



# Veterans Affairs Media Summary and News Clips

30 November 2015

## [1. Top Stories](#)

### **1.1 - The Wall Street Journal: [Second Acts: Former Navy Officer Finds a Way to Help Veterans](#)** (29 November, Kristi Essick, 39.2M online visitors/mo; New York, NY)

After a 30-year career in the U.S. Navy and 10 more years working for a defense contractor, Ed Nicholson had one main goal when he retired in 2004: do lots of fly fishing. "I planned to relax in the great outdoors doing my favorite hobby," Mr. Nicholson says. But just weeks after he retired, Mr. Nicholson was diagnosed with prostate cancer and ended up undergoing surgery at Walter Reed Army Medical Center.

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### **1.2 - Stars and Stripes (Wyoming Tribune-Eagle): [Cheyenne VA interim director aims for trust after scandal](#)** (29 November, Trevor Brown, 1.2M online visitors/mo; Washington, DC)

The new interim director of the Cheyenne Veterans Affairs Medical Center is looking to rebuild trust in the local facility that is trying to move past a patient scheduling scandal. "We didn't routinely do routine things well a year and a half ago when it came to patient scheduling," Paul Roberts said during a recent interview. "But guess what? We figured out where our problems were, we brought in new staff, we retrained existing staff..."

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### **1.3 - Telegram & Gazette: [Large, 'innovative' veterans clinic in Worcester is a no-go; UMass envisions smaller site](#)** (29 November, Brad Petrishen, 1.2M online visitors/mo; Worcester, MA)

A proposal announced with fanfare and optimism last Veterans Day to build a new Veterans Affairs clinic at UMass Medical School four times as large as the present facility on Lincoln Street has been rejected by the federal government and will not move forward.

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

### **2.1 - TribLive (Pittsburgh Tribune-Review): [Veterans courts in Pennsylvania dubbed remedy for recidivism](#)** (29 November, Brad Bumsted, 1.7M online visitors/mo; Warrendale, PA)

The first veterans court in Pennsylvania was established in Lackawanna County in 2009. Veterans court produces much lower recidivism rates than most other programs, Deutsch said. He had no national data but suspects Buffalo, as the longest-running program, offers a glimpse at what vets helping other vets in specialized treatment can do. Such programs are alternatives to prison or parole.

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### **2.2 - Stars and Stripes: [Some soldiers still fighting years after service](#)** (29 November, Don Wilkins, 1.2M online visitors/mo; Washington, DC)

Iraq veterans Reuben Payne and Josh Flaspoepler enlisted in the military thinking that their fighting would end once their tours of duty were over. But even years after being honorably

discharged, the two Owensboro men are still healing from their battle wounds -- mental and physical injuries that are direct results of their service time.

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**2.3 - Wicked Local – Holbrook: [Efforts elevating for Marine](#)** (29 November, Seth Jacobson, 336k online visitors/mo; Westford, MA)

Some good friends from the American Legion in Holbrook are helping Abington Veterans Agent James Crosby adapt to his new home on Chestnut Street in Abington. Crosby, 31, a former Marine, who bought the home in September, is paralyzed from the waist down, and has no comfortable way to get up and down the stairs in his house.

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**2.4 - WTEN-TV (ABC -10): [Recently discharged VA Center patient jumps to his death](#)** (29 November, Karla Ann Coté, 211k online visitors/mo; Albany, NY)

Police say a 34-year-old man has died after jumping off the Albany Medical Center parking garage. The victim has not been identified, but police say he had been recently discharged from the Albany Stratton VA Medical Center.

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**2.5 - Dubuque Telegraph Herald (AP): [Wisconsin: Tomah VA launches improvement plan. The 100-day initiative is sparked by reports of poor treatment](#)** (29 November, 146k online visitors/mo; Dubuque, IA)

The Tomah Veterans Affairs Medical Center has adopted another plan to improve patient care at the troubled facility. The release of the 100-day plan on Friday came almost 11 months after reports surfaced that veterans at the center were prescribed excessive doses of opioid pain-killers and that employees who spoke out faced retaliation from top officials, the La Crosse Tribune reported Saturday.

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**2.6 - Rutland Herald: [Legalizing marijuana: Get ready for the debate](#)** (29 November, Josh O’Gorman, 71k online visitors/mo; Rutland, VT)

While some people say we should wait and see, and others are saying now’s the time or it should already have happened, one thing is clear: There will be a debate on marijuana legalization during the upcoming legislative session.

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**2.7 - Al Jazeera America: [Ali Velshi on Target](#)** (29 November, 22k broadcast viewers; New York, NY)

This nine-minute video (part 1 of 2) provides an overview of the problem of veterans homelessness and outlines the solutions carried out by the Obama administration, including the role of VA. Two veterans are profiled for the story, one of whom describes VA’s “labyrinth of paperwork.” A VA OIG report criticizing the VA homeless veteran hotline is also cited.

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**2.8 - Al Jazeera America: [Ali Velshi on Target](#)** (29 November, 22k broadcast viewers; New York, NY)

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**2.9 - WHBL-AM/1330 (WSAU AM-550/FM-99.9): [Legislation moving through Congress to deal with VA issues](#)** (30 November, Larry Lee, 900 online visitors/day; Sheboygan, WI)

There is legislation moving in Congress that would change how VA medical centers handle patient pain management and prescription pain killer distribution. The bill is called the Jason Simcakoski PROMISE Act, in honor of the Stevens Point veteran that died after receiving a toxic cocktail of pain medications through the Tomah VA Medical Center a year ago.

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### **3. Ending Veterans' Homelessness**

**3.1 - FOX News (AP): [Homeless vet dies months after gas station attack caught on video](#)** (29 November, 27.9M online visitors/mo; New York, NY)

A homeless veteran has died nearly eight months after surveillance video showed him being brutally beaten by a group of people at a Philadelphia gas station. Robert Barnes, 51, was beaten into a coma during the vicious April 7 attack at a Sunoco gas station in the city's Olney section. He died Wednesday at a hospital, the Associated Press reported Friday.

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**3.2 - The Journal Times: [Veterans among those left out in the cold](#)** (27 November, Patrick Leary, 168k online visitors/mo; Racine, WI)

On a nightly basis last winter, 25 to 35 people spent the night at the Hospitality Center, 614 Main St., according to Kevin Stewart, the center's outgoing director. Over the course of the winter, a total of 115 people slept on the floor at the Downtown center, he said.

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**3.3 - KOAT-TV (ABC-7): [Action 7 News More in the Morning](#)** (29 November, 21k broadcast viewers; Albuquerque, NM)

This two-minute video reports that homelessness is generally down in Albuquerque, that veterans homelessness is down partly thanks to VA resources, and that Las Cruces will be the first city in the state to build a memorial to honor female veterans.

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**4. Ending the Claims Backlog** – No coverage

**5. Veteran Opportunities for Education/GI Bill**

**5.1 - Pipe Dream: [Resources for veterans constantly increasing at BU Campus sees improvement in services offered to current and former servicemen](#)** (29 November,

Brendan Zarkower, 900 online visitors/day; Binghamton, NY)

Binghamton University was originally founded as Triple Cities College in 1946 as a response to the GI Bill, which afforded the veterans of World War II an opportunity to attend college for free. Sixty-nine years later, there are still a number of resources on campuses for veterans to further their higher education.

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## **6. Women Veterans**

**6.1 - Richmond Times-Dispatch (AP): [Female veterans' stories preserved in Virginia Beach exhibit](#)** (28 November, 366k online visitors/mo; Richmond, VA)

Hughes, now a photojournalist, has spent the past five years interviewing servicewomen in a project called "The Military Women: WWII to Present," which includes a photo exhibit that opened this month at the Tidewater Community College and City of Virginia Beach Joint Use Library. The exhibit is called "In a Heart Beat" and includes 98 portraits of 113 female veterans of all military branches.

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**6.2 - Reading Eagle: [Women veterans need more attention](#)** (30 November, Ron Southwick, 213k online visitors/mo; Reading, PA)

The seismic shift of women serving in the military can't be overstated. Women have served in the armed forces throughout America's history, but never before in such large numbers. Nearly 280,000 women have served in Afghanistan and Iraq. About 7,000 women served in the Vietnam War.

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## **7. Other**

**7.1 - The Washington Post (Federal Eye): [White House eyes better pay for top civil servants](#)** (29 November, Joe Davidson, 20.3M online visitors/mo; Washington, DC)

The Obama administration is preparing an executive order designed to bolster the government's Senior Executive Service (SES) with increased compensation, a streamlined hiring process and greater diversity in assignments.

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**7.2 - CBS News (Video): [Blind architect drafts different blueprint for success](#)** (29 November, John Blackstone, 4.9M online visitors/mo; New York, NY)

Chris Downey is a man with a plan. Plenty of plans. Downey had been a successful and respected California architect. But in 2008, doctors found a tumor on his optic nerve. They successfully removed it, but it caused permanent blindness... CBS News first met Downey nearly five years ago, after he finished his first project for the Department of Veterans Affairs.

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**7.3 - The Palm Beach Post: [Letters: Give ethics panel some autonomy](#)** (29 November, Mike Haidon, 825k online visitors/day; West Palm Beach, FL)  
VA officials should be ousted. Diana Rubens and Kimberly Graves should lose their Department of Veterans Affairs jobs and benefits and ordered to return their salaries and moving expenses (“Two high-ranking VA officials demoted,” Nov. 21).

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**7.4 - Military Times (AP): [Town demolishes veteran's house while he has surgery](#)** (29 November, Michael Balsamo and Frank Eltman, 540k online visitors/mo; Springfield, VA)  
When a U.S. Navy veteran traveled from Long Island to Florida for a knee replacement, his house was the last thing on his mind. But now his memory of it is all he can think about. Philip Williams' home was demolished in the spring by town officials while he spent about six months recuperating from surgical complications in Fort Lauderdale.

