



Veterans Affairs Media Summary and News Clips

30 October 2015

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

1.1 - Stars and Stripes: [Vets, report: VA care hard to get for mental health](#) (29 October, Heath Druzin, 1.2M online visitors/mo; Washington, DC)

Navy veteran Dean Maiers broke down in tears Wednesday afternoon as he told a panel of senators about his post-deployment struggles, which included a suicide attempt. Speaking to the Senate Committee on Veterans Affairs, the Iraq and Afghanistan veteran said the VA treatment that he finally received saved his life, though the health system's narrow appointment schedule made it difficult for him to find time to get help.

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1.2 - WDAF-TV (FOX-4, Video): [KC holds veterans employment summit to help with transition from military life](#) (29 October, Shannon O'Brien, 1.2M online visitors/mo; Kansas City, MO)

Veterans Affairs Secretary Robert McDonald was in Kansas City on Thursday to participate in the veterans employment summit held at the National World War I Museum and Memorial. Veterans met with local leaders of the Veterans Economic Community Initiative to discuss the challenges service members face when they leave the service. Nationally, there are a quarter of a million service members transitioning to civilian life, and Secretary McDonald says in order for that transition to be successful, employment is key.

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1.3 - Indian Country Today Media Network: [VA and Tribal Stand-Down Shows Improvements despite Underfunding](#) (29 October, Brian Daffron, 1M online visitors/mo; Verona, NY)

The sounds of the late Kenneth Anquoe's song echoed through the Cheyenne-Arapaho Community Center in Clinton, Oklahoma, on October 16. Standing out of respect, the assembled Native American veterans, VA and tribal officials watched the flags of the United States and the flags of Southwest Oklahoma's sovereign nations being moved to the front of the crowd. With good feelings and a singular purpose, 208 veterans from all over western Oklahoma found their way around the main hall, speaking to VA and other officials about information and services.

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1.4 - WTNH-TV (ABC-8, Video): [Vets Wait Months for Payments Owed, Computer Issues Blamed](#) (29 October, David Iversen, 760k online visitors/mo; New Haven, CT)

Currently, there are more than 131,000 veterans across the U.S. using Vocational Rehabilitation. For an estimated 50 University of New Haven students, the Vocational Rehabilitation payments stopped in the early summer. Their calls and emails went unreturned. When they did reach someone with the VA, the answer was "I don't know" and "be patient." UNH students brought their concerns were brought to Associate Vice President of Enrollment and Marketing Sean-Michael Green.

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1.5 - NextGov: [Should VA Scrap VistA? CIO Evaluates Future Of Home-Grown Health Records System](#) (29 October, Jack Moore, 624k online visitors/mo; Washington, DC)

The new top IT official at the Department of Veterans Affairs told lawmakers Tuesday she is meeting with her staff this week to discuss the future of a planned upgrade of the department's in-house electronic health record system. The meeting comes after an independent report by MITRE Corp. concluded the homegrown system, first developed in the 1980s and still highly rated by clinicians, is "in danger of becoming obsolete."

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1.6 - KMBC-TV (ABC-9, News): [VA vows to cooperate with mustard gas test data request Government tested mustard gas effect on U.S. soldiers](#) (29 October, Micheal Mahoney, 431k online visitors/mo; Kansas City, MO)

As Veterans Administration Secretary Bob McDonald took part in a "jobs for veterans" summit in Kansas City Thursday amid questions from Missouri Sen. Claire McCaskill about tests on soldiers during World War II. In the 1990s, the government declassified reports about tests on U.S. troops to determine the effects of mustard gas, a dreaded weapon in World War I.

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1.7 - KSHB-TV (NBC-41, Video): [Veterans Affairs secretary in Kansas City to encourage employers to hire veterans](#) (29 October, Terra Hall, 275k online visitors/mo; Kansas City, MO)

The number of veterans leaving the service each year has reached 250,000 and it's up to Veterans Affairs to help them find a job. "There are people that are along our side to help us," said Daniel Owens, a retired marine. "You won't be judged and you won't be shamed and you will be loved into a scenario that will change your life forever.

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1.8 - WALB-TV (NBC-10): [Albany Veteran has meeting with VA officials to express concerns](#) (29 October, Shannon Wiggins, 237k online visitors/mo; Albany, GA)

An Albany Veteran talks to a top Veterans Affairs official in Washington to demand better healthcare. "They gave me some more promises you know that things gone better and I've been hearing this for over two years now," said Willie Ross, Veteran. Willie Ross has been dissatisfied with the care he gets from the VA in Albany for quite a while. Thursday, he got his wish to explain his concerns to VA officials.

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1.9 - KPLR-TV (CW-11, Video): [Celebrate Veterans Day by handling equipment in VA hospitals](#) (29 October, Archie Wilson, 169k online visitors/mo; St. Louis, MO)

Bill Wallace, Executive Director of U.S.VETS St. Louis and Charlie Felker, Veteran, stop by the studio to discuss upcoming Veterans Day, Wednesday, November 11. Veterans are teaming up to help fellow veterans in VA hospitals and homes. The equipment needed by veterans is growing and there is a need to replace safe patient handling equipment.

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1.10 - Rapid City Journal: [Report: VA to push forward on closure of Hot Springs hospital](#) (29 October, Bart Pfankuch, 143k online visitors/mo; Rapid City, SD)

The city of Hot Springs, its residents and business community, and patients who receive medical care at the Department of Veterans Affairs hospital in the historic Southern Hills town received the long-awaited but much-dreaded news on Wednesday that the VA is moving forward with a plan to close the 100-year-old hospital in Hot Springs. The draft Environmental Impact Statement — which came in the form of a 780-page report — outlined the VA's plan to reconfigure its Black Hills Health Care System.

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1.11 - Independent Record: [Veterans: VA voice frustration with health care program](#) (29 October, Angela Brandt, 106k online visitors/mo; Helena, MT)

The assistant director of the regional Veterans Affairs hospital says the intent of recent changes in veteran health care seems to have backfired in rural states like Montana. "We're in the painful stages of that," Rebecca Keough told a group of veterans gathered in Helena on Thursday night. The Veterans Choice Act was enacted into law last year to address extended waits for doctor visits and long distances vets had to travel to clinics by making health care more accessible within communities.

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1.12 - Health Data Management: [Million Veteran Program Targets Genetic Linkages to Diseases](#) (29 October, Greg Slabodkin, 80k online visitors/mo; Chicago, IL)

With more than 420,000 participants, the Department of Veterans Affairs' Million Veteran Program is already one of the world's largest medical databases linking genetic, clinical, lifestyle and military-exposure information. Part of the Obama administration's Precision Medicine Initiative, the program operates at more than 50 VA medical centers nationwide enrolling volunteers with the goal of better understanding how genes affect health and illness.

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1.13 - KYTX-TV (CBS-19, Video): [Longview veteran praises VA for helping save his life](#) (30 October, Jay Wallis, 71k online visitors/mo; Tyler, TX)

When war veterans come back home, the fight doesn't stop there as many people struggle to ease back into society. For one Longview veteran, he is still here today thanks to the help of those close to him going through similar struggles. Leaders from the Overton Brooks Veteran Association Medical Center held their second Longview town hall meeting in the past three months.

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1.14 - Government Health IT: [VA grants \\$5 million toward precision medicine](#) (30 October, Jack McCarthy, 67k online visitors/mo; Chicago, IL)

The Department of Veterans Affairs awarded a \$5 million grant to support a precision medicine program that leverages the agency's electronic health data. The grant goes to The Richard L. Roudebush VA Medical Center in Indianapolis, the Regenstrief Institute and Indiana University School of Medicine, which will collaborate on the five-year, multi-site precision monitoring program that will use existing VA electronic health data to implement monitoring to generate data to improve care quality and outcomes.

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1.15 - FierceGovernmentIT: [Role of IPO questioned in DoD-VA EHR interoperability hearing](#) (29 October, Molly Bernhart Walker, 41k online visitors/mo; Washington, DC)

An Interagency Program Office, which was established by the Defense and Veterans Affairs departments under a provision in the National Defense Authorization Act of 2008, was designed to be "a single point of accountability" for the departments' health record interoperability efforts, but given the current state of the program lawmakers are right to question its very existence, said a Government Accountability Office official.

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1.16 - North Platte Bulletin: [Fort McPherson cemetery offers Columbarium interments](#) (30 October, 36k online visitors/mo; North Platte, NE)

A columbarium was completed in 2013, providing an additional 1,028 burial spaces for eligible veterans, spouses, and dependent children. To date, there are more than 930 spaces available. Located in the northwest corner of the cemetery, the columbarium is an above-ground option for interment of cremains, said Fort McPherson Cemetery Director Mark Polen. This environmentally-friendly option is the only above-ground option for interment of cremains, Polen said.

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1.17 - Texas Insider (The Scoop): [Cruz, Cornyn Urge VA to Move on Patient Wait Times in San Antonio, Senators demand answers on situation at South Texas Veterans Health Care System](#) (29 October, 34k online visitors/mo; Lakeway, TX)

U.S. Sens. Ted Cruz (R-Texas) and John Cornyn (R-Texas) sent a letter to Secretary of Veterans' Affairs Robert McDonald today urging him to address the long wait times for veterans seeking health care in San Antonio. "We are troubled that the Department of Veterans Affairs (VA) continues to struggle with providing timely health care to many of our nation's veterans, even after Congress provided the VA with enhanced authorities and additional funding to hire new employees and implement the Choice Card program," the Senators wrote.

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1.18 - KEVN-TV (FOX-7, Video): [Environmental impact statement released on VA proposal](#) (29 October, Robert Grant, 27k online visitors/mo; Rapid City, SD)

A proposal – 4 years in the making – is one step closer to completion, but it comes with a trail of controversy. The Department of Veterans Affairs released the results of an environmental impact study – comparing options to change veterans' health care services across the region. Patrick Russell, the co-chairman of Hot Springs' Save the VA Committee, said, "In the words of Abraham Lincoln: 'to care for him who shall have borne the battle and for his widow and his orphan.'"

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1.19 - Bandera County Courier: [Congress changes Veterans Choice Program – again](#) (29 October, Dennis Birchall, 7.1k online visitors/mo; Bandera, TX)

Last year, in the wake of the Veterans Administration (VA) appointment scandal that led to the resignation of the VA Secretary and many of the top health deputies, Congress passed the Veterans Access, Choice, and Accountability Act of 2014 that commissioned the Veterans Choice Program. Congress gave the VA a short three-month timeline to start up the program and make it operational.

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2. Ending Veterans' Homelessness

2.1 - The Denver Post (Denver and the West, AP): [Even with vouchers, some Colorado vets can't find housing](#) (29 October, 3.3M online visitors/mo; Denver, CO)

Dozens of homeless veterans in a Colorado county have vouchers for affordable housing, but dwindling apartment options have kept them on the streets. The Colorado Springs Gazette reports that as of Tuesday, 38 homeless veterans in El Paso County who received government housing vouchers had not leased apartments.

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2.2 - WOFL-TV (FOX-25): [Ambitious program helps homeless veterans](#) (29 October, 863k online visitors/mo; Lake Mary, FL)

Bert Kearny steps into his new home. "I've got a nice couch. Nice tables, chairs, television." His things—which were donated—have been here for just a few days. The one-bedroom, one-bathroom apartment is a modest place to live, but it is a palace compared to the last place. "I'm not in the street!" Kearny says with a grin.

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2.3 - Record Searchlight: [Veterans get services at Stand Down](#) (29 October, Damon Arthur, 480k online visitors/mo; Redding, CA)

Two of the most important items Boomer picked up at the Stand Down 2015 on Thursday were on his feet. The 63-year-old Vietnam War combat veteran sat on a cot at the Shasta District Fair grounds surrounded by new clothes, a sleeping bag, pillow, duffel bag and roll-away bag. On his feet were a brand new pair of black, leather, waterproof lace-up boots. Boomer, who didn't use a last name, is homeless and has no vehicle.

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2.4 - WXOW-TV (ABC-19, Video): [Stand Down for Homeless Veterans supports local vets](#) (29 October, Ginna Roe, 312k online visitors/mo; La Crescent, MN)

On any given night, more than 300,000 veterans are living on the streets or in shelters in the U.S. The La Crosse area is not immune from the problem. Maurice Lee, 60 is a Vietnam veteran. He served in the U.S. Coast Guard from 1972 to 1976. Lee now lives in Tomah but at one point he was homeless.

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2.5 - WKBT-TV (CBS-8, Video): [Event offers one-stop shopping for homeless veterans, More than 70 veterans reported being homeless in Crawford, La Crosse, Monroe, Vernon counties](#) (29 October, Kyle Dimke, 287k online visitors/mo; La Crosse, WI)

A recent report found that nearly 20 percent of the homeless population in the La Crosse area is veterans. Thursday, those veterans were asked to "stand down" and come to the La Crosse Homeless Veterans Stand Down where they could get the help they deserve. The event aimed at veterans who are either low-income, homeless or at risk of being homeless. Organizers said

it was like a one-stop shop for all the resources a veteran would need to help get them out of homelessness.

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2.6 - The Olympian: [Senate bill would block VA from cutting aid to homeless veterans](#) (29 October, Adam Ashton, 183k online visitors/mo; Olympia, WA)

The Senate on Thursday passed a bill that would prohibit the Department of Veterans Affairs from cutting off services to homeless veterans who left the military with disciplinary discharges. Sen. Patty Murray, D-Wash., wrote the bill last summer after the VA began denying housing vouchers to homeless veterans who served in the military for short periods or who were given less than honorable discharges.

