around. “The priorities of a 21-year-old are different than what my priorities are, or of my husband,” she added.

Earlier this month, the CWU Veterans Club re-formed after two years with the help of students like Dennis, who became the club’s president.

“Our goal is to increase awareness of vet issues as well as create an environment where they can get together and have that camaraderie they had while in the service,” he said.

The benefit of a veterans club was evident at the club’s first meeting, as the group of eight interacted as if they had known one another for years. As some pointed out, there is an indescribable connection among veterans.

“There’s a thing about the military culture that we have a very interesting, sarcastic sense of humor that only veterans will understand,” Cardenas said during the meeting, drawing laughs from the other seven.

“I get to exercise that on a daily basis (at the veterans center).”

Other founding members of the club also miss that camaraderie, so the club was already discussing plans to hold social events. Timing for the first meeting may not have been the best — the spring quarter ends in June, after all — but the club members felt the need to get started.

The plan is for the club to hold three events per month, which could include meetings, barbecues and group outings. While it is expected activities will drop during the summer as most students leave campus, some of the eight attending the first meeting expressed interest in continuing to hold events during the summer quarter.

The club is just one way veterans or military family dependents can manage life at CWU.

The university veterans center has an all-veterans staff of three professional staff members and three work-study students. Cardenas said he and the rest of his staff understand what student veterans go through.

“The veteran connection is therapeutic,” said Cardenas, who served with the Washington National Guard from 2004 to 2010. “I’m lucky enough to experience it every day interacting with our students and staff. ... I wouldn’t want to work anywhere else on campus, to be honest.”

CWU’s veterans center also assists students in understanding and receiving the benefits available to them through the GI Bill. Cardenas recommends students reach out to the office as soon as possible.

Veterans center staff also make recruitment visits to high schools, particularly those with a high percentage of military families. Cardenas said recruitment extends beyond Washington state’s borders.

Some of CWU’s guest speakers also speak to veterans and their experiences.

For instance, veteran and athlete Daniel Rodriguez spoke on campus Tuesday. Rodriguez is an Iraq and Afghanistan veteran who was awarded a Purple Heart and Bronze Star, walked on to the Clemson University football team, and ultimately signed as an undrafted free agent with the then-St. Louis Rams.

Rodriguez also dealt with issues common among veterans, such as post-traumatic stress disorder and suicidal thoughts.

And efforts are underway to build a veterans memorial on campus. A task force has been meeting since the beginning of the year to come up with a plan and design.

Cardenas, who is on the task force, said the topic will likely go into next school year.

“It is a symbol that we are working for vets and that we hope will recognize the sacrifices of these veterans,” he said.

All of CWU’s efforts have helped the university be named a “veteran supportive campus” by the state Department of Veterans Affairs. Currently, 13 colleges, universities, technical schools and campus branches have such a designation; the list includes Perry Technical Institute in Yakima.

“I wouldn’t say it’s changed things,” Cardenas said. “It was more an affirmation of what our efforts are on campus for receiving the designation — that we are on the right track.”

[Back to Top](#)

6. Women Veterans – No coverage

7. Other

7.1 - The New York Times: [Obama in Vietnam Will Focus on Future, Rather Than the Past](#)
(15 May, Gardiner Harris, 96.5M online visitors/mo; New York, NY)

WASHINGTON — The pictures will be unavoidable, and the flood of painful memories unstoppable.

When President Obama lands next Sunday in Hanoi, his visit will be chronicled by photographers, cameramen and journalists who will track every public move of only the third presidential visit to Vietnam since the end of the American war there.

Mr. Obama’s former defense secretary, Chuck Hagel, said he is already bracing for the onslaught of recollections those pictures and articles are likely to inspire.

“I know those images will hit me,” said Mr. Hagel, whose 12 months as a soldier in Vietnam remain the defining period of his life, despite the subsequent years as both a senator and a cabinet secretary. “They’re going to make it all come back.”