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**7.5 - The Columbian: [Letter: Mobilize selective service](#)** (29 November, Gary Young, 292k online visitors/day; Vancouver, WA)  
I agree with Bob Silverman's Nov. 23 letter “Lead the call for service to nation,” when he says it's time to re-institute the draft. All these politicians who want to send troops to the Middle East are the same ones who wanted young men on the ground in Vietnam.

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**7.6 - Executive Insight: [Beyond Readmissions. Achieving continuous quality improvement](#)** (30 November, Kirby Cunningham, 31k online visitors/mo; King of Prussia, PA)  
Many senior care organizations are on track to achieve their 2018 avoidable hospital readmission reduction targets. While this, and any other accomplishment, should be recognized by administrators and staff, no single metric should mean that quality improvement efforts are complete.

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## 1. Top Stories

### 1.1 - The Wall Street Journal: [Second Acts: Former Navy Officer Finds a Way to Help Veterans](#) (29 November, Kristi Essick, 39.2M online visitors/mo; New York, NY)

After a 30-year career in the U.S. Navy and 10 more years working for a defense contractor, Ed Nicholson had one main goal when he retired in 2004: do lots of fly fishing.

“I planned to relax in the great outdoors doing my favorite hobby,” Mr. Nicholson says.

But just weeks after he retired, Mr. Nicholson was diagnosed with prostate cancer and ended up undergoing surgery at Walter Reed Army Medical Center. His time in the hospital changed the course of not just his life, but also the lives of thousands of veterans.

“I was feeling sorry for myself and then looked around and saw so many young people with devastating injuries, people in their 20s with missing limbs, deep psychological problems and other terrible wounds,” Mr. Nicholson says. “I had to do something to help them.”

Though he wasn't sure exactly what help he could offer, an idea hit him as he was walking the hospital grounds. There he saw a lawn perfect for a bit of fly casting, and soon began inviting patients to cast with him there a few mornings a week.

“Sharing my passion for fishing was just an easy thing to do,” says Mr. Nicholson. “Many soldiers come from rural backgrounds, and I knew being out in nature would be soothing to them.”

Soon, lots of injured servicemen and women were joining Mr. Nicholson down on the lawn. Even after he recovered, Mr. Nicholson kept going back to Walter Reed to offer fly-casting lessons to patients, and began taking them on day trips to nearby lakes and streams.

“It just sort of snowballed from there, and somehow I ended up starting a nonprofit,” he says. That organization, officially founded in 2007, is called Project Healing Waters Fly Fishing Inc. and has six full-time employees, more than 2,500 volunteers and an annual budget of \$3 million, all generated through fundraising. Some 4,000 to 6,000 disabled veterans across the U.S. participate in the group's fishing excursions and fly-tying events each year.

The group works with other fishing groups, the Veterans Affairs Department and military hospitals to offer its program in all 50 states. Volunteers run all fishing expeditions and related activities, such as workshops on fly tying and casting. Equipment outfitters have donated hundreds of thousands of dollars of gear. Any veteran can take part, for as long as he or she wishes, at no cost.

“Fishing is almost beside the point,” Mr. Nicholson says. “Just as important is the camaraderie between participants, which soldiers really miss from their time in the service.”

The outfit doesn't technically offer occupational therapy, and most volunteers aren't doctors or therapists—just fly-fishing enthusiasts. But the group does consult with medical professionals to evaluate the emotional and physical benefits soldiers receive from the program. Sometimes, a veteran will confide in a fishing buddy that he or she is struggling with a serious issue—contemplating suicide or experiencing depression. Volunteers refer them to Veterans Affairs' support services.

Mr. Nicholson didn't expect to be working full time in retirement. He has no regrets, but does plan to slow down in the years to come to spend time traveling with his wife, Leslie.

"My immediate goal is to get out from behind the desk more," says Mr. Nicholson, who this year fished with participants in Montana, Colorado, Washington and Tennessee.

"That's my favorite part about my job, if you can call it that—fly fishing with participants on our country's beautiful waters."

Second Acts looks at the varied paths people are taking in their 50s and beyond. Ms. Essick is a writer in California.

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**1.2 - Stars and Stripes (Wyoming Tribune-Eagle): [Cheyenne VA interim director aims for trust after scandal](#)** (29 November, Trevor Brown, 1.2M online visitors/mo; Washington, DC)

CHEYENNE, Wyo. — The new interim director of the Cheyenne Veterans Affairs Medical Center is looking to rebuild trust in the local facility that is trying to move past a patient scheduling scandal.

"We didn't routinely do routine things well a year and a half ago when it came to patient scheduling," Paul Roberts said during a recent interview. "But guess what? We figured out where our problems were, we brought in new staff, we retrained existing staff, and our programs are now leaps and bounds ahead of where we were a year and a half ago."

Roberts was named the interim leader of the medical center earlier this month following the retirement of the former director, Cynthia McCormack.

McCormack was one of several supervisors here who were accused of falsifying records, telling subordinates to falsify records and withholding accurate information in order to meet a requirement that patients be seen within 14 days of scheduling an appointment.

VA officials said McCormack's departure was unrelated to the accusations. The details of the punishments for her and five other superiors have so far been sealed due to personnel rules.

But several oversight agencies have criticized local VA leadership for its scheduling practices. The U.S. Office of Special Counsel even issued a scathing report in July that said it couldn't rule out whether any local veterans died or were harmed because of the practices.

Similar scandals at other VA hospitals prompted congressional calls for reforms and the resignation of then-VA Secretary Eric K. Shinseki last year.

Roberts, who previously was the local facility's assistant director, said he understands work is needed to rebuild confidence in the local facility and the VA as a whole.

Saying it's "a new day," he argued that a culture change has occurred within leadership here and in Washington, D.C.

Roberts added his top priority for his tenure is to make sure veterans are seen and treated as fast as possible.

"We are continuously working to improve access to care," he told the Wyoming Tribune Eagle (<http://bit.ly/1NVbryM>). "We've done a great job in the last year, but there is more work to be done."

VA data, released Nov. 15, shows that 86.1 percent of patients at the Cheyenne VA Medical Center had their appointments scheduled within 30 days. That is below the national average of 91.9 percent.

Roberts said staffing has been one of the challenges in making sure patients can be seen as fast as possible.

"What we wrestle with is some of things other health-care organizations out West wrestle with as well," he said. "We are in a rural environment, and we have to compete with (larger cities)."

But he noted that staffing levels have jumped from 638 to 914 in the two and a half years he has been here. Roberts said this shows the VA's commitment to the issue.

Roberts said even seemingly small matters, such as the medical center's phone systems, are being overhauled.

"A year ago, we couldn't figure out where our calls were going, we couldn't figure out abandonment rates, we couldn't figure out how long people were put on hold for, and we just didn't have the technology to do all that," he said. "Now we do have a system that can do all that."

Roberts said about 8 to 9 percent of calls are now being dropped because veterans get frustrated or hang up for whatever reason. He said that rate was likely double in the past, but he would still like it to get down to around 5 percent.

He stressed there also is a different mentality when it comes to red tape.

"What they are saying is we want to have policies, procedures and regulations," he said.

"But let's look for ones that tell us what we can do to help the veterans instead of looking at the ones that prevent us from helping someone."

But some local veterans and veterans groups are taking a wait-and-see approach for now.

Travis Deti, the Laramie County representative on the Wyoming Veterans Commission, said he hopes the commission and other local veterans groups will be consulted before the next permanent director is chosen.

"From the standpoint of the commission, we would like a chance to review the candidate and their track record assisting veterans," he said.



Dale Winston, commander of the local Veterans of Foreign Wars Post 1881, meanwhile said he is impressed by some of the changes already underway, such as a new mental-health center that is planned to open in January.

"I think it'll help the veterans a lot, especially the ones suffering from (post-traumatic stress disorder)," he said. "Anything that helps our veterans, I'm all for."

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**1.3 - Telegram & Gazette: [Large, 'innovative' veterans clinic in Worcester is a no-go; UMass envisions smaller site](#)** (29 November, Brad Petrishen, 1.2M online visitors/mo; Worcester, MA)

A proposal announced with fanfare and optimism last Veterans Day to build a new Veterans Affairs clinic at UMass Medical School four times as large as the present facility on Lincoln Street has been rejected by the federal government and will not move forward.

A new plan in the works could still result in a clinic half that size being built at UMass, but the "innovative" joint venture between the medical school and VA that then-Gov. Deval L. Patrick touted as a possible national model was rejected months ago because of legal issues.

"When you're the trailblazer, the first person beating an unknown path, you come across things you didn't know were there," Dr. Michael Mayo-Smith, head of the VA New England Healthcare System, said Wednesday. Dr. Smith downplayed the notion that local veterans will lose out on space, saying that both services and space will be increasing, both short and long-term.

Dr. Mayo-Smith oversees VA health centers throughout New England, including the local VA Central Western Massachusetts system.

That system – which is based in Northampton and runs the Lincoln Street clinic in Worcester, among others – has long been a laggard when it comes to expediency of care, consistently notching the longest wait times in New England. Officials made a splash on Veterans Day 2014 when they revealed plans for a 100,000 square-foot facility to be built and operated in partnership with UMass Medical School.

Gov. Patrick called it "a truly state-of-the-art VA facility that will provide the care our veterans deserve," while a press release handed to reporters said it would allow veterans, their spouses and their children to receive care in the same location.

"By integrating on-site research to spur scientific advances, this joint venture would not only benefit veterans and their families, but also foster clinical care that may benefit patients everywhere," the release stated.

Gov. Patrick gave a speech via telephone at the press event, which was attended by U.S. Rep. James P. McGovern, D-Worcester, then-state Department of Veterans' Services Secretary Coleman Nee and then-state Secretary of Health and Human Services John Polanowicz. Officials noted the joint venture still needed approval from the VA headquarters in Washington, D.C., but waxed optimistic.

"What I heard was, 'Get it on my desk and I'll sign it,' " Mr. Polanowicz said in summary of a conversation he had with U.S. Veterans Affairs Secretary Robert A. McDonald.