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2.7 - WTAP-TV (NBC-15, Video): [Veterans "Stand Down"](#) (29 October, Todd Baucher, 60k online visitors/mo; Parkersburg, WV)

They defended our freedom-and now one organization is helping our heroes. Thursday, during what's being called the "Veteran Stand Down", local veterans and their families lined up to get information on veterans services. The regional Veterans Administration hospital has held events like this closer to its home base in Clarksburg. This is the first time one has been held in Parkersburg.

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2.8 - The Chronicle: [Homelessness ends among veterans in Winston-Salem and Forsyth County, Mayor Joines says](#) (29 October, Tevin Stinson, 3.8k online visitors/mo; Winston-Salem, NC)

The fight against homelessness in Winston-Salem and Forsyth County received some good news earlier this week. Less than one year after making Winston-Salem a member of the Veterans Housing Network challenge of ending veterans' homelessness in the area, the city and county has reached their goal. The initiative, which is organized by the National League of Cities, challenged municipalities around the country to end veteran homelessness by the end of 2015.

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

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

4.1 - The Huffington Post (The Blog, Video): [McCain Lashes Out At Durbin, Defends Veteran-Abusing For-Profit Colleges](#) (29 October, David Halperin, 30.4M online visitors/mo; New York, NY)

Senator John McCain (R-AZ), in a speech on the Senate floor yesterday afternoon, charged that fellow Senator Dick Durbin (D-IL) has "orchestrated" a "shameful ... vendetta against for-profit universities." McCain upped the ante by asserting that Durbin has a "well-known record of not supporting the men and women who are serving in the military."

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4.2 - The Lowell Sun: [Arciero bill gives veterans free state college education](#) (29 October, Melissa Hanson, 191k online visitors/mo; Lowell, MA)

Veterans would be able to attend state colleges for free under a bill filed by state Rep. James Arciero and supported by 59 his House and Senate colleagues. Arciero said the bill, H3126, has been well-received so far, with questions about how much the program would cost the state. Arciero testified Oct. 21 before the Joint Committee on Veterans and Federal Affairs. Arciero has asked for a favorable recommendation, which moves the bill to the Ways & Means Committee for a full evaluation of the cost.

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4.3 - Beverly Citizen: [Endicott College welcomes VA's VITAL program](#) (29 October, no user info; Danvers, MA)

As Veterans Day approaches, Endicott College is pleased to announce the establishment of a new program designed to help veterans transition from service member to student. The Veterans Integration to Academic Leadership (VITAL) program is a joint venture between the Bedford VA Medical Center and Endicott College that helps veteran students maximize their unique strengths, skills and life experiences as they pursue academic success.

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[5. Women Veterans](#)

5.1 - KPBS-TV (PBS-15): [Clothing Drive Helps San Diego Women Veterans Suit Up For Civilian Careers](#) (29 October, Susan Murphy, 676k online visitors/mo; San Diego, CA)

Operation Dress Code will provide donated suits and other professional attire, including shoes and accessories, to women who are transitioning from the military into civilian careers. "Often times we don't, as veterans know how to begin the job search in the civilian world — it's very different from the military and we don't have the attire needed or even necessarily know how to put the attire together to have an effective job interview," said Lindsey Sin, deputy secretary for Women Veterans Affairs in California.

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[6. Other](#)

6.1 - The Huffington Post (What's Working: Small Businesses): [Empowering Veterans Through Entrepreneurship](#) (29 October, Jack Nadel, 30.4M online visitors/mo; New York, NY)

Every day, Americans wake up to frightening headlines from all across the globe. Warring factions of terrorist groups, especially in the Middle East and Africa, show no signs of desiring peace, and the threat of nuclear attack is ever present. Undoubtedly, America's military will have some long-term role to play in these conflicts, even if we limit the number of our troops on the ground. This, in turn, means there will be a steady stream of veterans returning from active duty for the foreseeable future.

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6.2 - Washington Examiner: [Clinton doubles down on VA comments as more veteran deaths emerge](#) (29 October, Sarah Westwood, 2.8M online visitors/mo; Washington, DC)

A government watchdog uncovered further evidence of delays in care at the Department of Veterans Affairs the same day Hillary Clinton's campaign doubled down on comments blaming Republicans for exaggerating the VA's problems. After Clinton took fire for suggesting last week that the VA wait-time scandal has "not been as widespread as it has been made out to be," her campaign spokesman called it a "systemic problem" and an "outrage."

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6.3 - Washington Free Beacon: [After Clinton Minimizes VA Troubles, Three Reports Expose Shortfalls Across Country, Reviews show problems at facilities in Alaska, California, Illinois](#) (29 October, Morgan Chalfant, 1.9M online visitors/mo; Washington, DC)

Days after Hillary Clinton said that Republicans have inflated problems at the Department of Veterans Affairs to make them appear more "widespread," three reports point to shortfalls and mismanagement at VA facilities across the country. The VA Office of Inspector General released three separate reports on VA facilities in Alaska, Illinois, and California this week that found insufficiencies at the locations.

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6.4 - Tulsa World: [U.S. Sen. Jim Inhofe: Uphill battle: Fighting for veterans' health care](#)

(30 October, Sen. Jim Inhofe (R-OK), 426k online visitors/mo; Tulsa, OK)

Hillary Clinton's recent remarks on MSNBC that problems at the Department of Veterans Affairs are not as "widespread" as many believe, shows a concerning disconnect from reality. I would argue that Oklahoma's veterans, and the 57,000 other veterans across the nation who waited more than three months last year for access to their VA health care, would attest to a very different experience than what Clinton portrayed.

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6.5 - AllGov: [Awful Managers: VA Edition](#) (29 October, Steve Straehley, 147k online visitors/mo; United States)

Some managers at the Veterans Administration central office have been accused of incompetence, bullying and discrimination in a report to the agency by a union. The American Federation of Government Employees Local 17, at the request of VA director Bob McDonald, submitted a list of complaints about management to the agency. The report, with names redacted, was obtained via a Freedom of Information Act request by Government Executive.

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6.6 - Courthouse News Service: [Senators Lose Patience With VA Hospitals](#) (28 October, Tim Ryan, 114k online visitors/mo; Pasadena, CA)

With a new report on how long veterans wait for access to mental health services, a committee hearing Wednesday revealed several members of the U.S. Senate losing patience with the Department of Veterans Affairs. The Wednesday hearing of the Senate Committee on Veterans Affairs came on the same day that the Government Accountability Office flagged inaccuracies in the VA's reports on how long veterans wait for access to mental health services.

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6.7 - KKCO-TV (NBC-11): [Veterans Affairs Hospital partially open new parking garage](#) (29 October, Jordan Alexander, 51k online visitors/mo; Grand Junction, CO)
The Grand Junction Veterans Affairs Health Center has completed construction of its 10 million dollar parking garage but separate construction has postponed the grand opening for at least two weeks. The project has been ongoing for just over a year and boasts 170 additional parking spaces that will alleviate a congestion problem that has been haunting the Veterans Affairs Hospital since its patient numbers grew more than 50% from 2007 to 2015.

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1. Access to Benefits/Care

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Navy veteran Dean Maiers broke down in tears Wednesday afternoon as he told a panel of senators about his post-deployment struggles, which included a suicide attempt.

Speaking to the Senate Committee on Veterans Affairs, the Iraq and Afghanistan veteran said the VA treatment that he finally received saved his life, though the health system's narrow appointment schedule made it difficult for him to find time to get help.

"It's hard working a full-time job and scheduling your life around the VA," Maiers said.

The hearing came on the heels of a Government Accountability Office report that found VA officials are using two different wait-time standards for veterans seeking mental health evaluations and could be underestimating how long it takes to schedule those appointments because they lack consistent data.

The report was released Wednesday and dovetailed with the Senate committee's hearing on veterans' mental health, at which veterans talked about their continued struggles to get help from the VA.

Former Marine Nicholas Karnaze, who served two tours in Afghanistan, said it took him one year to enroll in the VA system. When he did seek mental health care, he said he was bounced to two different phone numbers that both ended in voicemail. He didn't get a call back.

"Some of my friends have given up hope (and paid for private care)," Karnaze told the committee. "I, and many veterans like me, don't have that luxury — I'm a small business owner and at this time, I can't afford private health care."

Some VA officials are following a policy that states veterans must receive mental health evaluations within 14 days of their requests while others believe the deadline is 30 days. The Veterans Health Administration has not stated which policy is correct, according to the report.

Drawing a parallel to the -secret-wait-list scandal in Phoenix that sparked an ongoing, year-and-a-half-long scandal in veterans' care, GAO Health Care Director Debra Draper said the VA tracked some appointments using a manually maintained list outside of the Veterans Health Administration scheduling system. In Phoenix, some appointments were kept off the books to make wait times appear shorter and a number of patients died while languishing on the hidden wait lists for years.

The current system means VA medical centers might implement appointments inconsistently, "potentially posing serious risks to veterans needing mental health care," the report states.

VA officials did not respond to a request for comment.

Sen. Richard Blumenthal, D-Conn., said he is “appalled” at the continued barriers to veterans receiving mental health care.

“There’s not a topic in my view that is more important than mental health for our veterans,” he said. “As in the civilian world, mental health is often overlooked, given less attention than it should be.”

President Barack Obama issued an executive order in 2012 directing the secretaries of the VA, Department of Defense, Health and Human Services, Education, and Homeland Security to take steps to improve mental health care for veterans as well as active-duty, Guard and Reserve troops. The order, which preceded the revelations of the current veterans’ health care crisis, also created the Military and Veterans Mental Health Interagency Task Force.

The recommendations in the GAO report include that the Veterans Health Administration should clarify the maximum allowable wait times for veterans to receive a mental health evaluation, VA Secretary Bob McDonald should set policy for how appointment scheduling should be managed, and the VA undersecretary for health should set standards on how VA medical centers calculate wait times.

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1.2 - WDAF-TV (FOX-4, Video): [KC holds veterans employment summit to help with transition from military life](#) (29 October, Shannon O’Brien, 1.2M online visitors/mo; Kansas City, MO)

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Veterans met with local leaders of the Veterans Economic Community Initiative to discuss the challenges service members face when they leave the service. Nationally, there are a quarter of a million service members transitioning to civilian life, and Secretary McDonald says in order for that transition to be successful, employment is key.

Tri-West Healthcare Alliance is a company of 500 people, and 85 percent of them are veterans. It was the company’s mission when they opened in Kansas City to hire as many veterans and families of veterans as possible.

The mission of the VA’s employment push is for employers to recognize the unique skill set possessed by veterans.

“We know that our veterans possess character, team building skills and discipline. Those traits don’t stop when any of us take off the uniform. They translate into the workplace and they help their businesses grow and succeed,” Secretary McDonald said.

“I don’t think the veteran wants the attention; we just want to get a job and be successful like everyone else,” said Marine veteran Tim Thomason.

The help mitigate those challenges, the U.S. Department of Veterans Affairs has set up a program that helps service members translate their military skills to the civilian business world, and helps employers find qualified employees.

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1.3 - Indian Country Today Media Network: [VA and Tribal Stand-Down Shows Improvements despite Underfunding](#) (29 October, Brian Daffron, 1M online visitors/mo; Verona, NY)

The sounds of the late Kenneth Anquoe's song echoed through the Cheyenne-Arapaho Community Center in Clinton, Oklahoma, on October 16. Standing out of respect, the assembled Native American veterans, VA and tribal officials watched the flags of the United States and the flags of Southwest Oklahoma's sovereign nations being moved to the front of the crowd. The members of the Oklahoma Inter-Tribal Veterans Association Buddy Bond Chapter, the Kiowa Black Leggings Society, and American Legion Post 41 stood at attention as Redstone Singers continued to sing a Flag Song. With good feelings and a singular purpose, 208 veterans from all over western Oklahoma found their way around the main hall, speaking to VA and other officials about information and services. At least 25 tribal nations were represented, including approximately 19 non-Native veterans.

With vendors grouped by category – such as legal, housing, and behavioral health – the tables of tribal officials stood alongside VA offices and other Native organizations. The Cheyenne-Arapaho Tribes—the host of the day's event—was well represented. One of the newer tribal programs was for the Employment and Training Administration, who currently have five veterans in their first year of existence, said director Erwin Pahmahmie Jr.

Another Cheyenne-Arapaho tribal program that is open to all Native Americans with a CDIB is the Meth and Suicide Prevention program. With a six-year history, the program serves a wide range of demographics, from children to veterans. According to the program's behavior specialist, Kateri Fletcher, over 1,000 people have been helped, with in-patient services and culturally relevant practices available.

Mary Culley, Seminole/Creek, retired from the U.S. Air Force as a technical sergeant. Now serving as a program specialist with the VA Office of Tribal Government Relations' Southern Plains and Eastern Regions, she said the stand-downs help tribes establish a trust with the VA, and the VA learns how Native people value their communities and their warriors.

“Family, community and the Warrior Societies are all placed highly in how our tribal nations provide services to not just their Veteran population, but their entire tribal communities,” she said. “An Inter-Tribal and/or Tribal Stand-Down showcases their warrior societies by asking them to post colors, to bring their Princess royalty in to do the Lord's Prayer in sign language. That prayer and/or a blessing before events is a very important component for ‘good’ healing.”