For Mr. Obama, the trip to Vietnam offers an opportunity to help solidify not only his promised pivot of American policy toward Asia, but also to deepen economic and security ties with an increasingly important regional player.

But for the United States' Vietnam War veterans, a presidential trip to the country where many of them lost their youth, innocence and some of their closest friends is weighted with powerful emotions and never-ending debates about that war's consequences.

"There are still a lot of ghosts around," Mr. Hagel, 69, said in an interview. "There is still a great deal of debate about Vietnam and what it meant for this country."

"It still haunts us," he added. "That terrible waste of lives, and the lessons we learned there, the terrible lessons that still hang over us."

Mr. Hagel said that every decision he made as defense secretary and every piece of advice he gave Mr. Obama was informed by his experience in Vietnam. He now finds himself thinking more and more about the year he spent there in the 1960s. And he said he is certain to closely study the pictures from Mr. Obama's trip: the lush green background, the people and their iconic conical hats.

One of the stumbling blocks between the two nations is the continuing belief by some in the United States that there may still be captive American soldiers held there, the kind of mythology that was fueled by 1980s movies like "Missing in Action" starring Chuck Norris and the "Rambo" series starring Sylvester Stallone.

A black P.O.W./M.I.A. flag still flies above the Capitol and state capitols around the country, and the military and many lawmakers choose to focus on the retrieval of the remains of dead service members as fulfilling those concerns. But some leaders of veterans organizations insisted in a meeting on Friday at the White House that Mr. Obama ask Vietnamese leaders whether there are living prisoners, according to Frank Francois III, the chief executive of Service Disabled Veteran Enterprises, who attended the meeting.

"One of the questions that has to be asked is whether there is anybody in jail or captivity or someone living in the area we need to know about," Mr. Francois said.

For other veterans, Mr. Obama's trip will serve as a welcome reminder to two generations of Americans who have come of age since the war's end, illustrating that conflict's importance to the United States. For these men, the ghosts of the war should not have been so easily laid to rest.

"Vietnam is a totally forgotten issue nowadays," said Bobby Muller, a disabled veteran and antiwar activist whose life helped inspire the 1978 movie "Coming Home," starring Jane Fonda. "To have gone through those times and have something as huge and powerful and affecting and tragic in our lifetimes wind up nonexistent in the consciousness of the country today is stunning."

Mr. Muller lives in Washington in an apartment that is filled with books on the war, and his anger at two wartime leaders — President Richard M. Nixon and his closest adviser, Henry Kissinger — remains undiminished.

Mr. Obama is unlikely to focus as much on combat deaths during his trip as President Bill Clinton did when he visited in 2000.

Mr. Clinton took the two sons of a missing airman, Lt. Col. Lawrence G. Evert, to a rice paddy in a tiny town 17 miles northeast of Hanoi and searched, along with scores of villagers, for the remnants of an F-105D fighter-bomber that had crashed in 1967. Remarkably, they found Colonel Evert's bones.

Mr. Obama is more likely to hail cooperation between the two countries to clean up the remnants of Agent Orange, one of the wartime issues still important to Vietnam. But as a president who came of age after the war ended, he is unlikely to be a symbol of healing of the psychological wounds that some veterans suffered upon returning home, when many of their countrymen disdained them for fighting there.

"That lack of a welcome home is still a national shame," said Senator John McCain, a Vietnam veteran who, because he was a prisoner of war, did receive a hero's welcome. "You had 18- or 19-year-old draftees who did their duties and were literally spat upon by their fellow citizenry when they returned."

Mr. McCain said the country has learned that lesson, and service members and veterans are routinely celebrated at sporting events and public occasions nowadays. But for some veterans, Mr. Obama's visit is likely to stir bitter memories of their rejection, he said.