But Dr. Mayo-Smith said Wednesday that upon further review, federal government lawyers decided the joint venture – a first-of-its-kind proposal – was not something the VA had legal authority to approve. Up to this point, Dr. Mayo-Smith said, the only joint ventures the VA has conducted have been with the Department of Defense.

"We don't see this as a wasted effort," he said, adding that a senator from Texas is expected to introduce a bill that would allow such joint ventures in the future.

Dr. Mayo-Smith said the VA remains committed to adding space and partnering with UMass.

"We're in a little bit of a detour, but we're not giving up," he said, noting a separate plan to add a 13,000-square-foot specialty care clinic at UMass next spring is still on track.

Asked for comment Wednesday, UMass Medical School – which has already spent nearly \$1 million to clear the way for a clinic on its property – issued a statement saying it remains hopeful it will be able to partner with the VA "in pursuit of a successful conclusion."

UMass, federal documents show, is one of two sites being considered to house a smaller new clinic that will now be the focus of the local VA following the rejection of the grander plan.

On Oct. 20, the VA declared 403 Belmont St. – the site UMass wanted to put the larger clinic – as an acceptable site for a clinic that would offer 40,000 square feet of usable space. That's 15,000 more square feet than Lincoln Street but 60,000 fewer square feet than the joint venture proposal.

Dr. Mayo-Smith pushed back against a suggestion that it appeared veterans were losing out on space.

"There was not actually intent on our part to occupy all 100,000 square feet," he said, adding that amount is "probably not something we would be able to use or need."

Dr. Mayo-Smith said he believed the proposal sent to the federal government contained language specifying that some of the building would be occupied by the VA and some by UMass. Asked for a copy of the proposal, Dr. Mayo-Smith said he was not certain the agreement had actually been spelled out explicitly in writing. He declined to provide the copy of the proposal, saying there were several iterations of it, none of which have been made public.

Asked about the concept for the building Wednesday in a separate interview, UMass Medical School spokeswoman Jennifer Berryman said it was her understanding that the entire building was to be dedicated to the clinic.

"It would have been a single health care facility for vets and their families," she said. "Veterans, their spouses and their kids could all come for health care at the same place."

The press release given to reporters last November did not indicate that UMass would be using any of the 100,000 square feet for its own purposes. It said the plan was "to build a 100,000 square-foot building to potentially house a community-based outpatient clinic to replace the current Worcester (clinic)."

Regardless of the square footage of the old plan, Dr. Mayo-Smith said the new proposed facility will better meet the needs of area veterans. John P. Collins, director of the VA Central Western Massachusetts, stressed last week that specialty services in Worcester will be greatly expanded by next spring with the opening of the new 13,000-square-foot annex at UMass.

“They are a very important partner for us,” Mr. Collins said of UMass.

In its statement, UMass noted that it has spent \$900,000 in furtherance of the joint proposal. That’s because, in a convoluted land swap with MassDOT to acquire the 403 Belmont St. property on which it planned to build the clinic, UMass ended up having to purchase development rights for a separate plot of land from the Worcester Business Development Corporation.

That land – a parcel on Plantation Parkway – was, and still is, to be inhabited by MassDOT District 3, which is currently located at 403 Belmont St. Jonathan Gulliver, District 3 highway director, said Wednesday the plan is to construct a new headquarters for roughly \$30 million on Plantation Parkway within the next year or so.

It is possible that despite spending the \$900,000 in furtherance of the land swap, UMass will have to fill 403 Belmont St. with something else.

Dr. Mayo-Smith explained that after the federal government rejected the joint partnership, the VA, in a move authorized by Congress, opened up a search for a place to build a 40,000-square-foot clinic.

The VA received six applications, Dr. Mayo-Smith said, and advanced two of them to a final round last month. Those two were 403 Belmont St. and 222 Brooks St., an empty plot being marketed by Worcester real estate agency Kelleher & Sadowski.

Located across from Showcase Cinemas North, 222 Brooks St. is valued at \$543,400, city records show. It is owned by Tore Services Inc., a Chandler Street real estate corporation.

The MassDOT property at 403 Belmont St. is valued at \$3.5 million.

Mr. Collins said the VA may have as long as a year to decide which location it intends for the new facility. Dr. Mayo-Smith pegged 2019 as a conservative completion date for the project.

Asked whether he was personally disappointed with the new, smaller-scale plan, Dr. Mayo-Smith said he did not see his personal views as relevant.

Asked the same question, Mr. Collins said he’s not the kind of person to dwell on the past.

“We just keep moving forward,” he said. “I’m very optimistic we’ll find a good solution.”

Robert Bartholomew, a veteran from Lancaster, said Saturday that he was disappointed but not surprised to hear the news.

“Why is Worcester treated like a stepchild?” he asked. “I can’t seem to get that through my head.”

Mr. Bartholomew, 88, noted that Worcester, in addition to being the second-largest city in New England, is centrally located within the state's largest geographical county. But for some reason, he said, it never seems to command enough resources.

"I hate to see the federal government doing the same thing to us that Boston does," he said. "The dollar size of the commitment (here) doesn't impress me."

Mr. Bartholomew said he believes the quality of care offered at the VA to be good. It's the distance veterans are often required to travel – particularly for specialty services – that is his biggest problem.

"We really should have more centralized service," he said, adding that many veterans must go to Northampton or Jamaica Plain to get what they need.

Mr. Bartholomew, who is in good health, said he personally stopped using the VA for most care because of the hassle in getting good hearing aids from local doctors. He said he was glad to hear about the planned specialty annex at UMass, which, for the first time, will offer audiology services to local veterans.

Still, with a new clinic likely at least four years away, Mr. Bartholomew said he anticipates he'll continue to use Medicare and the private sector for most of his care.

"I think I'll stay with St. Vincent for now," he said. "I've got them (the VA) on my back burner."

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## **2. Access to Benefits/Care**

**2.1 - TribLive (Pittsburgh Tribune-Review): [Veterans courts in Pennsylvania dubbed remedy for recidivism](#)** (29 November, Brad Bumsted, 1.7M online visitors/mo; Warrendale, PA)

HARRISBURG — Concerned that a defendant in mental health treatment court was not focused on his recovery, Buffalo City Court Judge Robert T. Russell noticed in the man's file that he was a Vietnam War veteran.

"He never looked at me directly," Russell said. "His posture was slumped."

Russell solicited the help of two officials, also Vietnam vets, who talked to the man outside the courtroom. When Russell called the case again, the veteran stood before him at "parade rest" and stated, "Judge, I am going to try harder," he recalled.

The first veterans court in the nation began about a year later in Buffalo, N.Y., in January 2008. The positive results of having vets counsel other veterans who have problems with alcohol, drugs or post-traumatic stress disorder was beyond what Russell ever envisioned, he said.

Only about 10 percent of defendants in his program return to court, according to figures his office supplied.

Since that first court, Pennsylvania has “emerged as a real national leader” among 37 states with such programs, said Chris Deutsch, a spokesman for Justice for Vets in Alexandria, Va. There are 256 programs nationwide that help 13,000 vets.

The first veterans court in Pennsylvania was established in Lackawanna County in 2009.

Veterans court produces much lower recidivism rates than most other programs, Deutsch said. He had no national data but suspects Buffalo, as the longest-running program, offers a glimpse at what vets helping other vets in specialized treatment can do. Such programs are alternatives to prison or parole.

In Pennsylvania, “a lot of the success has come from the Supreme Court, which has pushed for programs statewide,” Deutsch said. It's a growing trend among the states, with a 28 percent increase in veterans courts from 2013 to 2014.

Pennsylvania's effort is led by Justice Debra Todd, who was asked by Chief Justice Thomas Saylor to head the court's promotion and support for veterans courts upon the retirement of former Justice Seamus McCaffery, an ex-Marine who was passionate about veterans courts.

McCaffery retired last year after his suspension from the court tied to pornographic emails sent from his personal email account to the attorney general's office.

In a recent interview, Todd, a Democrat from Cranberry, said even though she is not a veteran, she brings passion to the effort because her husband, Steve, is a retired Army colonel who served in Operation Desert Storm.

Steve Todd is the mentor coordinator for the veterans court in Butler County, one of about 18 courts in the state.

“The veterans court is more rigorous than other programs,” he said. People accused of violent crimes, such as murder and serious bodily injury, are not admitted. District attorneys “are the gatekeepers. They have the right to say ‘yay’ or ‘nay,’ ” he said.

Pennsylvania has 10 diversionary programs in magisterial districts, according to the Administrative Office of Pennsylvania Courts.

Graduation ceremonies for vets who complete court requirements “are like nothing I've ever seen before. It's a celebration of a veteran's life,” Debra Todd told the Tribune-Review.

There's a military flavor to the proceedings, her husband said: “They salute the judge.”

After initial screening, veterans with dependency or mental health issues are placed on a special docket; sentencing typically is deferred.

It's a voluntary program, judicially supervised, with support from fellow veterans and links to Department of Veterans Affairs services.

One in 5 veterans has symptoms of a mental health disorder or cognitive impairment; and 1 in 6 who served in Operation Enduring Freedom and Operation Iraqi Freedom suffer from substance abuse, according to Justice for Vets.

Among all U.S. adults, 18.5 percent had some type of mental illness in 2013, according to the National Institute of Mental Health.

An estimated 8.6 percent of Americans 12 or older needed treatment in 2013 for alcohol or drug abuse, according to the latest figures available from the National Institute on Drug Abuse.

"The Supreme Court is committed to doing everything we can to support the men and women who have served our country as they transition back to civilian life," Todd said.

Veterans can be some of the harshest critics of special courts for veterans, the Trib reported in 2013, and many of those entering the programs did not serve in war zones. Some vets believe veterans should meet a higher standard of civilian conduct.

There's some criticism from vets, Steve Todd said, but he doesn't believe that's the view of a majority.

As for combat experience, the programs generally hold that "everybody deserves it who served," he said. "We owe them a debt of gratitude. We're not giving them a free pass."