Free haircuts were one of the many services offered at the Stand-Down. (Brian Daffron)Free haircuts were one of the many services offered at the Stand-Down. (Brian Daffron) While veteran males are the largest service demographic of the VA, the Office of Tribal Government Relations works to increase its numbers toward Native female veterans and widows of veterans. Culley said that some female veterans may not feel worthy of services, or

that widows may feel that veterans' benefits are more associated with their husband than them. However, this year's numbers among female veterans exceeded last year's. This year's stand-down included 47 female veterans, with 12 being widows of veterans.

From Culley's experience, one of the major issues affecting veterans and their ability to get initial services is transportation.

"Rural and Tribal locations face the most difficult issues related to finding transportation for the Veterans in their rural locations to and from medical facilities," she said, "whether locally or to the larger facilities in the metropolitan areas."

Although the VA continues to make improvements, there is a long memory among veterans about the VA, with a general feeling that it still has a long way to go.

One of the veterans in attendance was Albert Lujan Greyeagle (Brule Lakota/Cheyenne/Taos Pueblo) from Oklahoma City. Greyeagle came to the stand-down with his niece with the hopes of finding uniform items for his color guard duties. He also told Indian Country Today Media Network that his eyeglasses appointment through VA was three months away. Although the clothes closet at the stand-down was for homeless veterans only, he said he received a lot of valuable information.

"There's a lot of resources I didn't know existed with the VA health care system," he said. "It's like pulling teeth to find out what's available to you. There's [VA services] combined with other Indian services, where they have agreements with them to get health care. That's something I didn't know."

Randy Palmer, Kiowa, attended the stand-down as part of the Kiowa Black Leggings Society's color guard. The Kiowa veterans' organization recently concluded its annual Ceremonial, and serves as color guard at many events throughout Indian country. Palmer, who was stationed in Germany during his military service, expressed a sentiment that is common among many American service personnel, regardless of race or nationality. "The VA is overstretched and underfunded," he said.

"There's been complaints about non-treatment—not taking care of veterans," Palmer said. "As far as that goes, we're basically in the same situation as other veterans. The government really isn't taking care of the veterans. It's an ongoing problem."

Blas Preciado, Kiowa and Vice-Commander of the Kiowa Black Leggings Society, felt there was a discrepancy in the knowledge of VA services between those who served prior to and during the Vietnam era, and those who may have served during the Global War on Terrorism.

"I think when you talk about services to our Indian veterans, it's sort of divided," Preciado said. "You have older veterans and newer veterans. Your older veterans who are living—World War II, Korea, 'Nam—those eras. Now you have the younger veterans. Laws were enacted to provide better services to the newer veterans. They're more attuned to the services that are available. Once they get out of the service, they're more aware of what's available. The older ones aren't."

Preciado also added that one of the demographics receiving the least amount of service were the Native veterans serving time in prisons.

“One of the things I would like to see more of regarding our Indian men who are incarcerated, especially our veterans,” Preciado said. “I think there needs to be more work toward [helping] non-violent offenders.”

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1.4 - WTNH-TV (ABC-8, Video): [Vets Wait Months for Payments Owed. Computer Issues Blamed](#) (29 October, David Iversen, 760k online visitors/mo; New Haven, CT)

In a space once used for military recruitment, veterans from across the state meet in the back corner booth at Trinity bar as a weekly meeting space.

It was in this space that Air Force veteran Dylan Landry discovered his issues with the Veterans Administration were not isolated.

“I assumed it was just me,” said Landry.

A University of New Haven student, Landry’s tuition is paid for, in part, by a VA program called Vocational Rehabilitation. It is a program that helps injured veterans transition to civilian life, through job placement, training or tuition and housing assistance.

Currently, there are more than 131,000 veterans across the U.S. using Vocational Rehabilitation.

University of New Haven student and U.S. Marine Walter Williams has relied on it for two years since coming back from Afghanistan.

That was until the money stopped coming.

“We were told absolutely nothing, said Williams. “Not one email, not one phone call. We just didn’t receive our money.”

For an estimated 50 University of New Haven students, the Vocational Rehabilitation payments stopped in the early summer. Their calls and emails went unreturned. When they did reach someone with the VA, the answer was “I don’t know” and “be patient.”

UNH students brought their concerns were brought to Associate Vice President of Enrollment and Marketing Sean-Michael Green.

“If the whole goal is to get people through college, then the program is failing right now,” said Green. “This is the first time that I can remember that the VA has fallen this far behind.”

Students, facing the threat of not being able to pay their tuition, were given short term interest free loans from the University. Agreements were made with the business department that they could remain in school, even without their tuition paid. For students who had to take out additional loans, they were not dispersed, because the Vocational Rehab money wasn’t delivered to the school first.

These issues were echoed at Southern Connecticut State University, where for 40 years, Jack Mordente has helped returning veterans transition to a college life.

“Last time I experienced this was maybe in the early 80’s with it happening to Vietnam veterans,” said Mordente. “It’s creating a lot of stress.”

An explanation

The number of veterans applying for Vocational Rehabilitation is at unprecedented numbers, explained Will Streitberger, Regional Director of VA Benefit Administration. IN 2013, there were 1.3 million veterans applying for some type of VA benefit. In 2014, there were 1.44 million applying for benefits, the highest number in U.S. history.

Across the country, the VA Benefits Administration has finished the daunting task of digitizing 5,000 tons of veteran records. Stacked up, that much paper would stand as tall as 200 Empire State Buildings, said Streitberger. The goal was to more efficiently handle claims. It finished with transitioning from one computer system to another.

In June, the new system switched on. It did not go well.

“256 veterans went through that conversion process and there were some admittedly some hiccups in making that transition,” said Streitberger. “I would like to apologize for any inconvenience these veterans have experienced.”

According to Streitberger, all veterans have been fully reimbursed. Some veterans, interviewed by News8 said they are still waiting for some money they believe they are owed. Privacy rules stop the VA from disclosing information about specific veterans.

Going forward, Streitberger said the issue that caused this backlog should not be repeated.

“Our expectation is that there will be no furtherance of any delays,” said Streitberger.

Still, veterans say, the damage has already been done.

“Your landlord doesn’t want to hear that you can’t pay your bills because you haven’t gotten paid by the VA,” said Army veteran Tiara Boehm.

“I just have this knot in the back of my head worrying about whether I’m going to have to quit school & get a third job,” said Williams.

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1.5 - NextGov: [Should VA Scrap Vista? CIO Evaluates Future Of Home-Grown Health Records System](#) (29 October, Jack Moore, 624k online visitors/mo; Washington, DC)

The new top IT official at the Department of Veterans Affairs told lawmakers Tuesday she is meeting with her staff this week to discuss the future of a planned upgrade of the department’s in-house electronic health record system.

The meeting comes after an independent report by MITRE Corp. concluded the homegrown system, first developed in the 1980s and still highly rated by clinicians, is “in danger of becoming obsolete.”

Amid ongoing concerns about the multiple, failed attempts to develop interoperable electronic health records between VA and the Defense Department, the report recommended VA conduct a cost-analysis of upgrading the Veterans Health Information Systems and Technology Architecture, known as VistA, compared to using open source EHRs and commercial off-the-shelf options.

LaVerne Council, the assistant VA secretary for information and technology and the agency’s chief information officer, will review the business case for the VistA upgrade along with VA Undersecretary of Health Dr. David Shulkin and then “determine the next steps,” Council told a joint congressional subcommittee hearing Tuesday.

VA, DOD Take Separate Paths on EHR Upgrades

In the two years since VA and DOD scrapped a plan to develop an integrated electronic health record, VA has been working on an incremental, multiyear replacement for its system, known as VistA Evolution.

DOD, meanwhile, has taken a completely different tack, awarding a \$9 billion contract this summer to a team of contractors, including defense IT firm Leidos and Cerner, to implement commercial EHR technology.

Some lawmakers raised specific questions about VA’s continued reliance on the VistA system.

“Are we at the point where we just can’t keep trying to rejigger the technology?” said Rep. Anne McClane Kuster, D-N.H., who cited the independent MITRE report, first reported by Politico last week.

Council said no decisions would be made until she’s reviewed the business case for the VistA Evolution upgrade.

“We wanted to have a fact-based conversation about the right next steps should be with VistA,” Council said. “We didn’t want to take it from the cuff. . . We really wanted to go into understanding where we are today, where we’re hoping to go and will that take us where we need to go for the veteran in the future.”

Reviewing the program “is the right thing to do,” Council added. “It’s the coherent thing to do. But we want to do it based on having real facts behind us and making sure that we’re making the right decision for the veteran in the long term.”

Council, who has said part of her strategy for leading VA’s IT shop is a “buy-first” approach to IT, also defended the “clinical-focused” VistA system. The system, frequently rated more highly than commercial systems by doctors who use it, has “enabled that capability to really drive many breakthroughs,” she testified.

“What we’ve got to figure out is: What opportunities do we have to continue with it as a backbone and should we be moving with different levels of technology that we haven’t used before?” Council said.

'Inherent Duplication,' Missed Deadlines

Lawmakers during hearing Tuesday expressed frustration over the continued delays in full EHR interoperability between the agencies.

Both DOD and VA said in 2013 when they abandoned plans for a single EHR that pursuing separate but interoperable systems would achieve get results faster and more cheaply.

Pursuing separate paths, however, is full of "inherent duplication," said Valerie Melvin, director of information technology at the Government Accountability Office. Full interoperability between the two departments "is still years away," Melvin testified -- well beyond the 2017 goal set by the agencies when they were attempting to develop a single, integrated system.

"To this day, I harbor serious concerns about the decision to abandon a goal of a unified, single integrated system for DOD and VA," said Tammy Duckworth, D-Ill., an Iraq War veteran elected in 2012. "If we're going to spend \$11 billion of taxpayer money" -- the original cost estimate of DOD's massive EHR procurement -- "I don't understand why we wouldn't have invested this astronomical amount of money in a fully functional interoperable system."

In fact, Duckworth wanted to know why, in the wake of the 2013 decision to back away from developing a an integrated joint system, the Pentagon hadn't simply moved to adopt the existing VistA system.

"And then together, while we're using VistA, we can work toward something else," Duckworth told Christopher Miller, the program executive officer for the Defense Healthcare Management Systems. "That's how you get them a better system immediately."

Miller said DOD and VA have different health care missions. Even a joint, integrated system wouldn't necessarily be a cure-all, he said.

"You can go talk to any major national health care provider, and they will tell you that they struggle when you're talking about regions or they're talking about working across large geographic areas," he said.

It's not necessarily a technology problem, Miller said. It's that providers at the local level generate different processes for using even the same system.

"And so, for us to think that just adopting a single system is going to solve all that, I think is a little naive," he added.

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1.6 - KMBC-TV (ABC-9, News): [VA vows to cooperate with mustard gas test data request](#)
[Government tested mustard gas effect on U.S. soldiers](#) (29 October, Micheal Mahoney, 431k online visitors/mo; Kansas City, MO)

As Veterans Administration Secretary Bob McDonald took part in a “jobs for veterans” summit in Kansas City Thursday amid questions from Missouri Sen. Claire McCaskill about tests on soldiers during World War II.

In the 1990s, the government declassified reports about tests on U.S. troops to determine the effects of mustard gas, a dreaded weapon in World War I.

Earlier this year, National Public Radio reported thousands of soldiers involved in that testing had trouble getting their medical claims processed by Washington.

McCaskill said neither the Pentagon nor the Veterans Administration will give her the mustard gas test records.

“They will not give me information out of your mustard gas database without a letter from my chairman,” she said. “I don’t understand why this is so hard.”

McDonald was asked about the mustard gas list during a meeting with reporters at Kansas City’s National World War I Museum Thursday.

“I know we have a list of mustard gas veterans. We need to get in touch with them and find them and make sure they get the veteran benefits they have earned,” he said.

“The VA has not done a good job with this,” said McCaskill. “But they’re pointing to the Department of Defense that actually has the database. That would allow a more granular approach to reaching out individually.”

McDonald said he would support McCaskill’s request.

On another issue, McDonald said the VA Medical Center in Kansas City has added more than 600 new employees, including more doctors and nurses. He said the waiting time for an appointment is now about 30 days.

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1.7 - KSHB-TV (NBC-41, Video): [Veterans Affairs secretary in Kansas City to encourage employers to hire veterans](#) (29 October, Terra Hall, 275k online visitors/mo; Kansas City, MO)

The number of veterans leaving the service each year has reached 250,000 and it’s up to Veterans Affairs to help them find a job.

“There are people that are along our side to help us,” said Daniel Owens, a retired marine. “You won’t be judged and you won’t be shamed and you will be loved into a scenario that will change your life forever. The problem is we have a fear that we will look at like a failure if we show our weaknesses.”

Owens knows all too well about that. He also knows about the struggles some veterans face after they leave the armed forces. But if given a chance, he says veterans want nothing more than to contribute to their new environments.

"We're loyal and dedicated and we know the whole scope of what the company is trying to do and we do our best to try to help them achieve," Owens said.

That's the message Veterans Affairs Secretary Robert McDonald , and Dave McIntyre with TriWest Health Alliance are working to spread across the U.S.

"We need to improve our ability to get those service members employed without a gap in their service and their employment," said McDonald.

His goal is to bring employment for veterans who want to work to 100-percent.

"If every employer in America with more than 25 employees said we will put one percent of our workforce to veterans, we wouldn't have an employment issue for veterans," said McIntyre. "It's that simple."

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1.8 - WALB-TV (NBC-10): [Albany Veteran has meeting with VA officials to express concerns](#) (29 October, Shannon Wiggins, 237k online visitors/mo; Albany, GA)

An Albany Veteran talks to a top Veterans Affairs official in Washington to demand better healthcare.