Mr. McCain, a Republican of Arizona, said his efforts to help normalize relations between Vietnam and the United States were among the proudest accomplishments of his life, and he said he had been to Vietnam so often since the war's end that "I'm recognized more in the streets of Hanoi than I am in Phoenix."

Those efforts long ago helped Mr. McCain put the worst of the war and his captivity behind him, so he is unlikely to be moved by the photos of Mr. Obama's visits, he said. Mr. McCain said he had other ways of stirring his wartime memories.

"To this day, I'll get up real early sometimes and go down to the Vietnam Memorial just as the sun is coming up," Mr. McCain said in an interview.

"It's always a great experience for me to think and remember."

[Back to Top](#)

7.2 - ReadWrite (Video): [U.S. VA explores protecting your hacking cough from hacking](#)
(15 May, Donal Power, 5.9M online visitors/mo; San Francisco, CA)

Though cybercriminals haven't yet started hacking pacemakers for kicks, the U.S. Veteran Affairs Department (VA) has launched a new project to ensure connected medical devices are protected.

As reported by NextGov.com, VA has begun fact-finding information on methods to safeguard wirelessly connected medical equipment from malicious cyber attacks.

As the Internet of Things (IoT) is increasingly used in health applications, more and more connected devices are being employed by health centers and hospitals for patient monitoring and diagnosis.

VA is concerned that the wireless nature of the connectivity allows these devices to be vulnerable to nefarious actors. And so the department is undertaking a “comprehensive, defense-in-depth” initiative that seeks to secure IoT equipment on hospital networks from any malicious attacks.

VA’s interest in bolstering IoT security follows a recent attack on the MedStar Health network in Washington, D.C. which saw its patient records blocked by ransomware.

As more devices become integrated into healthcare facilities, concerns for hospital network security are increasing in tandem. This concern was behind VA’s new cybersecurity strategy launched last fall that focused on securing medical devices and general medical cybersecurity.

VA has set guidelines for the IoT security needs

According to the NextGov report, VA’s requirement for medical IoT security include: automation; scalability to millions of devices; consideration for device time lags; and the capacity to generate reports on protocols, threat indicators and device traffic volume.

And this data integrity issue is one that will grow ever thornier as medical wearables and implantables become more commonplace.

ReadWrite recently wrote that RFID chips, for example, could replace medical alerts bracelets and avoid drug interactions caused by mis-prescribing drugs but “a number of people have told me that the ease of removing an RFID chip (with a scalpel presumably) could result in identity or financial theft. Others raise the issues of hacking and long-term medical complications caused by implants. But regardless of resistance, this technology is here, it is being used successfully for a range of purposes and it will be an integral part of wearables of the future.”

[Back to Top](#)

7.3 - San Antonio Express-News: [Obama under mounting pressure to stem drug costs. S.A. rep tackles high prescription costs](#) (15 May, Bill Lambrecht, 772k online visitors/mo; San Antonio, TX)

WASHINGTON — With Congress unwilling to act, U.S. Rep. Lloyd Doggett is marshaling Democrats to pressure the Obama administration to stem the soaring costs of prescription drugs.

The San Antonio Democrat has stepped up efforts to persuade the National Institutes of Health to take the unprecedented step of breaking patents on high-priced pharmaceuticals developed with taxpayer assistance.

Doggett also is pressing a lavishly funded entity created by the Affordable Care Act to spend more of its money on studying which drugs work best and making those findings widely known.

In his expanding efforts, the veteran congressman is planning to hold hearings in San Antonio and elsewhere about what he considers the exorbitant price of many prescription drugs.

He also said he intends to seek cooperation from local Veterans Affairs offices and military installations related to the effectiveness of drugs they've prescribed.

Behind the scenes, Doggett has taken the lead in organizing Democratic senators as well as House members in the gridlocked Congress, which has exhibited little interest of late in tackling issues with controversy.

An appeal he authored this spring to the Health and Human Services Department included signatures of Sens. Bernie Sanders of Vermont and Elizabeth Warren of Massachusetts, among others.