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**2.2 - Stars and Stripes: [Some soldiers still fighting years after service](#)** (29 November, Don Wilkins, 1.2M online visitors/mo; Washington, DC)

OWENSBORGO, Ky. -- Iraq veterans Reuben Payne and Josh Flaspoebler enlisted in the military thinking that their fighting would end once their tours of duty were over.

But even years after being honorably discharged, the two Owensboro men are still healing from their battle wounds -- mental and physical injuries that are direct results of their service time.

"I'm a legacy cost of war," said Flaspoebler, who's now 36 and lives with his parents because of the mental and physical problems he suffered while serving in the Army National Guard from 1999 to 2004. "We think about the parades coming home, we think about the sailor and woman kissing from World War II and being happy that we won. That was my mindset going in, but I didn't think about the back end."

Payne, 29, also struggles with physical and mental wounds from his war experience.

At age 18, Payne enlisted in June 2004 "to fight terrorism." He was deployed to Iraq in August 2006 and placed on a personal security detail.

Three months into his tour, Payne was faced with the reality of war.

"On Thanksgiving 2006, I held the hand of a man, who lost both of his legs, while he died," said Payne as he described the devastation done by an insurgent weapon known as an explosively formed projectile.

Payne's physical injuries were caused by a Humvee rollover that occurred later in his deployment. Along with seizures caused by a traumatic brain injury, Payne's back and neck were damaged from the incident.

Payne's war experiences, combined with his Humvee accident, have made his transition to civilian life tough.

For a long time after he returned home, Payne said he avoided crowded places.

"While you're in Iraq or Afghanistan, you develop a combat mindset," said Payne, who's married with three children. "...Whenever you get back, you have this very difficult time of retraining yourself that the top of Wal-Mart is not a sniper's nest. It's not an ambusher's observation post. We don't have IEDs (improvised explosive devices) in the States."

Effects of war

Flaspoebler and Payne are among the multitudes of Iraq and Afghanistan veterans who have returned from war only to struggle from the visible and hidden wounds.

Both have lost comrades from combat and through suicide.

According to the Kaiser Family Foundation, a nonprofit organization that focuses on major health care issues, out of the nearly 3 million American soldiers who have been deployed to Iraq and Afghanistan since 2003, more than half of them suffer from physical injuries and mental problems such as post-traumatic stress disorder.

Warrior 180 is a local nonprofit that was created by Jeff and Criss Hastings to counsel veterans who are often coping with suicidal thoughts and depression that are compounded with flashbacks, nightmares and severe anxiety.

Jeff Hastings, an Army chaplain who served in Iraq and Kuwait from 2010-11, said it's rare for soldiers to return home unaffected from their tours of duty.

"I know guys who've gone over there seeing their buddies being blown up and killed," Hastings said. "But it doesn't matter if they're on the front line kicking in doors or not, because this war on terrorism is different than any other we've experienced. No. 1, you don't know who your enemies are, what they look like or what they're going to do."

And once veterans are taken out of the war environment and suddenly placed back into civilian life, Hastings said what used to be everyday activities such as mowing the lawn, taking the kids to the park and shopping for groceries are no longer normal to them.

"For some, the battle doesn't really happen until they come home,"

Hastings said. "...You live at such a high level of threat and a high level of testosterone over there ... and then when you come home, you don't fit in anymore."

The Owensboro VA clinic offers suicide prevention and a 24-hour hotline for veterans who are thinking of "hurting" themselves.

"The VA recognizes that 22 veterans a day (in the United States) commit suicide," said Beth Lamb, Marion, Illinois, VA public affairs spokeswoman. "And we're working hard to reduce that."

Along with medication, Payne has adopted a service dog named Stuart that is trained to sense any time his handler becomes anxious or experiences a PTSD episode.

Payne said his service dog, a 3-year-old pointer-beagle mix, goes everywhere with his family, except for the few places not allowed by law.

"Until this day, I still watch rooftops," Payne said. "But then Stuart will lean up against my leg and he's like, 'Hey dude, chill out, you're here and not there,'" Payne said.

## VA Health Care

The Department of Veterans Affairs is in charge of treating the millions of veterans with their injuries and disabilities.

Flaspoebler and Payne, who are 100 percent disabled, are among the vast majority of Iraq and Afghanistan veterans who feel let down by the VA's long waiting periods, understaffing of doctors and nurses and lack of quality care.

The Owensboro VA clinic, which opened in August 2008 and is part of the Marion VA Health Care System, offers outpatient treatments such as behavioral, dietitian, lab and prevention services.

According to Lamb, the Owensboro VA clinic sees about 3,000 patients who are split among three medical providers consisting of a doctor or nurse practitioner and a registered nurse or a licensed practical nurse.

The Marion VA Health Care System provides care to 43,722 veterans annually in 27 counties in southern Illinois, eight counties in southwestern Indiana and 17 counties in northwest Kentucky.

Payne, who averages three VA medical appointments a week, said the VA health system wasn't built to handle the profusion of veterans.

"Whenever you have so many service members deployed in the past 14 years, and then so many of us injured either physically, emotionally or mentally, the bureaucracy from Washington, D.C., on down won't allow the VA to take care of us properly," said Payne, who regularly sees a behavioral therapist.

Flaspoebler developed Crohn's disease, an inflammatory bowel disease, that went undiagnosed while deployed in Iraq. He also suffers from severe seizures that have broken his back twice in the past year.

Flaspoebler said he has received some care from the VA but maintains his Tricare health insurance, which is usually restricted to military personnel, retirees and their dependents.

"My case was so severe they allowed me keep to insurance from the Army after I left," Flaspoebler said. "I shudder to think if I had to treat my Crohn's through the VA."

According to Flaspoebler, he would get "the talk" when he tried to access the VA in the past.



"Every time you go to the VA, the person tells you, 'I'm going to do my best to help you but let me tell you why I can't,' " he said. " 'I'm doing the job of three people, and I'm understaffed with the patient load.' "

Payne's latest VA problem has been a delay in receiving new medication for his seizures.

"The (VA) neurologist who referred me to (an epilepsy) specialist in Indianapolis hasn't reviewed the consult, so the VA couldn't fill the prescriptions," Payne said. "(The neurologist) wants to review the notes before he fills prescriptions. So something out of his capability to care for, he wants to try and control instead of allowing someone whose only job in life is treating (seizures)."

No Regrets

Payne and Flaspoebler know they're likely facing lifelong health challenges from their military service.

However, both said they would serve again.

"I don't know how I would've made a different decision, even knowing what I know now about what would've happened to me," Flaspoebler said.

In Payne's living room, a white shelf prominently displays military photos, one of which includes a comrade who committed suicide, along with other reminders of his time in the Army.

"I come from a military family, and I see it as a duty to serve my country," Payne said. "That's an oath I took in 2004, and it has no expiration date. I will serve my country until the day I die."

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**2.3 - Wicked Local – Holbrook: [Efforts elevating for Marine](#)** (29 November, Seth Jacobson, 336k online visitors/mo; Westford, MA)

Some good friends from the American Legion in Holbrook are helping Abington Veterans Agent James Crosby adapt to his new home on Chestnut Street in Abington.

Crosby, 31, a former Marine, who bought the home in September, is paralyzed from the waist down, and has no comfortable way to get up and down the stairs in his house.

Since he moved into the house, Crosby, a Holbrook American Legion member, has been crawling up and down the steps, as that is the only viable option for getting around.

"I had called the VA when I first moved in to try to get something installed," Crosby said, noting he ran into obstacles in getting that done right away.

That's when Crosby's support system got in gear and took control of the situation.

A group of veterans from the American Legion in Holbrook – where Crosby is a member – decided to get the job done themselves.

The group is currently undertaking an effort to raise \$25,000 to build the elevator in Crosby's house and project manager and Army National Guard veteran Dave Norton, also a member of the Holbrook American Legion, said he is determined to get the project done.

"I would do anything for (Crosby)," he said. "And (Crosby) is the kind of guy that would do anything for anyone."

Norton said he's known Crosby for about two years. He added before Crosby bought the home in Abington, he went and looked at it with him, as he is an experienced carpenter.

"It's a great home but the problem is clear – it's tough to get up and down the stairs," Norton said.

After Crosby finalized the sale of the home, Norton built some temporary wheelchair ramps inside the house so Crosby could get around.

But the elevator situation needs to be addressed.

Former Marine and Abington resident David Chipman met Crosby at the funeral of fallen Marine and fellow Abington resident Dan Vasselian.

After becoming familiar with his situation, Chipman volunteered to be one of the people helping with the elevator project.

"He does so many great things," Chipman said of Crosby. "Once you meet this guy, you realize how he would go above and beyond for anyone. We just want to make sure we raise the funds and get this done for him."

Crosby said he was paralyzed during a tour of duty from 2002-2004 in Iraq when he was hit with a piece of shrapnel during an attack.

He is honored that his friends are helping him with the elevator.

"I can really count on these guys," Crosby said.

He added as the veterans agent, he wants to make things easier for veterans when it comes to dealing with VA benefits and such.

"I also want to start getting the community together for events and bringing more unity between people," he said, noting he also wants there to be more awareness about veterans in town and beyond.

"If you care about veterans, then call me," Crosby said. "Whatever skill you may have, I'll find a good use for them. There's always a way to help out."

To reach Crosby, call 781-618-9750. He also handles veterans affairs for Whitman.

To make a donation to the cause of getting an elevator in Crosby's home, send checks payable to the Disabled Veteran Home Rehabilitation Fund to 777 Plymouth St. Unit 2, Holbrook, MA 02343.

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**2.4 - WTEN-TV (ABC -10): [Recently discharged VA Center patient jumps to his death](#)** (29 November, Karla Ann Coté, 211k online visitors/mo; Albany, NY)

Police say a 34-year-old man has died after jumping off the Albany Medical Center parking garage.

The victim has not been identified, but police say he had been recently discharged from the Albany Stratton VA Medical Center.