"They gave me some more promises you know that things gone better and I've been hearing this for over two years now," said Willie Ross, Veteran.

Willie Ross has been dissatisfied with the care he gets from the VA in Albany for quite a while. Thursday, he got his wish to explain his concerns to VA officials.

Officials at Congressman Sanford Bishop's Office helped facilitate the phone meeting, hoping it's one step towards getting the care Ross wants.

WALB's cameras weren't allowed inside Congressman Sanford Bishop's Albany office for the call between Vietnam War Veteran Willie Ross and Veteran Health Administration Chief of Staff Vivica Wright.

Ross takes numerous medications for his heart problems and has been unhappy with his care from the VA.

Ross says he's giving the VA a deadline to come up with a plan to provide better healthcare services for him and other veterans.

"If I don't hear from them by 2:00 o'clock Wednesday I'm going on a hunger strike and I mean it this time and I'm going to stop eating until they make a decision on how to make my health better," said Ross.

The Department of Veterans Affairs (VA) released this statement:

“The Department of Veterans Affairs (VA) is committed to not only providing Veterans with the quality care they have earned and deserve, but also protecting their privacy. We appreciate your advocacy, and that of Congressman Bishop, on behalf of this Veteran. We take his concerns very seriously and are doing everything possible to ensure those concerns are addressed.”

Ross is also asking churches to step up and help veterans.

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1.9 - KPLR-TV (CW-11, Video): [Celebrate Veterans Day by handling equipment in VA hospitals](#) (29 October, Archie Wilson, 169k online visitors/mo; St. Louis, MO)

Bill Wallace, Executive Director of U.S.VETS St. Louis and Charlie Felker, Veteran, stop by the studio to discuss upcoming Veterans Day, Wednesday, November 11.

Veterans are teaming up to help fellow veterans in VA hospitals and homes. The equipment needed by veterans is growing and there is a need to replace safe patient handling equipment.

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1.10 - Rapid City Journal: [Report: VA to push forward on closure of Hot Springs hospital](#) (29 October, Bart Pfankuch, 143k online visitors/mo; Rapid City, SD)

The city of Hot Springs, its residents and business community, and patients who receive medical care at the Department of Veterans Affairs hospital in the historic Southern Hills town received the long-awaited but much-dreaded news on Wednesday that the VA is moving forward with a plan to close the 100-year-old hospital in Hot Springs.

The draft Environmental Impact Statement — which came in the form of a 780-page report — outlined the VA's plan to reconfigure its Black Hills Health Care System. After reviewing six options, which ranged from keeping open and renovating the historic hospital campus to making no changes at all, the agency stayed its long-held course by recommending the so-called alternative.

That plan essentially calls for closing the Hot Springs campus that includes the Battle Mountain Sanitarium, spending about \$150 million on a new community-based outpatient clinic in Hot Springs, and building a multi-specialty outpatient clinic and 100-bed residential rehabilitation treatment center in Rapid City that would operate for at least 30 years.

Meanwhile, the VA said it would consider a host of options for re-use of the historic hospital in Hot Springs, listed as a National Historic Landmark that could include a new, private hospital entity or a wide range of other private uses. Under the proposal, most existing medical services in Hot Springs would end within two years of adoption, and the new services in Rapid City would open by then and be fully in place within five years.

Since first proposed about five years ago, the plan to close the historic hospital has drawn strong opposition from those in Hot Springs, including a very active group called the Save the

VA Committee, as well as from South Dakota's congressional delegation. The Save the VA group had proposed its own option, which was considered but rejected by the VA, that would have renovated and expanded services at the Hot Springs campus, doubled the number of rehab beds, and done other upgrades and renovation to expand services there.

Many in Hot Springs feared that numerous good jobs would be lost due to the closure, and that fewer patients would arrive in town, devastating the local economy. The plan calls for culling about 290 full-time jobs from the Hot Springs VA work force that is now at 357 full-time equivalent jobs. About 100 new jobs would be created in Rapid City, the plan states.

Hot Springs Mayor Cindy Donnell said Wednesday that EIS recommendation was disappointing but expected. But she said that opening a new outpatient clinic in the city would preserve Hot Springs' VA heritage while also creating new opportunities for local growth.

"Yes, it's a big blow if they downsize further; we've had a community that has put its heart and soul into having the VA here," she said. "I'm disappointed, yes, but I'm hopeful that they will build that CBOC (outpatient clinic) here, and that will continue to benefit our veterans and community."

Donnell also noted that the state is investing more than \$30 million into building a new State Veterans Home that is slated to open in Hot Springs before year's end, and that she and others are pushing hard for economic development and new jobs in the city.

The three South Dakota members of Congress on Wednesday released a statement that they are reviewing the extensive report and its conclusions, and they won't stop pushing for an alternative option, but that they overall were disappointed in the recommendation.

Sen. Mike Rounds, R-S.D., said, "(T)he VA's bureaucracy continues to disappoint. As we analyze the EIS, I will make sure the data is complete and not based on a pre-determined decision to close the facility."

The trio also said that with continued pressure, they can potentially persuade the VA to change its chosen path, though so far their efforts have not done so.

The draft EIS is now subject to a 60-day public comment period prior to the final decision that will be made by VA Secretary Robert McDonald.

"The EIS findings released today once again highlight the dramatic impact closing the medical and residential rehabilitation center would have on the community and the historic site. I remain committed to fighting for Secretary McDonald to settle on a solution that will work for all involved — especially, our veterans," U.S. Rep. Kristi Noem, R-S.D., said in the statement.

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1.11 - Independent Record: [Veterans: VA voice frustration with health care program](#) (29 October, Angela Brandt, 106k online visitors/mo; Helena, MT)

The assistant director of the regional Veterans Affairs hospital says the intent of recent changes in veteran health care seems to have backfired in rural states like Montana.

"We're in the painful stages of that," Rebecca Keough told a group of veterans gathered in Helena on Thursday night.

The Veterans Choice Act was enacted into law last year to address extended waits for doctor visits and long distances vets had to travel to clinics by making health care more accessible within communities.

The main issue with this, Keough said, is that providers are not signing onto the program.

Keough said she had spoken with representatives at St. Peter's Hospital in Helena as recently as Wednesday. She said the VA is working on informing providers such as St. Peter's their options for interaction with Veterans Choice.

"That's one organization that has not yet signed up for Choice," Keough added.

The town hall at the library was one of many held across the country. Its purpose was to improve communication, explain benefits and help rebuild trust with veterans, organizers said. About 25 veterans attended.

One veteran asked why the VA was insisting he travel to Salt Lake City for an appointment with a specialist when he had one in Great Falls with whom he has been seeing for years.

"Has Veterans Choice become VA's choice?" he asked.

Many in the audience applauded his question.

John Ginnity, VA Montana Health Care System's director, said he's heard from higher-ups in Washington, D.C., that it will take time to work out the kinks in rural states.

"Montana is different. It's not going to happen over night," he said.

"Even in the VA we're frustrated with the process," Ginnity added. "We know there's people behind the policy."

Ginnity said not only is the lack of eligible providers in the program an issue but it truly is a statewide problem of access to doctors, in particular specialists.

Ginnity said he is working on putting together a summit in 2016 to address the issue for all Montanans. As a state, all health care needs to come together whether it be VA or private, he said.

The VA Montana Health Care System manages the health care, in whole or in part, of over 47,000 actively enrolled veterans.

Another issue brought up during the discussion is that currently Fort Harrison does not have an on-staff gynecologist. Officials said they are currently recruiting for the position.

At a similar gathering a year ago, Army veteran Carole Kiley asked about the VA providing assistance for women who were sexually assaulted while serving. She stood up and questioned the panel once more on Thursday.

"Men seem to get the help they need. We don't," Kiley added.

Kiley said she has taken it upon herself to start a support group after the VA stopped offering one last summer.

After thanking the panel for listening, Kiley offered this parting statement: "Listen to we the people because we the people are the reason you're employed."

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1.12 - Health Data Management: [Million Veteran Program Targets Genetic Linkages to Diseases](#) (29 October, Greg Slabodkin, 80k online visitors/mo; Chicago, IL)

With more than 420,000 participants, the Department of Veterans Affairs' Million Veteran Program is already one of the world's largest medical databases linking genetic, clinical, lifestyle and military-exposure information.

Part of the Obama administration's Precision Medicine Initiative, the program operates at more than 50 VA medical centers nationwide enrolling volunteers with the goal of better understanding how genes affect health and illness. By collecting data from at least a million veterans and making it available for use in approved studies, researchers hope to gain insights into post-traumatic stress disorder, schizophrenia, bipolar disorder, substance abuse, as well as heart and kidney disease.

Veterans participating in the program donate blood, from which DNA is extracted, and fill out surveys about their health, health-related behaviors and military experiences. In addition, volunteers consent to allowing researchers to access information in their VA electronic health record.

According to officials, VA's EHR system provides a "richness of clinical data" that goes back to the 1990s. For research purposes, the information is de-identified with no names, birthdates or Social Security numbers shared.

"You need very large numbers to be able to answer the genomic questions," says VA Chief Research and Development Officer Timothy O'Leary, M.D., who acknowledges that it has been difficult to recruit participants for the Million Veteran Program. "There are challenges. We're asking roughly one out of six veterans who use the system to be willing to enroll. We're enrolling mainly at major medical centers and yet many veterans are not seen at major medical centers but at out-patient clinics throughout the country, or smaller facilities, where we haven't yet opened up an enrollment site."

To augment its recruitment efforts currently conducted at VA medical centers, Genomic Medicine Program Manager Suma Muralidhar says the department is "developing a web-based enrollment infrastructure to do online surveys and consenting" with the hope of reaching one million veteran volunteers sooner than the five years currently expected to reach that goal.

O'Leary adds that the VA is also planning to begin to enroll active duty service members in the Million Veteran Program before they actually become veterans. "We're doing a pilot to bring the

DOD data into our Veterans Informatics Computing Infrastructure that will help us to learn to integrate the two data systems," adds Muralidhar.

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1.13 - KYTX-TV (CBS-19, Video): [Longview veteran praises VA for helping save his life](#) (30 October, Jay Wallis, 71k online visitors/mo; Tyler, TX)

When war veterans come back home, the fight doesn't stop there as many people struggle to ease back into society. For one Longview veteran, he is still here today thanks to the help of those close to him going through similar struggles.

Leaders from the Overton Brooks Veteran Association Medical Center held their second Longview town hall meeting in the past three months. Larry Lusk served in the Vietnam War and went to the meeting Thursday to voice some of his concerns. However, Lusk's biggest fight came soon after he returned from war.

"Getting into the late 80s, my life was pretty much falling apart," Lusk said. "It ended up I had PTSD pretty bad."

Even being diagnosed with post-traumatic stress disorder (PTSD), Lusk still didn't want to talk about what he was going through.

"I didn't want to have anything to do with the army, with the VA or anything," Lusk said. "I saw a lot of bad things happen. I had some friends get killed right beside me."

Around that time, after a fellow combat veteran encouraged Lusk to get help, he took a leap--a life-saving leap.

"I might not have had anything to do with the VA, if it hadn't been for that," Lusk said. "I'm not sure if I'd still be alive."

Lusk is one of many veterans who came out Thursday to voice their concerns and find answers.

Medical Center Director Toby Mathew said it is important that the Veterans Affairs (VA) continues to go back to the cities it visits.

"Today we were able to come back to Longview and talk to our veterans and identify areas for improvement," Mathew said.

Overton Brooks VA Medical Center held a town hall meeting about three months ago and had almost twice the amount of people in attendance. Mathew said he sees less people and fewer complaints as a sign of improvement.

However, Korean War veteran Gerald Holsworth isn't quite sure it's that simple.

"It might be symptomatic of how many people can make it," Holsworth said.

Holsworth said he still sees improvement in Longview and hopes he can continue to see improvement elsewhere.

"It's coming along," Holsworth said. "There's a big bureaucratic mess that still needs to be cleaned up here and there."

Lusk said his memories of war will never go away, but now he's back home and getting help. He said he feels more in control of his life.

"There isn't any way to make people forget what happened to them in combat," Lusk said. "You can't make the memories go away. But you can find peace. My life's been better since connecting with the VA."

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1.14 - Government Health IT: [VA grants \\$5 million toward precision medicine](#) (30 October, Jack McCarthy, 67k online visitors/mo; Chicago, IL)

The Department of Veterans Affairs awarded a \$5 million grant to support a precision medicine program that leverages the agency's electronic health data.

The grant goes to The Richard L. Roudebush VA Medical Center in Indianapolis, the Regenstrief Institute and Indiana University School of Medicine, which will collaborate on the five-year, multi-site precision monitoring program that will use existing VA electronic health data to implement monitoring to generate data to improve care quality and outcomes.

Projects will take place in various health care environments, including the Emergency Department, inpatient units and outpatient units, and will focus on diverse medical conditions. In addition to studying the technical solutions to precision monitoring, investigators also will study how providing actionable data can be used to activate healthcare providers and teams to engage in improvement activities without drowning in information overload.

"The VA is the single largest provider of health care in the United States with a wealth of patient information and a single unified electronic health record. It is ideally poised to apply precision monitoring to transform care and outcomes for veterans and to exert national leadership in this important area," said co-principal investigator of the new program, Linda S. Williams, M.D.

The new grant supports four precision monitoring related projects, all focused on delivering the right information to the right person at the right time. They are 1), nationwide implementation of electronic quality indicators for inpatient stroke care, 2), use of patient-specific data and telehealth technology to facilitate improvement in care for veterans with transient ischemic attack 3), remote monitoring of continuous positive airway pressure for patients with sleep apnea, and 4), reduction of inappropriate carotid artery imaging orders.