Doggett's efforts stand out because they amount to Democrats challenging a Democratic administration rather than Washington's usual partisan warfare.

With the Obama administration resisting his recent overtures, Doggett's criticism is growing more pointed.

"It goes to a too-cozy relationship between one of the country's most powerful special interest groups and the Congress and also to a too-cozy relationship with this administration," he said last week.

'Smirking bad boy'

The sharp rise in prescription drug costs — driven in part by spending for specialty drugs like those for cancer and hepatitis C — catapulted the issue into prominence last year. About a fourth of Americans who take prescription drugs say they have difficulty paying for them, the Kaiser Foundation reported last month.

New Braunfels resident Betty Scholl said that even with a coupon, her mother is paying \$362 for the inhaler she needs to treat her chronic obstructive pulmonary disease. Because of that monthly outlay, her mother, Theresa Doege, 88, has difficulty making ends meet.

Even with help from the Any Baby Can assistance program, her mother has to make hard choices — like how to pay to have her lawn cut after receiving a notice from the city.

"It's impossible," Scholl said. "You have to jump through hoops to get prescriptions. Sometimes she says, 'I'll just do without.'"

Cynthia Nelson, president of the San Antonio AIDS Foundation, said drug costs are a growing burden for many of her organization's 1,200 clients, 800 of whom she said are in active case management.

Her organization provides skilled nursing hospice care and other services, including rental assistance and prevention education. All told, Bexar County has at least 5,600 HIV positive cases, she said.

Foundation clients get prescription help from government agencies thanks in part to the Ryan White HIV/AIDS Program, passed by Congress in 1990. But for many, funding for HIV and AIDS drugs is far from sufficient, she said.

“Even with copay help, sometimes out of pocket cost can be \$500-plus a month,” she said.

Most presidential candidates this cycle offered solutions. Democrats Hillary Clinton and Sen. Bernie Sanders, along with presumptive GOP nominee Donald Trump, have embraced the far-reaching proposal to allow Medicare to negotiate drug prices. Negotiating prices for seniors’ drugs was barred by Congress before the expensive Medicare prescription drug benefit took effect a decade ago.

With Medicare’s share climbing to 29 percent of U.S. drug expenditures and industry profits at stake, the presidential campaign assertions point to a high-decibel fight next year in Congress no matter who holds the White House.

Doggett, 69, a former Texas Supreme Court justice, was elected to Congress in 1994. Amid complaints last year about ongoing boosts in prescription drugs, he set up a task force in the House to tackle the issue. He said last week that his initiative is aimed not just at the Obama administration in its waning months but also at preparing for what lies beyond.

In a speech April 26 in Washington in front of the liberal Center for American Progress, Doggett referred to “the blizzard of price gouging (that) has been accompanied by a blizzard of lobbying and campaign contributions” by the nation’s largest pharmaceutical companies.

He recalled the much-publicized price increase last year of the anti-parasitic drug Daraprim by Turing Pharmaceuticals and its former CEO Martin Shkreli.

“This is not about just the smirking face of one smug bad boy who engineered a 5,000 percent overnight price (boost). ... It is a pervasive, industry-wide problem,” he said.

Doggett noted concerns in Texas about new drugs costing more than \$300 a month for routine conditions such as diabetes.

“Major pharmaceutical companies have become giant marketing operations, expert at defending their monopoly pricing, expert at public relations, expert at avoiding taxes and wielding political influence,” he said in the speech

Asked for a response, a Pharmaceutical Research and Manufacturers of America spokeswoman wrote in an email: “New medicines are transforming care for patients fighting debilitating diseases like cancer, hepatitis C, high cholesterol and more. At the same time, the share of spending on medicines has been consistent for more than 50 years.”

‘March-in rights’

Doggett and allies are pressing the government to exercise so-called “march-in” rights, aptly named because it would amount to an aggressive action that hasn’t been invoked since the law enabling it passed in 1980.