Police say they received a call reporting the incident around noon on Friday, November 27.

When contacted for further information, the center declined requests for further information.

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**2.5 - Dubuque Telegraph Herald (AP): [Wisconsin: Tomah VA launches improvement plan. The 100-day initiative is sparked by reports of poor treatment](#)** (29 November, 146k online visitors/mo; Dubuque, IA)

TOMAH, Wis. -- The Tomah Veterans Affairs Medical Center has adopted another plan to improve patient care at the troubled facility.

The release of the 100-day plan on Friday came almost 11 months after reports surfaced that veterans at the center were prescribed excessive doses of opioid pain-killers and that employees who spoke out faced retaliation from top officials, the La Crosse Tribune reported Saturday.

The plan, which follows a 30-day plan announced in May, outlines steps for improving access to care, employee engagement and restoring trust. Among other things, it calls for recruitment of psychiatric staff, employee forums and listening sessions.

Over the past year, citing staff shortages, the Tomah VA has closed an inpatient psychiatric unit, halted psychiatric admissions to a residential treatment center and permanently cut urgent-care hours.

The new plan calls for possibly extended hours at some satellite outpatient clinics but no restoration of urgent-care hours. VA spokesman Matthew Gowan said the priority is to hire enough psychiatric providers to staff the hospital's 11-bed inpatient unit.

"That's our number one thing ... to get that thing re-opened," Gowan said.

Several Tomah VA officials -- including its former director, Mario Desanctis, and its former chief of staff, David Houlihan -- have been fired.

In August, the VA's inspector general ruled that deficiencies in care led to the death last year of patient Jason Simcakoski. The probe found that psychiatrists did not discuss the hazards of a synthetic opiate prescribed to the 35-year-old Marine Corps veteran and did not have anti-overdose medicine on hand.

Dr. Carolyn Clancy, who was then the VA's interim undersecretary for health, testified at a congressional hearing in March that "an apparent culture of fear at the facility compromised patient care and impacted staff satisfaction and morale."

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**2.6 - Rutland Herald: [Legalizing marijuana: Get ready for the debate](#)** (29 November, Josh O'Gorman, 71k online visitors/mo; Rutland, VT)

While some people say we should wait and see, and others are saying now's the time or it should already have happened, one thing is clear: There will be a debate on marijuana legalization during the upcoming legislative session.

It was during the last legislative session that Sen. David Zuckerman, P-Chittenden, introduced a bill to allow the possession, cultivation and sale of marijuana. Rep. Christopher Pearson, P-Burlington, introduced a parallel bill in the House that mirrors Zuckerman's proposed legislation.

Both bills followed a state-commissioned study from the Rand Corporation that did not make any recommendations, but studied the potential impacts — from financial to health — of Vermont being the first state east of the Mississippi River to legalize marijuana, and the first state to ever legalize it through the legislative process rather than by a ballot initiative.

Zuckerman's bill is actually one of 10 marijuana-related bills currently pending before lawmakers during the second half of the legislative biennium, with topics ranging from taxation and law enforcement to expansion of the state's current medical marijuana laws and the packaging of edible marijuana products.

Taxation

Motivations for legalization vary greatly among supporters, from those who see it as a civil liberties issue — what you do with your body is your own business — to the hypocrisy of alcohol being legal while marijuana is not. For others, the motivation is financial.

The Rand study projects that Vermont could collect anywhere from \$20 million to \$70 million annually from the taxation of marijuana, an attractive proposition as the state is looking at a projected \$66 million budget shortfall. The bills from Zuckerman and Pearson outline how taxation might work.

Both bills call for an excise tax of \$40 an ounce on processed marijuana, \$15 an ounce for any other type of marijuana and \$25 for each immature plant sold by a cultivator.

Rather than go directly into the state's General Fund, the money raised from the taxes would support public initiatives to educate the public on the hazards of alcohol, tobacco and marijuana,

criminal justice and substance abuse programs, law enforcement, and medical research on marijuana.

Exactly how much the state would stand to gain is anyone's guess, with the Rand study saying Vermont would take in more revenue if it were the first state in the northeast to go the legalization route, an acknowledgment that legal marijuana would be a significant draw for many of the tens of millions of people who live within a day's drive of Vermont.

During its 2015 fiscal year that ended in June, Colorado — which does not have the population density in adjacent states that Vermont has — collected \$70 million in marijuana taxes.

#### Law enforcement

Interstate trafficking is one of the issues raised in guidelines to states with legal marijuana from the U.S. Justice Department, which still considers it to be illegal. At the state level, lawmakers are looking to address a different kind of law enforcement issue: stoned driving.

Rep. Cynthia Browning, D-Arlington, has introduced legislation that would task the state's Department of Health and the Department of Public Safety to establish standards to determine what constitutes impairment.

Currently, the Vermont State Police, for example, employ what they refer to as "drug recognition experts," who make subjective judgments on the side of the road to determine if a driver is under the influence of marijuana. One lawmaker would like to create a more concrete test.

Rep. David Potter, D-West Rutland, is the sponsor of a bill that require drivers suspected of driving under the influence to submit to a saliva test. Current law states that a driver who travels Vermont's roads has given consent to submit to a breath test, and the proposed legislation would expand that implied consent to include a saliva test.

The bill would make driving with any level of any drug in one's system a crime; individuals with a prescription for a drug could use that prescription as an affirmative defense. A defendant would also have the right to have the saliva sample tested by an independent laboratory for analysis.

#### Medical marijuana

In 2004, the Legislature gave its consent for the therapeutic use of marijuana, and is today one of 23 states — plus the District of Columbia — to allow the practice.

However, Vermont has some of the highest thresholds to qualify for medical use, restricting prescriptions to people who suffer from what the law refers to as "debilitating medical conditions" such as AIDS, cancer or multiple sclerosis. The patient must also be under the care of the prescribing doctor for at least six months prior to receiving a prescription.

Rep. James Masland, D-Thetford, has introduced a bill that would add the diagnosis of post-traumatic stress disorder to the list of conditions that would allow a patient to receive a medical marijuana prescription.

Masland is also the co-sponsor of a bill introduced by Rep. George Till, D-Jericho, which would similarly add post-traumatic stress disorder as a qualifying diagnosis to receive medical marijuana. Additionally, however, Till's bill would waive the requirement for a patient to be under

the care of the prescribing doctor for six months provided the patient is a military veteran who has received a diagnosis of PTSD from the U.S. Department of Veterans' Affairs.

Edibles

Early conversation on marijuana legalization has taken up a fair amount of time on a relatively minor facet of the issue, and that is how to address marijuana-infused edible products. Scattered press reports from Colorado tell stories of people either ingesting too much for their own comfort, or unknowingly eating an edible that resembles something as benign as a cookie or cupcake.

Sen. Dick Sears, D-Bennington, has introduced a bill that would require edible or potable marijuana products for sale to be contained in single dose, child-resistant packaging and be labeled with the amount of THC — the active chemical in marijuana — in each dose.

Lawmakers will return to Montpelier for the 2016 session on Jan. 5.

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**2.7 - Al Jazeera America: [Ali Velshi on Target](#)** (29 November, 22k broadcast viewers; New York, NY)

This nine-minute video (part 1 of 2) provides an overview of the problem of veterans homelessness and outlines the solutions carried out by the Obama administration, including the role of VA. Two veterans are profiled for the story, one of whom describes VA's "labyrinth of paperwork." A VA OIG report criticizing the VA homeless veteran hotline is also cited.

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**2.8 - Al Jazeera America: [Ali Velshi on Target](#)** (29 November, 22k broadcast viewers; New York, NY)

This two-minute video (part 2 of 2) provides an overview of the problem of veterans homelessness and outlines the solutions carried out by the Obama administration, including the role of VA. Two veterans are profiled for the story, one of whom describes VA's "labyrinth of paperwork." A VA OIG report criticizing the VA homeless veteran hotline is also cited.

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**2.9 - WHBL-AM/1330 (WSAU AM-550/FM-99.9): [Legislation moving through Congress to deal with VA issues](#)** (30 November, Larry Lee, 900 online visitors/day; Sheboygan, WI)

WASHINGTON, D.C. (WSAU) -- There is legislation moving in Congress that would change how VA medical centers handle patient pain management and prescription pain killer distribution. The bill is called the Jason Simcakoski PROMISE Act, in honor of the Stevens Point

veteran that died after receiving a toxic cocktail of pain medications through the Tomah VA Medical Center a year ago.

The legislation is getting support from Democrats and Republicans in both the House and Senate. Representative Ron Kind of La Crosse says the investigations centered around the Tomah VA have led to this piece of legislation. "We're trying to keep the focus on the quality and outcome of care that all of our veterans need and deserve, and through that, through better education, better "best practices" and more training, more resources, hopefully we can start getting a grip on this opiate over-prescription problem and overall pain management problem that we have in the VA system, and quite frankly, throughout the entire health care system."

America may not be at war right now, but Kind says we still have many veterans that have returned home and many more veterans coming back in the next several months, and America needs to keep its promise to take care of them. "Two million of our veterans now coming home from deployments in Iraq, & Afghanistan. Most of them are bringing home with them a lot of physical and mental needs. Some care and attention (is needed), that our nation needs to step up and address. We've got to do this in a bipartisan fashion, and just keep the focus on the best possible care and treatment for all of our veterans."

The Jason Simcakoski PROMISE Act has companion legislation in the U.S. Senate. Both bills are in committee now. The legislation also has the support of veterans groups including the Disabled American Veterans, American Legion, Veterans of Foreign Wars, and Paralyzed Veterans of America.

The Veterans Administration in Tomah just released it's 100-Day Plan Friday, which is their next step in making improvements at the local health campuses. Since the investigation began, there have been some meetings to get input from staff and the community. Kind is glad to hear more of these meetings are coming up. "I applaud the VA for reaching out to the community and getting feedback on a pretty regular basis, and that, too, is going to lead to the improvement and what needs to occur."