"The potential impact of our study is vast," said Dr. Williams. "I believe what we are dealing with in the VA is similar to what other healthcare systems will encounter as they move forward to meet new government regulations and envision and manage care as an accountable care organization rather than as a single hospital or clinic." Dr. Williams is an investigator with the

Roudebush VA Medical Center in Indianapolis and the Regenstrief Institute, and a professor of neurology at the IU School of Medicine.

"The VA's expertise and experience with patient-specific electronic medical data may help identify strategies to ensure that patients receive the best care and, importantly, are not lost to follow-up," said study co-principal investigator Dawn Bravata, M.D. "Precision monitoring is critical to that care; there are facility, cultural and medical-specialty variations in how data are used which we must overcome." Dr. Bravata is an investigator with the Roudebush VA Medical Center and the Regenstrief Institute, and a professor of medicine at the IU School of Medicine.

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1.15 - FierceGovernmentIT: [Role of IPO questioned in DoD-VA EHR interoperability hearing](#) (29 October, Molly Bernhart Walker, 41k online visitors/mo; Washington, DC)

An Interagency Program Office, which was established by the Defense and Veterans Affairs departments under a provision in the National Defense Authorization Act of 2008, was designed to be "a single point of accountability" for the departments' health record interoperability efforts, but given the current state of the program lawmakers are right to question its very existence, said a Government Accountability Office official.

"It is reasonable that one would question its current responsibilities and whether it should exist," said Valerie Melvin, director of information management and technology resources issues at GAO.

"The position of the office has not been specific to, or as connected to, the overall function for which it was assigned. We have seen it having a limited role in the department's current efforts over time," said Melvin during an Oct. 27 joint hearing of the House Oversight and Government Reform subcommittee on information technology and House Veterans Affairs Committee.

Under the National Defense Authorization Act of 2014, DoD and VA are required to deploy modernized electronic health records that employ full, standards-based interoperability by Dec. 31, 2016. In reality, the two departments likely won't reach that goal until after 2018, according to GAO.

The two departments dropped plans to develop a joint, or "integrated," EHR that would seamlessly service members and veterans in 2013. Instead, VA set out to "evolve" its Veterans Health Information Systems and Technology Architecture, known as VistA, and DoD decided it would acquire a commercial EHR solution. In late July the Defense Health Agency awarded a \$4.3 billion contract that will likely incur a lifecycle cost of upwards of \$9 billion, to a team led by Leidos and Cerner for the Defense Healthcare Management System Modernization initiative.

The IPO's primary responsibility is to develop or identify national standards that the two departments can adhere to. The 2014 NDAA also required that all VistA data was to be in a compliant format established by the Office of the National Coordinator for Health IT.

"At this point we have not certified to the 2014 requirement — the Oct. 1, 2014 requirement," said Brian Burns, deputy director of the DoD/VA IPO during the hearing.

Burns said the IPO has identified 25 domains for its data mapping efforts. The first seven — the most frequently used or high-volume — have most of the data mapping complete.

"At this point we have data maps for most of the sets, we have partial overlapping for most of the sets at this point," said Burns.

Christopher Miller, program executive officer of the Defense Healthcare Management Systems, said the IPO now has a full time representative from DoD.

"We do have a dedicated IPO, Dr. Lauren Thompson. She reported aboard in May," said Miller. "For some time I was wearing two hats but I'm no longer wearing two hats. I think that's reflective of our commitment to the IPO and the work that they do."

The IPO is critical for providing technical leadership to make sure that the ONC standards apply and identifying where refined standards and improvements may be needed, said Miller.

While both departments clearly have their own culture and are pursuing different solutions, Melvin reiterated that there is a "lack of joint strategic planning on the part of the two departments."

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1.16 - North Platte Bulletin: [Fort McPherson cemetery offers Columbarium interments](#) (30 October, 36k online visitors/mo; North Platte, NE)

Along with traditional casketed, in-ground burials, Fort McPherson National Cemetery & Shrine near Maxwell has a third option for veterans and eligible family members.

A columbarium was completed in 2013, providing an additional 1,028 burial spaces for eligible veterans, spouses, and dependent children.

To date, there are more than 930 spaces available.

Located in the northwest corner of the cemetery, the columbarium is an above-ground option for interment of cremains, said Fort McPherson Cemetery Director Mark Polen.

This environmentally-friendly option is the only above-ground option for interment of cremains, Polen said.

Each niche (9"x 13"x 18") in the columbarium includes a beautiful marble cover to protect and represent the urn(s) inside. The cover is engraved with the veterans information as well as the spouse and other dependent, if applicable. If desired, an emblem of belief and additional inscription may also be engraved on the cover.

Since the columbarium opened, only 10 percent of the burial spaces have been utilized, Polen said.

"I want to ensure veterans and their loved ones know they have options when it comes to burial services at a National Cemetery," he said. "I want to encourage veterans and their loved ones to

consider this as an option when planning end-of-life options. We provide the burial space at no cost, including the niche cover with inscription and perpetual care of the site."

This is a comfortable meeting place for friends and families to gather and remember their loved one, while still allowing veterans to be close to the brothers and sisters they served with in the military," Polen said.

The National Cemetery provides the same honors as casketed or in-ground interments. Family and visitors may still place flowers in cemetery-supplied vases in the drainage strip. For additional information regarding burial eligibility, interments in a columbarium, or other services provided by the National Cemetery, call 308-582-4433 or visit <http://www.cem.va.gov>.

Procedures

Burial in a national cemetery is open to all members of the armed forces, and veterans who have met minimum active duty service requirements, and were discharged under conditions other than dishonorable.

Their spouse, widow or widower, minor children, and, under certain conditions, unmarried adult children with disabilities, may also be eligible for burial.

Eligible spouses and children may be buried even if they predecease the veteran. Members of reserve components of the armed forces who die while on active duty or who die while on training duty, or were eligible for retired pay, may also be eligible for burial.

In the midst of the largest expansion since the Civil War, the Veterans Administration operates 133 national cemeteries and 33 soldiers' lots and monuments sites in 40 states and Puerto Rico.

More than 4 million Americans, including veterans of every U.S. war and conflict, are buried in VA's national cemeteries.

For veterans not buried in a VA national cemetery, the VA provides headstones, markers, or medallions for placement in private cemeteries.

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1.17 - Texas Insider (The Scoop): [Cruz, Cornyn Urge VA to Move on Patient Wait Times in San Antonio. Senators demand answers on situation at South Texas Veterans Health Care System](#) (29 October, 34k online visitors/mo; Lakeway, TX)

U.S. Sens. Ted Cruz (R-Texas) and John Cornyn (R-Texas) sent a letter to Secretary of Veterans' Affairs Robert McDonald today urging him to address the long wait times for veterans seeking health care in San Antonio.

"We are troubled that the Department of Veterans Affairs (VA) continues to struggle with providing timely health care to many of our nation's veterans, even after Congress provided the VA with enhanced authorities and additional funding to hire new employees and implement the Choice Card program," the Senators wrote. "In order to help the VA improve access to care for

our veterans, Congress needs a full understanding of the current challenges faced by the VA and the actions that have already been taken to mitigate these problems.”

Full text of the letter is below and a copy is attached.

*The Honorable Robert A. McDonald
Secretary
United States Department of Veterans Affairs
810 Vermont Avenue N.W.
Washington, DC 20420
Dear Secretary McDonald,*

We are troubled that the Department of Veterans Affairs (VA) continues to struggle with providing timely health care to many of our nation’s veterans, even after Congress provided the VA with enhanced authorities and additional funding to hire new employees and implement the Choice Card program. The situation in San Antonio, Texas, provides the latest example. VA patient access data indicates that, as of October 1, 2015, more than one-fifth of all appointments scheduled at the South Texas Veterans Health Care System (STVHCS) exceeded a wait time of 30 days. We are left to conclude that this data foreshadows an impending access to care problem within the STVHCS.

Addressing this foreseeable increase in actual wait times is our principle concern, and we are confident that you share in our desire to find a solution. In order to help the VA improve access to care for our veterans, Congress needs a full understanding of the current challenges faced by the VA and the actions that have already been taken to mitigate these problems. We seek information on the causes of this specific increase in wait times at STVHCS and any corrective efforts thus far by STVHCS administrators. To that end, we request the following information regarding STVHCS:

- 1. The monthly average of patients seeking access to medical care each month in FY2015, broken into primary, specialty, and mental health care categories.*
- 2. The monthly average of patients seeking access to medical care each month in FY2015 who were unable to be seen inside the VA network within 30 days, broken into primary, specialty, and mental health care categories.*
- 3. Of those veterans who were unable to be seen inside the VA network within 30 days, the number that were provided access to outside care through the Choice Card program, broken into primary, specialty, and mental health care categories.*
- 4. Of those who were offered outside care through the Choice Card program, the number who declined to take advantage of that program, broken into primary, specialty, and mental health care categories.*
- 5. A breakdown of the number of primary, specialty, and mental health care providers authorized in the STVHCS.*
- 6. A breakdown of the number of primary, specialty, and mental health care provider positions that were not filled during each month of FY2015.*
- 7. A breakdown of the number of primary, specialty, and mental health care provider positions that were in the hiring process during each month of FY2015.*
- 8. A breakdown of the average length that it takes to hire primary, specialty, and mental health care providers.*
- 9. A breakdown of the percentage of primary, specialty, and mental health care providers who successfully completed the hiring process once it began.*

10. *The average size of the patient panels for primary, specialty, and mental health care providers for each month of FY2015.*

We understand that the VA is finalizing a consolidation plan to simplify community care options; however, if the VA has additional recommendations regarding the most effective way to streamline and improve VA mechanisms that are beyond your authority to implement, please identify and explain those.

Thank you for your efforts and for working to improve the quality of veteran health care. We would appreciate your response by November 30, 2015. We look forward to your input and working to ensure that all of our veterans receive better access to health care.

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1.18 - KEVN-TV (FOX-7, Video): [Environmental impact statement released on VA proposal](#)
(29 October, Robert Grant, 27k online visitors/mo; Rapid City, SD)

A proposal – 4 years in the making – is one step closer to completion, but it comes with a trail of controversy.

The Department of Veterans Affairs released the results of an environmental impact study – comparing options to change veterans' health care services across the region.

Patrick Russell, the co-chairman of Hot Springs' Save the VA Committee, said, "In the words of Abraham Lincoln: 'to care for him who shall have borne the battle and for his widow and his orphan.'"

That's the goal of Veterans Affairs - and the VA Black Hills Health Care System believes a new 100-bed facility in Rapid City helps.

But, it would ditch the current 120-bed building already in Hot Springs – leading some veterans to fire back.

Russell said, "So ask the VA – why do you want to build something new when you've already got it?"

But, that's just one of six proposals set forth.

And Wednesday, the VA released a draft environmental impact statement comparing each of them.

Sandra Horsman, the director of the VA Black Hills Health Care System, said, "It just tells us what is the impact of any of the proposals that we choose to take."

Save the VA advocates for keeping the current campus.

But, according to the recent report, that would rack up a bill of nearly \$250 million, compared to only about \$150 million for the proposal to add a new facility in Rapid City.

While Save the VA says those numbers don't add up ... proponents argue it's not about cost.

Horsman said "The bottom line for us – it's not about the money, it's not about the cost – that's not the driving factor in this decision, nor was it in the proposal. It's about providing quality care in an environment that's safe for our veterans."

In addition, Save the VA says veterans who use the services in Hot Springs – are all from the area, and closing the facility would increase travel time.

Russell said "I'm a veteran. I get care at the Hot Springs VA. So by closing down this VA – I can travel 100 miles north to get the same care that I can get right here."

But, the VA says it would add a new treatment clinic for patients in Hot Springs.

Another concern is the historic value offered by the Hot Springs campus, which could be lost.

Horsman said "It is a beautiful building, and it is truly a historic landmark."

Officials say they will re-purpose the building.

Horsman said "You know, we're not walking away from Hot Springs. What we're trying to do is put together a health care system that provides the best quality care, and our number one concern is our veterans."

Public comment can be submitted through January 5th online at www.blackhillseis.com.

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1.19 - Bandera County Courier: [Congress changes Veterans Choice Program – again](#) (29 October, Dennis Birchall, 7.1k online visitors/mo; Bandera, TX)

Last year, in the wake of the Veterans Administration (VA) appointment scandal that led to the resignation of the VA Secretary and many of the top health deputies, Congress passed the Veterans Access, Choice, and Accountability Act of 2014 that commissioned the Veterans Choice Program.

Congress gave the VA a short three-month timeline to start up the program and make it operational. The Choice program was to provide veterans critical non-VA care options if a veteran could not be seen by the VA in a timely manner or who lived more than 40 miles from the nearest VA medical facility. The program was only open to veterans enrolled in VA health care as of August 1, 2014.

There were several problems with the new Choice Program. The 40-mile rule was measured "as the crow flies" and not by road distance traveled. If the VA medical facility within the 40-mile limit was unable to provide the required medical service, the veteran could not use the Choice Program and was required to travel long distances to another VA medical facility.

In some geographic regions, such as in rural areas, there were limited numbers of non-VA providers signed up to provide care. Veterans who signed up for VA health care after August 1,

2014, were not eligible for the program. Choice had priority over existing non-VA care programs and did not cover all medical services.

Finally, Choice was a separate funding line item so the VA had to go back to Congress for approval to move money between different non-VA health care programs. Complicated, with gaps, may appropriately describe the program.