If it's determined that a pharmaceutical developed with federally funded research is not sufficiently available, the National Institutes of Health essentially could ignore a patent and grant additional licenses for that drug.

In letters this year, Doggett and allies urged the Health and Human Services Department to issue official guidance on the march-in authority, in effect warning manufacturers prone to exorbitant pricing.

On March 28, Doggett took the lead in pressing the government to hold march-in public hearings on an expensive drug for prostate cancer.

The drug, Xtandi, was developed at the University of California at Los Angeles with research that the National Institutes of Health and the Army helped fund. It's jointly marketed by Medivation Inc. of San Francisco and the Japanese company Astellas Pharma Inc.

Doggett noted in a letter to government agencies that the drug, sold in Japan and Sweden for \$39,000 for a year's treatment and in Canada for \$30,000 is priced in the United States at \$129,000.

"The NIH has a powerful tool to hold companies accountable for barriers to access to drugs developed through support of U.S. taxpayers, including price," he wrote in a letter signed by a dozen members of Congress, half of them senators.

The federal agencies have not been receptive. In a response addressed to Doggett, Health and Human Services Secretary Sylvia Burwell was noncommittal, saying the march-in authority "is strictly limited" and that its use had been rejected three times since 2004. She added that she did not believe additional guidance is needed as a message to companies.

National Institutes of Health director Francis Collins, pressed on the matter by Sen. Dick Durbin, D-Ill., at a Senate hearing last month, said he worried that invoking the authority would harm his agency's relationship with drug manufacturers.

Durbin replied that doing nothing "sends the message that it's fair game, open season, for whatever price increases they wish."

"They haven't said no yet," Doggett observed last week. "But the responses are revealing. If given the choice between maintaining a cozy relationship with the pharmaceutical industry and addressing price-gouging, they prefer the former."

Doggett also is seeking action from the Patient-Centered Outcomes Research Institute, a little-known entity established in the 2010 Affordable Care Act.

The nonprofit agency, which goes by PCORI, funds research projects aimed at producing wise decisions about health-care treatments. It receives \$500 million yearly from a \$2 tax on every health insurance policy — money that's guaranteed through 2019 — on top of \$150 million annually from the Treasury.

Doggett, after marshaling 39 other House members, told PCORI in a recent letter that it needs to invest more of that money in research about effectiveness of many pharmaceuticals — and then put out that information in consumer-friendly fashion.

In an interview, Dr. Joe Selby, PCORI executive director, said the institute has been shifting money to drug research.

"Lately, we have begun getting more questions about the drugs. It is reflected in our funding," he said, noting PCORI-funded studies comparing treatments for hepatitis C, multiple sclerosis and soon studies of anticoagulant medicines.

As far as the advice to better communicating those findings to people, Dr. Selby said the issue would be taken up soon at a board meeting.

Doggett, told of that reply, remarked: "Sounds to me like a typical bureaucratic response."

[Back to Top](#)

7.4 - WXPB (NPR-91.9): [Feingold Hits Back At Tomah VA 'Dark Money' Ad](#) (15 May, Ken Krall, 47k online visitors/mo; Rhinelander, WI)

Democrat Russ Feingold would like the up- for- grabs Wisconsin U.S. Senate seat back. He lost to incumbent Republican Ron Johnson six years ago.

While making a campaign swing in Rhinelander Saturday, Feingold shot back at a revised commercial from a so-called 'dark money' group funded by the Koch Brothers, claiming Feingold did nothing after being notified of a problem at the Tomah VA.

Feingold aides say the memo cited in the ad continues to be misleading, as the memo dealt with a hostile work environment and not about over-prescribing medications. Feingold says the ad is a cynical political ploy that doesn't do anything to help veterans...