Kind's bill focuses on updating pain management guidelines, strengthening provider education and training, improving patient advocacy, and authorizing a new commission to examine alternative treatments.

There is also a Senate bill introduced by Illinois Republican Mark Kirk called the VA Patient Protection Act. It is designed to force the Department of Veterans Affairs (VA) to address reports of abuse of veteran patients and to punish VA managers who ignore, intimidate and retaliate against whistleblowers. Both of Wisconsin's Senators, Ron Johnson and Tammy Baldwin, have signed on to that bill.

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### **3. Ending Veterans' Homelessness**

**3.1 - FOX News (AP): [Homeless vet dies months after gas station attack caught on video](#)**  
(29 November, 27.9M online visitors/mo; New York, NY)

A homeless veteran has died nearly eight months after surveillance video showed him being brutally beaten by a group of people at a Philadelphia gas station.

Robert Barnes, 51, was beaten into a coma during the vicious April 7 attack at a Sunoco gas station in the city's Olney section.

He died Wednesday at a hospital, the Associated Press reported Friday.

Barnes was pumping gas at the station for spare change.

Police said Barnes was beaten after a 10-year-old boy falsely told his mother that Barnes had hit him, The Philadelphia Inquirer reported Friday.

That prompted the boy's mother, two other women and three juveniles to drive to the gas station and beat Barnes with a hammer and a wooden rocking chair leg, the paper reported.

Barnes' skull was fractured, and he was left in a vegetative state after the attack, his family said, according to the paper.

Charges have been brought against the juveniles and the women, including the boy's mother, Aleathea Gillard, 34.

Prosecutors have said the charges could be upgraded to murder if Barnes died.

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**3.2 - The Journal Times: [Veterans among those left out in the cold](#)** (27 November, Patrick Leary, 168k online visitors/mo; Racine, WI)

On a nightly basis last winter, 25 to 35 people spent the night at the Hospitality Center, 614 Main St., according to Kevin Stewart, the center's outgoing director.

Over the course of the winter, a total of 115 people slept on the floor at the Downtown center, he said.

Among them were veterans, he said, many who felt they had nowhere else to go.

With the Hospitality Center not providing overnight shelter this winter, homeless veterans will face even more adversity trying to put a roof over their heads, officials say.

"A lot of the guys who took advantage of the Hospitality Center aren't eligible for some of the other shelters in town," said Jeff Gustin of Veterans Outreach of Wisconsin.

While Racine has significant programming in place to transition veterans from homelessness to a steady housing situation, the intermediate step, temporary housing like a shelter, has grown more scarce with the Hospitality Center closed.

A need for a wet shelter



Many homeless veterans, who are more at risk for mental illness such as PTSD and addiction problems, aren't eligible for other Racine shelters.

"Something that might be needed...is some type of short-term shelter that allows people that don't fit into the programs to go into for a short time," said Sharon Pease of the Center for Veterans Issues (CVI). "There's a need for another type of shelter, a wet shelter, where they can have recently been under the influence."

The lack of that temporary solution is a "huge" issue, according to Gustin.

In the meantime, he and Veterans Outreach are putting homeless veterans in touch with people providing motel vouchers, trying to find other shelters they are eligible for and contacting the VA for possible solutions.

To receive vouchers, people are told to first go to HALO, the Women's Resource Center or other shelters. If they are not eligible for those shelters or the shelters are full — and they have no other place to stay and no resources to pay for a motel room — they are referred to the voucher program.

The motel vouchers provide a good short-term solution for veterans who don't hold up well in crowded settings like traditional shelters, Pease said.

But on its own, the voucher program won't likely be enough to sustain homeless veterans who deal with mental illness or addictions.

While Gustin agrees the Hospitality Center's absence makes the voucher program "a lot less effective," he sees some long-term upside in there being fewer temporary solutions for homeless veterans.

"In the long run, it could be more effective because we're putting them into contact with people trying to get them into housing and provide them with employment," he said.

Long-term solutions

Those long-term solutions are what Pease works on at CVI.

She claimed the center worked with about 156 veterans and put them in housing in the last year.

She singled out CVI's 18-unit apartment building on College Avenue in Racine and a 30 bedroom facility in Union Grove run by the Veterans Assistance Foundation as complexes helping large numbers of previously homeless veterans.

Another such project was announced by the city of Racine in June. Vacant buildings on the 1500 block of Clark Street will be converted into 74 apartments for veterans and their families, and 19 of the units will be reserved for extremely low-income veterans, according to Racine Community Development Program Specialist Jeff Vitton.

Gustin and Pease agree that the apartment complex would be helpful for homeless veterans, but neither have heard any updates from the city on the project.

“Other than when they first came out, it’s been kind of a ghost,” Gustin said. “I’m curious myself as to what’s going on because it’s definitely needed.”

The lack of updates is indicative of the lack of progress on the project. Vitton said projects like this one take a long time, and called the tax credit process, “extraordinarily complex.” He said the city is targeting April for ground breaking on the building.

“We continue to move forward aggressively toward getting it done,” Vitton said. “Architects and engineers are submitting final plans.”

Still, that means nothing this winter for homeless veterans down a short-term option and with no immediate increase in low-income housing.

“We’re dealing with human beings here,” Pease said. “There’s not going to be a one sized fits all program no matter what you do.”

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**3.3 - KOAT-TV (ABC-7): [Action 7 News More in the Morning](#)** (29 November, 21k broadcast viewers; Albuquerque, NM)

This two-minute video reports that homelessness is generally down in Albuquerque, that veterans homelessness is down partly thanks to VA resources, and that Las Cruces will be the first city in the state to build a memorial to honor female veterans.

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#### **4. Ending the Claims Backlog – No coverage**

#### **5. Veteran Opportunities for Education/GI Bill**

**5.1 - Pipe Dream: [Resources for veterans constantly increasing at BU Campus sees improvement in services offered to current and former servicemen](#)** (29 November, Brendan Zarkower, 900 online visitors/day; Binghamton, NY)

Binghamton University was originally founded as Triple Cities College in 1946 as a response to the GI Bill, which afforded the veterans of World War II an opportunity to attend college for free. Sixty-nine years later, there are still a number of resources on campuses for veterans to further their higher education.

According to Zachary DuBord, the assistant director of Transfer and Veteran Services, for years the University didn’t offer much assistance for students who had served or were currently serving in the Armed Forces, and was limited to walking students through paperwork-heavy GI benefits, which are federal laws that offer veterans higher education funding, among others things.

“For a long time, we were mainly focused on helping veteran students get their GI benefits, since it can be such a complicated process,” DuBord said. “But now, we have started to offer a lot of new services in order to bring the veterans together.”

In the past, BU’s veteran services were conducted by a single individual in the TRiO office, another federally mandated program that provides educational opportunity for disadvantaged students. However, starting last year, the office has been integrated with the Office of Transfer Student Affairs due to the overlap in student needs; both transfer students and veterans are new to campus and are looking to receive credit for past experiences.

“We are better suited to meet students’ needs this way,” DuBord said.

Services offered other than those federally mandated include the formation of the Student Association-chartered Veteran Student’s Organization and events such as bringing a two-star general to students this past Veteran’s Day. A lecture series addressing issues facing veterans is also in the works.

Veterans and reservists face unique issues on campus, ranging from academic support to a lack of knowledge among their student peers regarding issues that pertain to them.

“There’s a misconception that all veterans are deployed in wars,” said Zachary Salisbury, BU’s student veteran advocate. “But in reality, that’s just a small percentage of those who served, especially with the wars winding down.”

Manthan Patel is a Private First Class (Pfc.) in the U.S. Army Reserves and a junior majoring in economics. He said he has never had a bad experience with veterans’ services on campus and thinks they provide a good level of support for students, as well as guidance with funding for living expenses and tuition.

“We have really great VA services on campus, they’ve always been helpful,” Patel said. “The biggest problem is that most people don’t know how to use their benefits, but they can help with that.”

Pfc. Gabriel Fernandez, a senior majoring in history, said he finds BU’s veterans services useful. However, he said he had issues getting information from Harpur Advising about receiving academic credit for military service, which is available in some circumstances.

“Other than that, it is mostly just not being able to register for some classes like Backpacking,” Fernandez said. “I will have to miss some weekends for training so I know I can’t take that.”

Despite the support services offered, some students feel somewhat alienated from the general body of campus.

“Because we are such a liberal campus here, there can sometimes be some issues with students identifying as a veteran,” DuBord said. “There are political issues involved and so some students may not want to deal with that.”

Earlier this month, SUNY and the State of New York made an amendment to the rules governing in-state tuition that would allow all veterans and active-duty military personnel to pay

only in-state tuition to attend all SUNY universities and colleges, regardless of their actual place of residence.

“Military personnel, veterans and their families living on our campuses and in the state’s communities deserve the same access to affordable public higher education that all New Yorkers enjoy,” SUNY Chancellor Nancy Zimpher said in a statement.

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## 6. Women Veterans

### 6.1 - Richmond Times-Dispatch (AP): [Female veterans' stories preserved in Virginia Beach exhibit](#) (28 November, 366k online visitors/mo; Richmond, VA)

NORFOLK — During World War II, Therese Hughes’ mother was an officer in the Navy’s WAVES, Women Accepted for Volunteer Emergency Service. But her mother never talked about her service, and Hughes knew nothing of it until years after her mother died in 1977.

Hughes, now a photojournalist, has spent the past five years interviewing servicewomen in a project called “The Military Women: WWII to Present,” which includes a photo exhibit that opened this month at the Tidewater Community College and City of Virginia Beach Joint Use Library.

The exhibit is called “In a Heart Beat” and includes 98 portraits of 113 female veterans of all military branches. They are a sampling of the more than 800 women Hughes has interviewed and photographed so far. Her goal is to complete 1,200 interviews and to write books about each branch of the service, with the first being about women who served in World War II.

She got the name for the exhibit from her subjects. Of the 825 women, all but seven said they’d serve again, “in a heartbeat.”