On May 22, 2015, Public Law 114-19 - the Construction Authorization and Choice Improvement Act - changed the 40-mile rule to reflect driving distance. However, it did not address any of the other above issues with the Choice Program.

Finally, on July 31, 2015, Congress passed, and the president signed into law Public Law 114-41 - Surface Transportation and Veterans Health Care Choice Improvement Act of 2015.

This law directed the Secretary of the VA to develop a plan to establish a new, single program named the "Veterans Choice Program" to furnish hospital care and medical services to all Veterans enrolled in VA health care - no matter what date they enrolled.

It makes almost \$3.4 billion dollars available to the VA to pay for non-VA health care provided to Veterans between May 1 and October 30, 2015. Additionally, it expands the number of non-VA providers permitted to participate in the Choice Program and eliminates the 60-day limit on follow-up care. The law also provides some clarity on the 40-mile rule in respect to the availability of services at the nearest VA medical facility.

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2. Ending Veterans' Homelessness

2.1 - The Denver Post (Denver and the West, AP): [Even with vouchers, some Colorado vets can't find housing](#) (29 October, 3.3M online visitors/mo; Denver, CO)

Dozens of homeless veterans in a Colorado county have vouchers for affordable housing, but dwindling apartment options have kept them on the streets.

The Colorado Springs Gazette reports (<http://bit.ly/1GyBj6u>) that as of Tuesday, 38 homeless veterans in El Paso County who received government housing vouchers had not leased apartments.

AspenPointe, a nonprofit that issues the vouchers for program, says eight of those people have been searching since July and another eight have been looking since August.

AspenPointe senior manager of adult services Cheryl Stine says one person is nearing the 120-day deadline to find housing, but could get a 60-day extension to continue looking.

The program is run through the U.S. Department of Housing and Urban Development and the Department of Veterans Affairs.

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2.2 - WOFL-TV (FOX-25): [Ambitious program helps homeless veterans](#) (29 October, 863k online visitors/mo; Lake Mary, FL)

Bert Kearny steps into his new home.

"I've got a nice couch. Nice tables, chairs, television."

His things—which were donated-- have been here for just a few days.

The one-bedroom, one-bathroom apartment is a modest place to live, but it is a palace compared to the last place.

"I'm not in the street!" Kearny says with a grin.

He was homeless for ten years. He spent the past three years sleeping under the underpass at I-4 and Lee Road.

A sheriff's deputy reached out to him over the summer as part of an ambitious program to help homeless veterans.

Bert drove an Army tank during the Viet Nam War.

In July, the Central Florida Commission on Homelessness teamed up with the U.S. Department of Veterans Affairs and launched an effort to house every one of the approximately 200 homeless veterans in Orange, Seminole and Osceola County by the end of the year.

"We now have less than 80 chronically homeless veterans left in our region who are still homeless," said Commission on Homelessness CEO Andrae Bailey.

Over the past year leaders with local government and local businesses have committed millions of dollars to diminish the number of homeless in the Orlando area.

The goal is to find homes not just for veterans, but for as many homeless people as possible.

"We had the goal of trying to get hundreds of chronically homeless and veterans off our streets. We had hoped maybe to get as many as 500 off our streets in total. I think we're going to come really close to meeting that goal this year," Bailey said.

Efforts will continue for into 2016 and beyond, Bailey said.

"The work, in my opinion ma'am, is ongoing," said David Williams, one of the first veterans to get a home.

He had been homeless for 17 years.

Now he lives in a one-bedroom apartment near Lake Eola and works with the commission reaching out to others.

"It's very rewarding because this is not about me. It's about reaching out to other people so they can have the same opportunities for permanent supportive housing," Williams said.

The Commission uses what's called "housing first" model. The initial step is to find a permanent place to live for the chronically homeless.

"If you start by helping someone get stable housing—not a shelter, not a transitional program, but their own four walls—even if it's small...they have the ability to start with small help rebuilding their life," Bailey said.

The next step is getting the men or women who are no longer homeless support.

"When someone gets a roof over their head, they get case management, they get support from those in the community and it's that support that helps ensure that they not only get off the streets, but they stay off the streets for good," Bailey said.

For Kearney, the best part of being off the streets is no the TV or the bed, which were donated.

"I can sleep on anything. Cause I've been doing that," he said.

The best part of his new home is the kitchen.

"I can cook. I've got a stove. I'm happy!" he declares.

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2.3 - Record Searchlight: [Veterans get services at Stand Down](#) (29 October, Damon Arthur, 480k online visitors/mo; Redding, CA)

Two of the most important items Boomer picked up at the Stand Down 2015 on Thursday were on his feet.

The 63-year-old Vietnam War combat veteran sat on a cot at the Shasta District Fair grounds surrounded by new clothes, a sleeping bag, pillow, duffel bag and roll-away bag.

On his feet were a brand new pair of black, leather, waterproof lace-up boots. Boomer, who didn't use a last name, is homeless and has no vehicle. To get anywhere he has to either ride the bus or walk, so footwear is important to him.

"If you walk around a lot, you need something to support your feet, and boots do it right," Boomer said.

The folks at the Stand Down agreed. Boots are some of the most popular and important items they provide veterans during the three-day event, which runs from Thursday through Saturday.

Some of the veterans, many of them homeless, have not taken care of their feet, which they can also get treated at the Stand Down, which provided a full-service medical clinic, said Debi Bruner, a Veterans Administration nursing manager working at the Stand Down.

In addition to nurses and doctors, the clinic has a podiatrist on-hand to treat tired and worn feet, Bruner said. Some of the veterans get complete medical check-ups, she said.

"This is like their annual physical type of thing," Bruner said.

Terry Mikesell, one of the event organizers, said they expect about 300 veterans to visit the 10th annual Stand Down during its three-day run.

Representatives from 30 agencies set up at tables in Trinity Hall at the fairgrounds to provide free services

Veterans could access a wide range of services, from haircuts, clothing, bedding and footwear, to job training, housing and benefits assistance, counseling and addiction referrals.

The veterans also get three meals a day, coffee, hot chocolate and a place to sleep indoors.

"And if it's cold, he keeps a pot of soup on all night," Mikesell said of James Leedy, in charge of food operations.

Kenneth Mays of Redding met Thursday with John McCraw, Shasta County's veterans service officer, to try to break through some red tape over Social Security benefits.

The 51-year-old Mays said he hurt his back while serving in the Army. He also has an elbow injury and is 50 percent disabled.

He said he can't work and is getting by on \$836 a month in veterans benefits and \$126 a month in food stamps.

"I'm scraping," he said. "I feel like a hamster on the wheel going nowhere."

But he is proud that Saturday marks one year of being off pain medication and a year of sobriety.

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2.4 - WXOW-TV (ABC-19, Video): [Stand Down for Homeless Veterans supports local vets](#)
(29 October, Ginna Roe, 312k online visitors/mo; La Crescent, MN)

On any given night, more than 300,000 veterans are living on the streets or in shelters in the U.S. The La Crosse area is not immune from the problem.

Maurice Lee, 60 is a Vietnam veteran. He served in the U.S. Coast Guard from 1972 to 1976.

Lee now lives in Tomah but at one point he was homeless.

"I was homeless maybe about 20 years ago back when I lived in Illinois but in 1995 I was admitted to the Tomah VA Hospital in Tomah and I made the transition and I never had to look back again," Lee said.

Lee is in La Crosse for the annual Stand Down for Homeless Veterans event. He's getting get some help from Veterans Affairs representatives.

"They've got 10,11, 12 maybe 20 organizations here all designed to help the veterans here, the homeless veterans, even the veterans in fear of becoming homeless," Lee said.

"Our county veteran service officers are here. They are the ones that are able to sit down with the veterans and get them into the VA system," Christopher Hanson, President and CEO of Veterans Assistance Foundation said.

Everything from winter clothes, hygiene products, therapy dogs and even massages are offered to the vets.

"These are our neighbors. These are people that are friends and family, people we've grown up with. A majority of our homeless veterans are people you might see down the street and you might think are homeless and they grew up just down the road from you," Hanson said.

"A lot veterans are the ones with PTSD and problems with drugs and alcohol. They are the ones that have problems like that, young and old," Lee said.

Hanson said the population of veterans that have mental health issues, PTSD and substance abuse issues are the same veterans he sees becoming homeless. He said it's a population that is increasing locally and his goal is to help offset that.

More than 200 veterans were served on Thursday and nearly 30 of those were verified homeless veterans.

For any veterans that missed the event, there will be another Stand Down for Homeless Veterans event Tuesday November 9th from 9 a.m. until 3 p.m. at the Wisconsin Rapids Mall in the Centralia Center.

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2.5 - WKBT-TV (CBS-8, Video): [Event offers one-stop shopping for homeless veterans, More than 70 veterans reported being homeless in Crawford, La Crosse, Monroe, Vernon counties](#) (29 October, Kyle Dimke, 287k online visitors/mo; La Crosse, WI)

A recent report found that nearly 20 percent of the homeless population in the La Crosse area is veterans.

Thursday, those veterans were asked to "stand down" and come to the La Crosse Homeless Veterans Stand Down where they could get the help they deserve. The event aimed at veterans who are either low-income, homeless or at risk of being homeless. Organizers said it was like a one-stop shop for all the resources a veteran would need to help get them out of homelessness.

Don Clark served in World War II. At 87 years old, he's in pretty good shape and goes to the VA in Tomah to keep himself that way. He said getting to Tomah from La Crosse from his appointments isn't always easy. That's why he went to the stand down Thursday.

"I found out two or three people will pick you up and take you anywhere you want. I mean, this is very important to me now," Clark said.

In the most recent homeless count, which was done in July, more than 70 veterans reported being homeless in Crawford, La Crosse, Monroe and Vernon counties combined. That's why organizers said events like this are so important.

"A lot of veterans just don't know what their benefits are. We had veterans coming back from Vietnam, World War II, Korean War, some of the Gulf War, they weren't really told what their benefits were and they really weren't told what to do," Amanda Steinhoff, outreach coordinator for the homeless program at the Tomah VA, said.

"We have haircuts here, the Veterans Assistance Foundation is here to be able to offer those homeless veterans a space in our program in Tomah at the VA, we also have clothing here, cold weather clothing, hats, mittens, gloves, jackets for those that are outside, give them some warm clothing, we're giving flu shots, even giving massages here," Chris Hanson, president and CEO of the Veterans Assistance Foundation, said.

The stand down had resources from the state, federal, local and nonprofit levels, all in one room.

Clark said he is one of those veterans who didn't know about all the benefits he earned by serving his country, but he's very thankful to have them.

"Year by year we're growing in numbers and we're growing in difficulties, but these show that there's a new awareness in the public's mind. Every time you help a vet you honor your country," Clark said.

Steinhoff expected 250-300 veterans to walk through the door.

To get the word out to homeless veterans about this event she and her staff went on foot into the community and talked face-to-face with a lot of the veterans, as well as posted fliers.

If you know of a homeless veteran in need of help, you can call 877-4AID-VET.

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2.6 - The Olympian: [Senate bill would block VA from cutting aid to homeless veterans](#) (29 October, Adam Ashton, 183k online visitors/mo; Olympia, WA)

The Senate on Thursday passed a bill that would prohibit the Department of Veterans Affairs from cutting off services to homeless veterans who left the military with disciplinary discharges.

Sen. Patty Murray, D-Wash., wrote the bill last summer after the VA began denying housing vouchers to homeless veterans who served in the military for short periods or who were given less than honorable discharges.

The VA had that policy on its books for years, but it had not implemented it until 2014. The VA suspended the policy after public outcry last year, but it could be reinstated.

Murray's bill must clear the House and receive President Obama's signature before it can become law.

"My bill makes it clear that our country takes care of those who have served, and that we don't allow bureaucracy to dictate who gets a roof over their head and who doesn't," Murray said on the Senate floor.

Two Pierce County nonprofits told Murray on a June visit to Tacoma that they faced decisions over whether to turn away clients during the period when the VA was cutting benefits to certain homeless veterans.

"That didn't allow us to do our job and assist them," Metropolitan Development Council operations director Troy Christensen told The News Tribune last summer.

About 50,000 veterans remain on the streets nationwide despite aggressive efforts in recent years by the VA to connect them with housing, according to the National Alliance to End Homelessness.

Troops who leave the military with disciplinary discharges face the highest risk of homelessness among the nation's veteran population, according to the VA's National Center on Homelessness Among Veterans.

In some cases, losing VA benefits is intended to be part of the punishment for criminal offenses in the military. Murray and others argue that those veterans should not be trapped in homelessness, particularly if they acted out because of stress or trauma they experienced while in uniform.

"I believe that even one veteran sleeping on the streets in the United States is one too many," Murray said Thursday.

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2.7 - WTAP-TV (NBC-15, Video): [Veterans "Stand Down"](#) (29 October, Todd Baucher, 60k online visitors/mo; Parkersburgh, WV)

They defended our freedom-and now one organization is helping our heroes.

Thursday, during what's being called the "Veteran Stand Down", local veterans and their families lined up to get information on veterans services.

The regional Veterans Administration hospital has held events like this closer to its home base in Clarksburg.

This is the first time one has been held in Parkersburg.

Area and regional veterans were provided everything from healthscreenings to haircuts.

And special attention was given to homeless veterans, who need both emergency and permanent shelters and other social services.

"We have veterans from our recent conflicts, who are becoming homeless at a faster pace than our previous veterans," said Marina Kelley, Homeless Veteran Outreach Worker for the VA. "But we are still providing a lot of services to our Vietnam-era veterans."