".....it's shameful that the Koch Brothers and Ron Johnson hiding behind them are trying to make this a political issue. This is about the death of a veteran in 2014.(By then) of course, I'd been out of office four years. I was told his office had information from Ryan Honl, the guy in the ad, as early as 2011...."

Feingold says he didn't know about the over-prescribing problem when he left office in 2010. Feingold says Ron Johnson has more to his Senate record regarding veterans than has been revealed....

".....he was one of only three people who would have allowed veterans who live far away of having the alternative of a private hospital. He voted against the big funding bill that would have provided the repair of some of the losses of benefits, Senator McCain's bill, and he voted against a Veterans Job Corps bill. He said it was another entitlement. Well, who is more entitled to make sure they can get health care than veterans?...."

Feingold says he will support either Hillary Clinton or Bernie Sanders as the Democratic Presidential nominee.

[Back to Top](#)

7.5 - The Exponent Telegram: [VAMC's Dr. Prasoon Jain making mark on pulmonary field](#)
(15 May, Brittany Murray, 33k online visitors/mo; Clarksburg, WV)

Dr. Prasoon Jain, a pulmonologist at the Louis A. Johnson VA Medical Center, has been at the forefront of helping advance pulmonary research and techniques for patients not only in West Virginia but also worldwide.

This month, Jain published his second book, "Diseases of the Central Airways," a clinical guide that shares some of the newest advances in the field.

"This second book actually deals with some conditions which are often missed by clinicians," Jain said. "These are the diseases that affect the trachea, the central airways and the windpipe."

Jain said the conditions discussed in the book are uncommon or lack specific radiological clues.

"They're often mistaken for more common diseases such as asthma or COPD," he said. "Unfortunately, because of that, many people are actually treated for other conditions, and the detection of their disease is delayed."

A delay in initial diagnosis delays adequate treatment and can sometimes make treatment more difficult.

"Perhaps, in many cases, one loses the (opportunity) to treat adequately with simple things, and then at times more advanced treatments or even the outcome may not be as good," Jain said.

VAMC Director Dr. Glenn Snider said he's thrilled about the release of Jain's second book and what it means for the local VA hospital.

"The book was certainly meant to — and does — advance knowledge in the area of pulmonary medicine, and his collaboration with other respected authors in the field brings a degree of respect and recognition to this medical center and the VA system in general," Snider said.

Lung diseases, which are often linked to smoking, coal mining and environmental factors, are among the most common conditions treated at the VAMC.

"Jain's work and his technology that he brings to this VA help us to recognize early lung diseases in our patients. And the population that is being served is a significant part of the population that we see here at the medical center," Snider said. "The technology that he's using enables us to make significant, important diagnoses early and in many respects with less invasive techniques than we ever did in the past."

The new techniques, such as navigational bronchoscopy and endoscopic ultrasound, allow patients to stay closer to home, since they no longer have to travel to larger facilities in Pittsburgh and other cities to benefit from them.

"We can actually do the ultrasound, look at the lymph node, and then do the sampling under supervision," Jain said. "It increases your chances of reaching into a lymph node in order to do the bronchoscopy, but it also makes it somewhat more safe, especially for those who don't feel comfortable inserting a needle outside the lung."

In his first book, "Interventional Bronchoscopy," Jain examined bronchoscopy, a procedure in which a scope is used to examine a patient's lungs.

While bronchoscopy was used for many years solely to detect and diagnose certain diseases, such as lung cancers and infections, within the last 10 to 15 years the process has been successful in treating some of those same conditions.

"Bronchoscopy is a minimally invasive technique, so we are actually trying to treat some of these people with lung diseases and have the same outcome using less invasive techniques," Jain said. "You can also diagnose some situations that in previous years could only be diagnosed by surgeons or by more invasive techniques."

Jain said the main reason for writing the first book was that bronchoscopy techniques were advancing so rapidly that many clinicians were unsure what approach to choose and which patients to choose it for.

"A good clinician not only needs to know the technique and how to do it," he said. "They also should have a very clear understanding of when to do it and, most importantly, when not to do a procedure which is costly and may have some complications."