“This is the thing about my mother that I wondered. She was the traditional woman, but she had something in her that allowed her to step out of that role. That was courage I don’t think she ever thought she had,” Hughes said during a phone interview from California. “That’s not her that I knew. But these women did not see themselves as opening the door for other women. They saw their country as having a need and filling it.”

Hughes has traveled the country and interviewed women of all ranks and fields, from combat to culinary, to physicians, pilots and peacekeepers. She has two 100-year-old WASPS, Women Airforce Service Pilots, who can still fit into their uniforms. She interviewed black women who served in one of the few roles they were allowed during World War II — working in Europe and making sure the troops got their mail.

Hughes, who was born in Norfolk in 1948, knew she was doing important work when the women thanked her. “They said, ‘No one has ever done this before; no one has ever asked me this before.’”

One of Hughes’ subjects, 107-year-old Lt. Col. Luta Mae McGrath, is planning to attend the exhibit. McGrath, who lives in Northern Virginia, joined the Women’s Army Auxiliary Corps in

1943, was stationed in Germany in 1948 and helped with the Berlin Airlift. McGrath retired in 1961.

"It's important that these women participate because a young woman somewhere in the future can say, 'I look like her, or my story is similar to hers, and I think I can do that,' Hughes said. "Nothing speaks louder than the inclusion of all women."

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**6.2 - Reading Eagle: [Women veterans need more attention](#)** (30 November, Ron Southwick, 213k online visitors/mo; Reading, PA)

The seismic shift of women serving in the military can't be overstated.

Women have served in the armed forces throughout America's history, but never before in such large numbers. Nearly 280,000 women have served in Afghanistan and Iraq. About 7,000 women served in the Vietnam War.

Now the Department of Veterans Affairs is facing the challenge of serving an influx of women. It's certainly an issue in Pennsylvania. More than 71,000 women veterans live in the Keystone State. Only six states have more women veterans, according to VA figures.

Advocates for veterans are saying the VA has a lot of work to do to serve women better.

Earlier this month, state Sen. Judy Schwank told Reading Eagle reporter Mike Urban that the VA must adjust to accommodate the rising number of women veterans.

The Disabled American Veterans recently published a report illustrating where the military and the VA are falling short in taking care of the women who have served.

"At a time when the number of women veterans is growing to unprecedented levels, our country is simply not doing enough to meet their health, social and economic needs," Joy J. Ilem, DAV's deputy national legislative director, said in a statement accompanying the group's report.

The group concluded that the VA must improve its health care offerings for women, including ensuring that each VA center has a gynecologist. One in three VA centers doesn't have a staff gynecologist, the DAV found.

The VA needs more specialists in breast care and obstetrical care, since many women veterans are young enough to have children. DAV found that the VA needs to offer more in child care services.

The VA also needs to reconfigure its facilities to accommodate women and needs to provide more mental health services for women, the DAV said in its report.

In addition, the VA must tailor more of its employment and housing programs to the needs of women.

Women veterans who have served since 9/11 are more likely to be unemployed than male veterans. They are twice as likely to be homeless as women who haven't served in the military.

The VA is working on the problem. Last month, the VA launched a new initiative, "I'm One," to highlight its services available for women. It's a welcome step.

Women veterans risked their lives to defend their country. Some came home with physical wounds and emotional trauma.

They need more attention.

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## 7. Other

**7.1 - The Washington Post (Federal Eye): [White House eyes better pay for top civil servants](#)** (29 November, Joe Davidson, 20.3M online visitors/mo; Washington, DC)

The Obama administration is preparing an executive order designed to bolster the government's Senior Executive Service (SES) with increased compensation, a streamlined hiring process and greater diversity in assignments.

Its 7,000-plus members are top level civil servants whose leadership is critical to federal agencies. But that status has not stopped problems stemming from sluggish pay raises and congressional attacks.

A draft order now being considered says federal agencies "shall ... gradually increase the rate of basic pay of all SES employees" to ensure they are not paid less than subordinates. Potential SES candidates would be allowed to apply using resumes instead of requirements placing "undue burden on applicants" such as multiple essay-style narratives. Rotational assignments for senior leaders would increase, permitting them to serve in other federal agencies, with local, state and tribal governments, and in certain outside organizations "to improve talent development, mission delivery and collaboration."

Behind the scenes a new subcommittee of the President's Management Council would monitor implementation of the order, keep management practices current and identify obstacles to effective government management.

Increasing compensation is the first recommendation in the draft order and a top priority for the Senior Executives Association (SEA), which represents senior leaders. It has long complained about a system that can result in lower level employees with greater pay than executives who have more responsibility and stress.

That's not the only point of contention.

Congress and the administration angered senior executives last year with a law that undermines due process protections for top civil servants in the Department of Veterans Affairs. The SEA was upset with the administration's temporary cancellation of the Presidential Rank Awards to

the top staffers in 2013 for budgetary reasons. President Obama, however, was a hit with senior level leaders when he met with 3,000 of them in a Washington Hilton ballroom last December.

“Thank you,” he said then. “I’d like to come bearing raises and perks. But I can’t. But what I can do is tell you how important you are, not just to me, but to the country.”

At that gathering Obama announced three initiatives – a Leadership Development Program for Future Senior Career Executives, an advisory panel on SES reform and non-monetary Customer Service Awards to employees for “outstanding achievement” in public service.

For the association, these efforts and the draft document are fine — as far as they go. But the draft order, titled “Strengthening the Senior Executive Service,” is not strong enough to make the senior corps the employment attraction it needs to be, according to formal comments SEA submitted to the Office of Management and Budget.

“From the standpoint of career executives (and potential candidates for SES jobs), inadequate compensation, lack of pay-for-performance, limited recognition, increasing politicization within agencies, unrequited Congressional attacks, lack of Administration support, and expanding work-life imbalances are making the system increasingly unattractive – and threaten the future quality and commitment of the career executive corps,” SEA wrote. “In a word, the risk-reward imbalance of serving in the SES has worsened significantly in recent years.”

Furthermore, the administration and SEA have very different approaches to compensation increases. The draft’s call for increasing SES pay comes with this caveat: “as much as is practicable.”

Yet, how much is practicable is limited as long as the administration continues to impose a cut in the money available for senior executive bonuses, considered an integral part of their compensation package. An association letter accompanying its comments says the executive order should “lift the Administration’s long-standing, harmful cap on funding of performance awards ... which has largely negated the pay-for-performance system.”

The SEA said the draft order “as written, is too weak and equivocal” to “ensure that the pay of SES employees is greater than the pay of those who work for them.”

Despite these issues, senior executives are happier in their workplace than lower level staffers, according to a report this year by Partnership for Public Service. It studies government management and workforce issues and found SES members enjoy “a much higher overall Best Places to Work satisfaction and commitment score than their employees.”

The Partnership and other organizations also offered comments on the draft order, which was praised by Max Stier, the Partnership’s president and chief executive. He said the attention on talent management, employee mobility, improved hiring and increased pay is the “right place to be focusing investment.”

The order would be implemented in stages, with agencies required to prepare a rotation plan for senior executives by May 31.

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**7.2 - CBS News (Video): [Blind architect drafts different blueprint for success](#)** (29 November, John Blackstone, 4.9M online visitors/mo; New York, NY)

SAN FRANCISCO -- Chris Downey is a man with a plan. Plenty of plans.

Downey had been a successful and respected California architect. But in 2008, doctors found a tumor on his optic nerve. They successfully removed it, but it caused permanent blindness. And for Downey, it caused him to do some soul searching.

"A lot of people didn't know what to say. What do you say to an architect who has lost his sight?" said Downey.

"I had a dad who died from brain surgery," Downey explained. "He was 36 and I was 7. There I was 45 and my son was 10, and I was alive. I just lost my sight."

So he felt determined to carry on. CBS News first met Downey nearly five years ago, after he finished his first project for the Department of Veterans Affairs.

In his mind, he can still see.

"The creative process is very much intact. What I needed was new tools," Downey said.

Those new tools, which has served him well these past few years, include embossed building plans -- a kind of Braille blueprint -- and wax sticks that he bends and manipulates to "sketch."

"I really have a greater sense of being in the space reading a drawing this way than I did sighted," said Downey.

Downey has gone on to design several structures that capture the eye -- and much more.

"What I've learned through this is that it's how a place feels. How it sounds," he said. "You don't do that just through the visual, yet that's what we as architects tend to focus on."

His latest project is the San Francisco headquarters for the Lighthouse for the Blind.

"He really knows the job. I think he knows it better than I do," said David Fairclough the project superintendent.

Fairclough recently gave Downey a tour of the project, carefully navigating past wires and other hazards.

"It's amazing," said Fairclough. "He was telling me, 'I know where we are, that's the wood ceiling right there.' It's really unique."

"I'm an architect without sight, not an architect without vision," Downey explained. "An architect without vision is out of work."

Downey is not only working, he is thriving. And the reputation he's building is a sight to behold.

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**7.3 - The Palm Beach Post:** [Letters: Give ethics panel some autonomy](#) (29 November, Mike Haidon, 825k online visitors/day; West Palm Beach, FL)

[...]

VA officials should be ousted

Diana Rubens and Kimberly Graves should lose their Department of Veterans Affairs jobs and benefits and ordered to return their salaries and moving expenses (“Two high-ranking VA officials demoted,” Nov. 21).

Rubens and Graves “promoted” themselves to lesser regional positions and responsibilities — while retaining pay of \$181,497 and \$173,949 respectively and accepting more than \$400,000 in moving expenses.

They also refused to testify before Congress, citing their Fifth Amendment right against self-incrimination.

Allison Hickey, head of veterans benefits administration, resigned in October amid criticism of the disability benefits claims backlog and her role in the “promotions.”

We veterans now know why disability benefits claims are delayed, denied or ignored: Those hired to work on our behalf are promoting themselves. This is truly a shame and a scam upon veterans and U.S. taxpayers.