Kelley estimates that, just in our local area, she has worked with three dozen homeless veterans to find them access to services as well as shelter.

She says they're often referred to local agencies.

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2.8 - The Chronicle: [Homelessness ends among veterans in Winston-Salem and Forsyth County, Mayor Joines says](#) (29 October, Tevin Stinson, 3.8k online visitors/mo; Winston-Salem, NC)

The fight against homelessness in Winston-Salem and Forsyth County received some good news earlier this week.

Less than one year after making Winston-Salem a member of the Veterans Housing Network challenge of ending veterans' homelessness in the area, the city and county has reached their goal.

The initiative, which is organized by the National League of Cities, challenged municipalities around the country to end veteran homelessness by the end of 2015. Mayor Allen Joines was the first mayor in North Carolina to sign up for the challenge.

He announced that Winston-Salem and Forsyth County had met the challenge of ending veteran homelessness.

"We wanted to wait until it was official," said Joines. "We actually received confirmation on Oct. 6 that we had met our goal."

Winston-Salem is the first city in North Carolina to meet the challenge.

Matthew Doherty, executive director, confirmed that the city and county had met the U.S. Interagency Council's mark. Resources are now in place to rapidly find permanent housing for anyone identified as a homeless veteran.

During a press conference at City Hall, Joines said ending veteran homelessness in the area would not have been possible without the help of a number of partners. Those agencies included the United Way of Forsyth County, Goodwill Industries of Northwest North Carolina, The Salvation Army, North Carolina Housing Foundation and the Veterans Administration.

"There's an old African proverb," Joines noted, "that says when enough spider webs come together, you can tie down a lion," he continued. "We had a lot of spider webs here to tie down this lion."

“Having these partnerships have really been a game-changer for us.”

The city of Winston-Salem began tracking the number of homeless veterans in 2007. At that time, 15 percent of all homeless people in the area were veterans. By 2014 that number had dropped to 8 percent.

Veteran Tracy Bradford said she was grateful for all the generosity shown by the United Way, Salvation Army, and a number of other programs offered throughout the city.

“I’ve been the recipient of many, many blessings from all these programs,” she said. “I just thank God for all the people that work hard to help veterans like myself.”

Bradford reminded those who attended the press conference that homelessness can happen to anyone at any time.

“In 1986, I worked for a company that had the third most assets in the nation,” she said. “I never thought I would be homeless but it happened, and it can happen to anyone.”

“Through this process, I have gained a lot of knowledge about people in this industry who are willing to help anyway they can.”

Although the mayor was excited to have met the goal, he said ending veterans’ homelessness is just a small part of the city’s ultimate goal of ending all chronic homelessness.

“This is a great milestone for our community, that we can say proudly that we have ended veterans’ homelessness, but we will not stop here,” he said. “We will continue this fight until we have put an end to all homelessness in the area.”

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4. Veteran Opportunities for Education/GI Bill

4.1 - The Huffington Post (The Blog, Video): [McCain Lashes Out At Durbin, Defends Veteran-Abusing For-Profit Colleges](#) (29 October, David Halperin, 30.4M online visitors/mo; New York, NY)

Senator John McCain (R-AZ), in a speech on the Senate floor yesterday afternoon, charged that fellow Senator Dick Durbin (D-IL) has "orchestrated" a "shameful ... vendetta against for-profit universities." McCain upped the ante by asserting that Durbin has a "well-known record of not supporting the men and women who are serving in the military."

Alleging a larger conspiracy, McCain repeated accusations in a recent Wall Street Journal editorial that "the Obama Administration's military tribunal is punishing" the biggest for-profit college, the University of Phoenix "for being a target of the political left" and that "General Durbin has commanded the Education Department and Department of Veterans Affairs to 'take appropriate action' against the company. Bombs away."

In fact, it is McCain, by using his power as chairman of the Senate Armed Services Committee to pressure the Department of Defense to back off a legitimate investigation of the University of Phoenix, who is doing a disservice to service members and veterans, who deserve to be protected against deceptive recruiting, poor quality programs, and other predatory practices.

In his own floor speech yesterday, Durbin encouraged the Pentagon to continue its investigation. Durbin noted that Paul Rieckhoff, founder and CEO of Iraq and Afghanistan Veterans of America, said that the University of Phoenix was the "worst by far" for-profit college in terms of taking advantage of the vets who are members of his organization.

Remarkably, McCain, in his speech, defended not only his home state-based University of Phoenix but also the disgraced, collapsed Corinthian Colleges. Even some for-profit college executives stopped defending Corinthian after it shut down; they started saying Corinthian was the one bad apple in the bunch. But McCain repeated the Wall Street Journal claim that the U.S. Department of Education, the Consumer Financial Protection Bureau, and California attorney general Kamala Harris "mounted a coordinated campaign that drove for-profit Corinthian College out of business." McCain claimed these agencies acted "without any proof of misconduct."

Poor, poor Corinthian Colleges, which, before it shut down earlier this year, had been receiving as much as \$1.4 billion a year in taxpayer dollars. Twenty state attorneys general, Democrats and Republicans, along with the Department of Education, the CFPB, the Securities and Exchange Commission, and the Justice Department, have all been investigating or have sued Corinthian for fraud and other misconduct.

And poor, poor University of Phoenix, which has been receiving as much as \$3.7 billion a year in our tax dollars. Four state attorneys general, Democrats and Republicans, along with the Department of Education, the CFPB, the Securities and Exchange Commission, and the Federal Trade Commission, as well as the Pentagon, have all been investigating or have sued Phoenix for fraud and other misconduct.

Yet, according to McCain, "it is obvious what this is really all about. This is all about the constant attacks on for-profit colleges, which is an anathema to some."

All of those professional law enforcement staffers must be spending all those hours in pursuit of some ideological agenda, at the behest of the political left. Really?

Maybe instead it's about evidence developed by all those many law enforcement agencies.

McCain correctly pointed out in his remarks that investigations, allegations, and lawsuits are not proof of guilt. But high-priced corporate lawyers for this wealthy industry have been expert at fighting criminal and civil actions tooth and nail. Where the proof of guilt is strong, they will settle with prosecutors for some cash and promises to do better, but always demand that the settlement include no admission whatsoever of wrongdoing. Short-handed government lawyers tend to accept those terms.

Nevertheless, there is plenty of evidence -- from congressional investigations, media reports, and student accounts -- of abuses by the University of Phoenix, Corinthian, and other big industry players like ITT, EDMC, Kaplan, Career Education Corp., Bridgepoint, and CollegeAmerica -- all of them now also facing multiple law enforcement probes.

After years of ignoring the abuses, law enforcement agencies and overseers like the Pentagon, VA, and Department of Education are stepping up to protect students, and that's a good thing.

And, notwithstanding what McCain said in his Wednesday speech, a day earlier a federal district court in Chicago did make findings that Corinthian had engaged in unlawful acts. The judge, Gary Feinerman, granted the CFPB's motion for a default judgment in its lawsuit against Corinthian, which decided to stop defending itself.

Judge Feinerman reviewed the CFPB's evidence and concluded that Corinthian violated the Consumer Financial Protection Act of 2010 "by misrepresenting career prospects and career services available to Corinthian students and prospective students in order to induce them to enter into Genesis Loans" -- private student loans created and marketed by Corinthian. The court further found that Corinthian had violated the law by "by causing substantial injury to Genesis Loan borrowers by barring or pulling them from class, withholding educational resources, and otherwise preventing them from gaining access to educational courses or materials for which they had already paid, in order to pressure them to pay their Genesis Loans" and "by engaging in harassing, oppressive, or abusive conduct against Genesis Loan borrowers in connection with the collection of debts from the Genesis Loans."

The judge ordered Corinthian to pay \$531 million in restitution to the students. Of course, Corinthian, despite the \$1.4 billion per year in our tax money, is in bankruptcy court and says it has no money.

With more than \$30 billion a year in Department of Education, Pentagon, and VA money going to these for-profit colleges, and, more importantly, with the futures of U.S. students on the line, government authorities have every right to demand accountability, integrity, and good performance from the schools. The companies cannot have a presumptive, permanent entitlement to take our money and to enroll these students, many of them service members, returning veterans, single parents, students of color, immigrants, and others struggling to build better futures. The presumption, instead, should be that the government seal of approval, and money, should only go to schools that truly are earning it.

The Pentagon thus acted entirely appropriately in temporarily halting its Tuition Assistance payments for service members to enroll as new students at the University of Phoenix, and banning the school's recruiters from military bases, pending a review of evidence of deceptive recruiting and violations of regulations exposed by the respected Center for Investigative Reporting (CIR). (McCain, in his speech, sniffed that CIR is "an outfit that none have ever heard of.") The Pentagon's October 7 letter also cited the ongoing investigations of the school by the FTC and California attorney general Harris, and it called the University of Phoenix's alleged violations of the rules "disconcerting."

The CIR report found that the University of Phoenix paid the military for exclusive access to bases, held resume workshops for troops that actually served as efforts to recruit them to the school, and, without permission, included military insignias on "challenge coins" that recruiters gave to service members.

As noted, government funding to the University of Phoenix is not a minor matter. In fiscal 2012, the school's parent company, Apollo Education Group, received \$3.7 billion in taxpayer-funded student aid: \$3.4 billion from the Department of Education, \$32 million from DoD, and \$206 million from the Department of Veterans Affairs. This amounts to more than 80 percent of the

company's revenue. Apollo has been the largest recipient of DoD student aid of any higher education institution in the U.S.

And while some students report they are satisfied with the education they received at the University of Phoenix, the overall record is weak. Department of Education data has shown that the University of Phoenix's graduation rate is less than 15 percent, and about 25 percent of its students default on their loans within three years of leaving school. The school spends about 27 percent of its revenue on marketing and recruiting. A 2012 Senate report found that the University of Phoenix spent \$892 per student on instruction in 2009, compared to \$2,225 per student on marketing, and \$2,535 per student on profit.

Meanwhile, the price tag is high. Tuition for an associate's degree in business at the University of Phoenix Online is \$24,500, while the same degree costs \$4,087 at Phoenix College in the Maricopa Community College system in Arizona. A bachelor's in business at the University of Phoenix costs \$74,575, while the University of Arizona charges \$44,200 for the same degree.

A letter sent on Tuesday to Secretary of Defense Carter from a coalition of organizations (in which I participate), signed by more than thirty groups, including the Air Force Sergeants Association, the Association of the U.S. Navy, Blue Star Families, Iraq and Afghanistan Veterans of America, Paralyzed Veterans of America, Student Veterans of America, Veterans Education Success, Veterans for Common Sense, Veterans Student Loan Relief Fund, VetJobs, VetsFirst, and Vietnam Veterans of America, as well as the Leadership Conference on Civil and Human Rights, League of United Latin American Citizens, and many others, supported the Pentagon's investigation of the University of Phoenix and cited, as support, the complaints of hundreds service members and veterans "who experienced deceptive recruiting" by the University of Phoenix.

The letter says that the experience of these men and women over the past decade, and through 2015, demonstrate a pattern consistent with the allegations made by current law enforcement investigations. Service members' complaints regarding the University of Phoenix tend to fall into three categories: (1) service members who were signed up for loans without their knowledge or permission, after being promised they would incur no loans; (2) service members who were misled about the cost and tuition increases at University of Phoenix; and (3) service members who were misled about the accreditation and transferability of University of Phoenix credits. Despite this dismal record, last week, McCain, along with Republican Senators Jeff Flake (AZ) and Lamar Alexander (TN), chair of the Senate education committee, wrote to Secretary of Defense Ashton Carter calling on him to "reconsider" the Department's action. Their letter -- bearing the signatures of the two powerful Senate committee chairmen -- demands that the Pentagon provide a trove of answers and documents justifying its action.

But given all the evidence that for-profit colleges are ripping off students and taxpayers, what, to borrow Senator McCain's words, is this really all about? Do Senator Durbin and other critics of predatory for-profit colleges actually have some sort of ideological bias against a certain kind of college? Why would we? Or is the hidden agenda on the other side?

With many big for-profit colleges getting 90 percent or more of their revenue from federal taxpayers, the industry has an enormous incentive to keep the money flowing. And given their apparent need to use deceptive marketing and recruiting to sell overpriced, poor-value programs, the predatory schools want that money to come without any real accountability requirements. So they have every incentive to use campaign contributions to buy friends in Washington, and that's exactly what they do.

McCain and his letter co-authors Flake and Alexander all have received significant campaign contributions from Apollo executives. Indeed, the company is the largest donor in the 2016 election cycle to both Flake and Alexander.

Apollo also pays an army of DC lobbyists to work its will on Capitol Hill.

And, of course, the University of Phoenix is a big employer in McCain's home state, with a loud presence symbolized by its ownership of the name of the stadium where the NFL Arizona Cardinals play football.

Meanwhile, the Wall Street Journal editorialists have long boosted the for-profit college sector, especially as big banks like Goldman Sachs and Wells Fargo, and wealthy private equity firms took major ownership stakes.

Why, really, would small-government conservatives like Senator McCain and the WSJ editorial page want to defend the record of Phoenix and other bad actors -- weak performance at high price, plus evidence of fraud and abuse, costing taxpayers billions each year, and ruining the career prospects and financial futures of our veterans and countless others?

Senator McCain, what is this really all about?

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4.2 - The Lowell Sun: [Arciero bill gives veterans free state college education](#) (29 October, Melissa Hanson, 191k online visitors/mo; Lowell, MA)

Veterans would be able to attend state colleges for free under a bill filed by state Rep. James Arciero and supported by 59 his House and Senate colleagues.