Though his first book focused on new techniques, Jain stressed that traditional, established bronchoscopy techniques should not be thrown away.

"In fact, the initial two chapters that I wrote in the first book are an overview of the existing techniques," he said. "From there on we discuss how the new techniques are making an improvement over and above the existing techniques."

Research for the books typically involves looking at information that centers such as the Cleveland Clinic have produced through journals and other literature, Jain said.

"Not only do we look at the work of others, but we have a discussion group among ourselves and people who have experience in bronchoscopy to see where the field is going," he said. "Some of us actually know where this field is going a little bit ahead of time."

Having that early knowledge has been a huge asset to Jain, as well as to his patients.

"Knowing about where the field is going really allows us to understand what is coming ahead to us in the next one or two years and getting ready for the patients," he said.

"Interventional Bronchoscopy" has been successful not only in the U.S. but worldwide, with a Chinese language edition released a few months ago.

"I think the second book has a more widespread audience because it is written for a general pulmonologist," Jain said. "If people know that these diseases exist, and they're relatively easy to diagnose if you use your scope at the right time, it can lead to early diagnosis in many of those patients."

"Diseases of the Central Airways" will certainly not be the last publication to put Jain and the VAMC on the map. Jain has already signed a contract for a third book focusing on non-invasive thoracic surgery.

[Back to Top](#)

7.6 - The Guam Daily Post: [Editorial: Support needed to accomplish the mission](#) (15 May, 2k online visitors/day; Tamuning, GU)

We have to admire the can-do attitude of Martin Manglona, who was, until today, the administrator of Guam's Office of Veterans Affairs. Since his appointment to the position just about a year ago, he dipped into his own pocket to pay \$30,000 in salary to workers he hired for the office, but whose hiring had not been processed by the Department of Administration. That in addition to an additional \$50,000 he said he spent for maintenance for which the office was responsible.

During an oversight hearing at the Guam Legislature last week, he expressed his frustration with the work ethic of the employees staffing the office when he came into it, referring to them as "deadbeats" with low productivity and a high rate of absenteeism.

We understand that the directors of government agencies cannot expect to make unauthorized expenditures with personal funds and then be reimbursed. Such a system would lend itself to abuse.

"If we follow the law, how am I going to accomplish the mission?" Manglona asked senators. Actually, it does not appear to be the law that was the problem, but the minimal amount of support he received in following it.

Manglona is a war hero. While serving in the Army during the Vietnam War, he was promoted to the Army's second highest enlisted rank and was awarded the Distinguished Service Cross, which is awarded for "extraordinary heroism" while engaged in action against an opposing force. While one imagines that a distinguished Army career involves quite a bit of navigation through a government bureaucracy of legendary proportions, Manglona was apparently focused on getting the job – providing service to the island's veterans – done, even when it meant going outside the rules.

Manglona told senators that he had requested assistance in securing adequate staffing from four different top-level sources without success.

At the end of the hearing, during which Manglona announced his resignation, Sen. Tom Ada said he wanted to recognize that "the veterans' community has been better off because of the services that Sgt. Maj. Martin Manglona was able to provide." We understand that to be an accurate observation, but the services were provided because Manglona felt the need to spend tens of thousands of dollars of his own money to staff his office with those willing to actually serve veterans.

There are, of course, many dedicated public servants throughout the government who understand their role and serve the island public conscientiously to the best of their ability – and take justifiable pride in doing so. But there are also too many, as Manglona discovered, who out of indolence, incompetence or an inflated sense of self-importance, hinder the provision of services to community members. We sympathize with Manglona's frustration and admire his accomplish-the-mission attitude.

We note, also, that when the island's elected officials gave themselves hefty, retroactive raises less than three weeks after the 2014 election, they were able to find staff able and willing to process those raises quite efficiently.

[Back to Top](#)