MIKE HAIDON, TEQUESTA

Editor’s note: Mike Haidon is a disabled U.S. Navy combat veteran. He served in Vietnam in 1969.

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**7.4 - Military Times (AP):** [Town demolishes veteran's house while he has surgery](#) (29 November, Michael Balsamo and Frank Eltman, 540k online visitors/mo; Springfield, VA)

WEST HEMPSTEAD, N.Y. — When a U.S. Navy veteran traveled from Long Island to Florida for a knee replacement, his house was the last thing on his mind. But now his memory of it is all he can think about.

Philip Williams' home was demolished in the spring by town officials while he spent about six months recuperating from surgical complications in Fort Lauderdale. Back in New York, officials in the Town of Hempstead deemed his modest two-story home unfit for habitation and knocked it down.

The 69-year-old has now waged a legal battle against the suburban New York town. He wants reimbursement — for the house and all the belongings inside.

"I'm angry and I'm upset. It's just wrong on so many levels," he said "My mortgage was up to date, my property taxes were up to date ... everything was current and fine."

Williams went to Florida in December 2014 for the procedure, so a friend could help with his recovery. But he developed infections that forced further surgery and heart complications, leaving him hospitalized until doctors deemed him medically able to return home in August.

When Williams pulled up to what should have been a two-story cream-colored cottage with a red door in West Hempstead, there was just an empty lot.

"My first thought was there was a fire or something," Williams said.

But there was no fire. According to town officials, neighbors had been complaining the house was in disrepair and a blight on the community. Hempstead officials, responding to those complaints, sent inspectors and determined the house was a "dilapidated dwelling" unfit for habitation. So they knocked it down.

"The house was in terrible condition for a long time," next door neighbor Keylin Escobar said. "Nobody really lived in the house; the house was abandoned. Everyone who came over to visit, people always say, 'What's going on with this house?'"

Kathleen Keicher, who has lived across the street from Williams for 12 years, said notices tacked to the front door of the home began piling up and the house had holes in the side and appeared unkempt.

"I feel terrible. When we knew a house was coming down, it was sad," she said. "We thought the house was coming down, someone would buy the land, a new house would come up, a new family would move in. ... We don't want anyone to lose their home."

Williams says he was never contacted and believes town officials thought his house was a so-called "zombie home" — a dwelling abandoned after foreclosure proceedings begin, but one not yet seized by the bank — and rushed to demolish it.

"The town basically took everything from me," said Williams, who is now staying with a friend in Florida and has only two suitcases of belongings. "The town does not have a right to take all of my property, all of my possessions."

Williams had lived in the house since he was 6 months old. He said many of the items in the home had been in his family since he was a newborn or had sentimental value, like his late wife's engagement ring, photos of his six children growing up and a model train set he had since he was a child. He lost all of his clothing, a bicycle he'd just purchased, dishes, silverware and other housewares.

Town officials say they tried to contact Williams and provided The Associated Press copies of letters they said they mailed to the home and to banks. They also held a public hearing before going forward with the demolition. But Williams contends he never received any of the notices and said he couldn't figure out why the letters were mailed to four separate banks where he never had accounts.

"I have no idea who those banks are," Williams said. "But they never contacted me in any way, shape or form."

And that's why his attorney believes that town's actions were illegal.

"Under the law, it should not happen," his attorney, Bradley Siegel said. "It's un-American. It just doesn't seem believable."

Williams has filed a notice of claim, the first step in a lawsuit against the town, and also is fighting for public records he believes may show what happened. Williams says town officials wouldn't tell him the name of the demolition company or the date the house was torn down.

The town said in a statement that it "followed all proper procedure with regard to property owner notification." But town officials refused to answer any other questions, citing pending litigation.

Williams has contacted police and the Nassau County district attorney's office and has asked for a criminal inquiry. A spokesman for the district attorney's office said the matter is under review.

"You see people who went through a tornado or a flood and they say they lost everything, but that's not preventable," Williams said. "This was preventable. The town took my house."

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**7.5 - The Columbian: [Letter: Mobilize selective service](#)** (29 November, Gary Young, 292k online visitors/day; Vancouver, WA)

I agree with Bob Silverman's Nov. 23 letter "Lead the call for service to nation," when he says it's time to re-institute the draft. All these politicians who want to send troops to the Middle East are the same ones who wanted young men on the ground in Vietnam.

If you look at the conflicts we have been involved in since the first Gulf War, young men end up serving half a dozen tours because the Pentagon doesn't have enough troops to support the conflict. When the draft was in effect, there were enough troops so you only had to serve 12 months. You also didn't have all these private contractors involved because there were plenty of troops to do the job.

I hear all these politicians and people who never served complain about private contractors providing support for the troops in Iraq and Afghanistan. Guess what? The contractors fill the void.

By not instituting the draft, politicians can send troops into conflicts and a majority of the public won't say a thing. But when Jimmy and, by the way Sue, (women should be included) get sent to war, there will be big blowback.

Maybe if some of these politicians had their sons and daughters come back from war injured and have to use the Veterans Affairs health care system, they might realize the VA is a disgrace. I'm a Vietnam vet and I have never ran into a vet at the VA whose parent was a politician.

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**7.6 - Executive Insight: [Beyond Readmissions. Achieving continuous quality improvement](#)** (30 November, Kirby Cunningham, 31k online visitors/mo; King of Prussia, PA)

Many senior care organizations are on track to achieve their 2018 avoidable hospital readmission reduction targets. While this, and any other accomplishment, should be recognized by administrators and staff, no single metric should mean that quality improvement efforts are complete.

Quantifiable resident-care quality goals are crucial for senior care organizations. High-quality care not only translates to safer and more satisfied residents and families, but it also demonstrates an organization's excellence to other healthcare organizations, prospective residents and their families.

Using analytics and easily accessed data from across an organization, not only of clinical data, but also billing, operational, even dietary, organization leaders can demonstrate continuous quality and performance improvement to prospective residents, families, payers and provider organizations and ultimately improve resident-centric care.

#### Setting goals

The first step toward QI is to set attainable goals. Choosing only one metric, such as reducing prevalence of falls, is a great start but does not result in improved overall resident care. Different care quality metrics will have different relevance depending on the senior care organization's resident population, but rest assured, improving one quality area will impact another, so they should be considered in groups. For example, urinary tract infections (UTIs) have been associated with prevalence of falls<sup>1</sup>, while ensuring proper dietary habits and eating certain foods has been shown to help prevent UTIs<sup>2</sup>. All of these quality indicators, as well as diet history, can be tracked and measured through an integrated, enterprise-wide information system, which is essential in helping organizations set their goals.

Where these quality goals come from will also depend on the community's resident population or type of senior care organization, but a good place to start would be clinical staff input. Another ideal source are the various quality and resident safety goals established by the Centers for Medicare and Medicaid Services (CMS) for senior care organizations. Once those goals are reached, it is also vital to recognize and celebrate that achievement, but also consistently improve upon those measures because QI is a constant process.

#### Establish a baseline

To establish attainable goals, a senior care organization must determine a baseline to track progress and celebrate milestones along the way. Defining that baseline is more feasible with an enterprise-wide electronic health record (EHR) and information system. With data accessible from clinical, financial, operational, dietary and other areas of the organization through a single interface, QI tracking through dashboards and analysis is much easier.

While an enterprise-wide system can deliver a rapid assessment of the overall organization, it can also more efficiently compare different locations or communities within. This granular view

is particularly important when improving quality, allowing the organization to focus its training resources on those locations or communities that require the most assistance. A 2014 study of 30 urban senior care organizations in Canada, for example, showed that 48.9% of the time, enterprise-wide data analysis indicated different changes in quality over a 4.5-year span than when reviewing changes at the communities' smaller individual units.<sup>3</sup> When reviewed individually, a 12-percentage-point improvement in pressure ulcers was identified in one unit, while an enterprise-wide overview showed that the quality metric was mostly unchanged.

This integrated view can benefit financial performance as well. When billing data can be compared to the clinical data for verifying the accuracy of bills, not only is the resulting payment more accurate, but also the organization can easily defend the medical necessity and complexity of certain therapies to CMS.

#### Empower staff with leadership support

Staff involvement in identifying and achieving these goals is vital to success. When clinical and administrative staff members feel that leadership chose these goals with their input or feedback, the chances of the QI effort succeeding are much higher. In addition, a 2003 study of 35 senior care communities maintained by the Department of Veterans Affairs (VA) found that, on a 5-point scale, employees of nursing homes with a greater degree of quality improvement implementation were more satisfied with their jobs by nearly 1 more point than non-quality improvement communities.<sup>4</sup> These QI communities were also more likely to report adoption of pressure-ulcer clinical guidelines and have residents with lower incidents of the condition. Staff involvement is not a limited engagement, either. Clinical and administrative team members need to have consistent opportunities to share obstacles and best practices to achieving QI goals, both in group and confidential, one-on-one meetings.

The authors of the VA study point to the VA clinicians' access to information as a factor that may have positively influenced their adoption of the quality-improvement initiatives. Here, again, is where an enterprise-wide EHR and information system is essential. Once staff input is incorporated into the quality goals, offering clinicians access to their facility's performance against other communities and across the organization helps reinforce leadership's support of these initiatives. Another way leaders can support clinical staff's achievement of the quality goals using technology is through clinical decision support notifications and other point-of-care tools to remind them to follow an evidence-based protocol or capture relevant data.

QI at senior care organizations is an ongoing, enterprise-wide pursuit that requires enterprise-wide data. By capturing, integrating and unifying data to a single location, leaders can better visualize their organization's performance and collaborate with staff to improve workflows that will continuously raise their performance. As a result, staff satisfaction increases, resident care improves, as does the quality of the residents' lives.

#### References:

1. <http://www.ncbi.nlm.nih.gov/pubmed/19348053>
2. <http://www.health.harvard.edu/diseases-and-conditions/stay-a-step-ahead-of-urinary-tract-infections>
3. <http://bmjopen.bmj.com/content/4/2/e004488.full>
4. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360874/>

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