Arciero said the bill, H3126, has been well-received so far, with questions about how much the program would cost the state.

Arciero testified Oct. 21 before the Joint Committee on Veterans and Federal Affairs. Arciero has asked for a favorable recommendation, which moves the bill to the Ways & Means Committee for a full evaluation of the cost.

"I am proud that Massachusetts leads the nation in providing for veterans and their families and offers the most generous veterans' benefits of any of the 50 states," Arciero said in a statement. "We need to continue to strengthen our ability to care for our veterans and ensure all veterans in Massachusetts receive free public higher education."

Brendan Moss, a spokesman for the state Executive Office for Administration and Finance, said it is too early to determine if it would be feasible to fund this bill in the state's budget.

Arciero comes from a military family: His father served in the U.S. Army in Vietnam, and his brother is an Army physician. He said he also was inspired by a friend: Billy Auger, of Ayer, a 36-year-old veteran of the U.S. Marine Corps.

"He brought it up about higher education and how veterans have a difficult time paying for school," Arciero said.

Auger is now a student at Fitchburg State University, but struggled when he was trying to afford an education at Middlesex Community College.

"My G.I. Bill ran out after two years," Auger said. "When I joined the military I thought that school in Massachusetts would be paid for."

It was something recruiters pushed, Auger said.

"Then when you get out, you have to shop around," he said. "You can't just go to whatever school that you want and do whatever you want."

Students who are serving in the National Guard receive tuition and fee waivers for public colleges and universities. Military veterans and armed forces reservists only receive a tuition waiver.

Fees make up the bulk of the cost of a state college education. For example, UMass Lowell's tuition is \$1,454 this year, with fees of \$11,974. Fitchburg State University charges \$970 for tuition this year, and \$8,964 in fees.

The bill would provide full coverage of all tuition and fees for any veteran who has served 90 days of active duty, the statement said.

Federal G.I. bills provide tuition and fee waivers for Massachusetts veterans seeking higher education, but there are gaps in coverage, Arciero said. Those gaps include time limits on benefits and a sliding scale for the cost of education depending on how many years the veteran served.

"While the G.I. bills lift the financial burden of the cost of higher education from most veterans, my legislation will ensure that no veteran will ever slip through the cracks," Arciero said. "It will guarantee access to a free public higher education by closing any gaps in coverage. This legislation will enhance the federal G. I. bills and will restore the true intent of the original 1991 Massachusetts law."

This bill will review the benefits of the 1991 state law. At the time, the law provided free tuition for veterans to attend public universities. But since then, there have been many changes in the cost of education.

Budgetary restraints and economic downturns have led to an increase in the cost of tuition at public colleges and universities, causing a decrease in veteran access to free or low-cost higher education.

At the University of Massachusetts, fees have increased by 136 percent over the last decade, the statement said. Fees have also increased by 119 percent at state universities and by 94 percent at community colleges.

UMass Lowell has the most student veterans in the state, according to Janine Wert, the director of the university's office of veterans services. Student veterans make up 10 percent of the university's undergraduate population.

"It would seem to me that this would be something that Massachusetts would be supportive of," Wert said. "I think it's a continuation of Massachusetts being on the cutting edge of serving veterans."

However, Wert noted that this kind of bill requires a balancing act so that universities and colleges can still ensure they'll have the means to support students and services.

"Even though we understand universities need money to operate, it's becoming very cost prohibitive," Westford Veterans Agent Terry Stader said.

Stader said he knows veterans who have spent as much on fees as they would have on tuition.

"We're trying to facilitate these guys and gals to be reintegrated into the community and get them the education that a lot of them put on aside when they entered the service," Stader said.

Assisting veterans with affordable higher education will also help with them become a part of the community and access public health services.

"Post-Traumatic Stress Disorder, depression and suicide have become ever more present issues for veterans, especially those who have served multiple, long-term tours of duty in war situations," Arciero said. "I am hopeful that colleges and universities can help veterans get the help they may need."

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4.3 - Beverly Citizen: [Endicott College welcomes VA's VITAL program](#) (29 October, no user info; Danvers, MA)

As Veterans Day approaches, Endicott College is pleased to announce the establishment of a new program designed to help veterans transition from service member to student. The Veterans Integration to Academic Leadership (VITAL) program is a joint venture between the Bedford VA Medical Center and Endicott College that helps veteran students maximize their unique strengths, skills and life experiences as they pursue academic success.

The VITAL program provides counseling and ongoing treatment for adjustment, stress, anger, depression, anxiety, sleep problems and post-traumatic stress disorder (PTSD); support in developing time management, organization and study skills; connection to peer mentors and peer tutors; coordination with college for academic accommodations; support with college processes regarding academic actions and conduct issues; enrollment into Bedford Veterans Affairs Medical Center; and connection to veterans administration resources including Veteran Benefits Administration and vocational rehabilitation.

"We are thrilled to be able to offer this excellent program to veterans," said Endicott College president Dr. Richard E. Wylie. "It is an important new feature among the growing number of services that Endicott offers to veterans who want to pursue higher education."

Endicott College currently has over 100 active veteran students participating in a variety of programs, including our undergraduate and graduate degree programs, our online programs, and the Van Loan School Professional Studies program designed for adults in the workforce.

Endicott College is a 2015 and 2016 Military Friendly School designee and a proud participant in the Veteran Administration's Yellow Ribbon program. As such, the institution offers veterans excellent financial support, accepting all G.I. Bill programs as well as any extra educational and living expenses not covered by the G.I. bill for full-time students. Multiple additional services are available for veterans including counseling, peer mentorship and tutors.

The college accepts Joint Service Transcripts and offer many degree options to both full time students and those actively in the workforce balancing educational pursuits with the demands of modern life.

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5. Women Veterans

5.1 - KPBS-TV (PBS-15): [Clothing Drive Helps San Diego Women Veterans Suit Up For Civilian Careers](#) (29 October, Susan Murphy, 676k online visitors/mo; San Diego, CA)

Military veterans and San Diego leaders on Thursday kicked off a two-week women's clothing drive at the Veterans Museum in Balboa Park.

Operation Dress Code will provide donated suits and other professional attire, including shoes and accessories, to women who are transitioning from the military into civilian careers.

"Often times we don't, as veterans know how to begin the job search in the civilian world — it's very different from the military and we don't have the attire needed or even necessarily know how to put the attire together to have an effective job interview," said Lindsey Sin, deputy secretary for Women Veterans Affairs in California.

Sin said the project is about empowering women with the tools they need to enter the civilian workforce with the respect they've earned.

"We know that when women veterans get back into the work force they're highly successful," Sin said. "They usually go into managerial positions. They also work for the federal and local state government at higher rates."

Pink collection boxes are set up at a dozen locations across San Diego County, including San Diego City Hall, San Diego Regional Chamber of Commerce and the Veterans Museum in Balboa Park.

Clothing will be collected through Nov. 9 and distributed to women veterans on Nov. 14 at Ashford University.

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6. Other

6.1 - The Huffington Post (What's Working: Small Businesses): [Empowering Veterans Through Entrepreneurship](#) (29 October, Jack Nadel, 30.4M online visitors/mo; New York, NY)

Every day, Americans wake up to frightening headlines from all across the globe. Warring factions of terrorist groups, especially in the Middle East and Africa, show no signs of desiring peace, and the threat of nuclear attack is ever present. Undoubtedly, America's military will have some long-term role to play in these conflicts, even if we limit the number of our troops on the ground. This, in turn, means there will be a steady stream of veterans returning from active duty for the foreseeable future. In fact, over a million men and women will be returning to civilian life in the next few years, and there is much we can do to honor, empower and support them.

One way is to guide their civilian transition toward entrepreneurial careers. Military training instills valuable attitudes and team building skills that can be directly applied to starting and sustaining a successful business. Next week (November 2-6), the National Veterans Small Business Week, sponsored by the Small Business Administration, will host over 50 events around the country to assist veterans who want to pursue entrepreneurship. This "Boots to Business" initiative will help these young men and women to strategically define their business concepts and introduce the many mentors and resources available to them through the SBA. It will also be a time when more people talk about entrepreneurship--a national conversation that should last well beyond this time frame, and here's why:

Entrepreneurship brings more resolve to our economy and to individuals.

I firmly believe that economic problems are a root cause for the world's upheaval and that good jobs are the solution. Job creation, of course, means more entrepreneurs will be needed, and I think the American economy can be a source of inspiration and validation for the rest of the world.

Entrepreneurship promotes peace.

Let's face it, there are few terrorist attacks that emanate from countries where people have good jobs and are well educated. Most observers would agree that the greater the number of successful entrepreneurs, the greater the economic security for everyone concerned. In a TED talk earlier this year, Somali native and human rights advocate Mohamed A. Ali spoke about "The Link Between Unemployment and Terrorism" and how entrepreneurship promotes peace. In addition to providing an alternative to terrorism, more entrepreneurs creating improved goods and services will certainly reduce the need for foreign aid as countries become more self sufficient and less affected by business cycles.

Entrepreneurship opportunities abound.

Since the end of World War II, the global marketplace has undergone dramatic changes, and I believe there are now more opportunities for entrepreneurs in this new century than ever before. At age 92, I know this firsthand because I have personally witnessed these changes while operating more than a dozen successful businesses around the globe in ever-changing conditions throughout the decades, all the while maintaining sustainable success. (And Forbes and Entrepreneur magazines also seem to think that my advice is worth featuring).

I wrote my last book, "The Evolution of an Entrepreneur," as a crash course in business. At the same time it also recounts my life as a veteran turned international entrepreneur. After flying 27 combat missions over Japan, I came home determined to be my own boss and start my own business. The book reveals the successes and setbacks, the disappointments and the many joys of being an entrepreneur. I think veteran entrepreneurs, aka "vetrepreneurs," and fellow Americans alike can relate to my journey. Mine is truly an American Dream story since I started with nothing. My goal now is to help the next generation start new businesses that will create better products and services and generate new jobs and wealth.

Entrepreneurship education should be affordable and accessible to all.

A great percentage of Americans have to go through a number of changes in order to achieve the results they are looking for--that much is clear. And it starts with how we advise people to educate themselves. I am convinced you do not need four years of college and an MBA degree to be successful or start a prosperous business (and I'm certainly not alone). I am a reflection of how hard work and perseverance, critical thinking skills and a dedication to learning, self-motivation, discipline, an ability to take on risk, manage stress and build a team around me are the real attributes needed. These attributes can be taught, but they should only be taught by those with hands-on experience. The road to success is constantly changing, and those who have charted a path to prosperity are better equipped to advise. Resolving real problems requires both experience and creative thinking. Many companies and businesses have collapsed in this new economy, and those that succeed need to maintain a laser focus and be ready to make changes on the fly, take initiative, and calculate risk. This is where military training gives veterans a big advantage.

These days, a good deal of instruction occurs online and on demand 24/7. Course work is now accessible on all devices both big and small to fit the schedules and accommodations of individuals trying to advance their professional development. I have written several columns here on the Huffington Post addressing these very ideas. More than ever, well-known schools are making greater numbers of their courses available online, but even more importantly, the market continues to create and support more flexible ways of teaching with digital learning platforms using methods and modalities harnessing available technology. With this in mind even at my advanced age, I have continued to create accessible and valuable materials to share what I've learned from my career for the next generation.

The American Dream through entrepreneurship is still alive and well.

My life is a testament to the idea that anyone can take steps toward bettering themselves financially in this country, as there are countless resources, either free or low-cost, ready for the taking. I started my life on the streets of New York with a population whose desire was to assimilate into the American lifestyle. My grandparents were attracted by the stories of money in the streets. They quickly found out that there was no money in the streets, but they did find something just as important: unlimited opportunities for those with great ideas and a willingness to work hard. I am an all-American opportunist, and that is backed by the fact that I have been able to found, acquire, and operate a number of companies around the world that have been successful. The key has been to respond to the opportunities of today with today's methods.

I'm pleased to announce that I have joined forces with an organization that not only supports veterans with their outstanding "1 for 1 HandUp" program providing free entrepreneurship training to veterans, active duty and even military spouses, they understand and are creating today's effective and desired learning methods for this generation and the next. My articles in

the Huffington Post attracted the attention of Thrive15, an educational learning resource that is now teaching entrepreneurship online and on demand, by mentors who have proven track records as business professionals. I have for many years maintained that the most effective instruction a newbie can get is from someone who has been there, done that and achieved long-term success.

Helping aspiring entrepreneurs helps us all.

Looking towards new and accessible learning materials will give more people their best shot with not only a more affordable and accommodating means of educating themselves, but it will also place a pot of gold at the end of the rainbow ahead, rather than a pile of student debt. There is one other dazzling side effect to revising our educational methods and supporting all entrepreneurs.

In our search for peace, the truth is that people who achieve in the global marketplace and trade with each other do not fight. Economic development helps us all, and entrepreneurs are our army toward peace and prosperity. Let us do all we can to help our returning veterans and give them a second opportunity to serve their country.

Jack Nadel is a 92-year-old Hall of Fame Entrepreneur, decorated veteran of World War II, and author of the award-winning book, "The Evolution of an Entrepreneur: Featuring 50 of My Best Tips for Surviving and Thriving in Business" - winner of five Global Ebook Awards including three Gold Awards for BEST in Business, Leadership and Careers/Employment - part of the inspiring and low-cost e-book and streaming video set for entrepreneurs, available on demand (www.JackNadel.com). He is the founder and chairman emeritus of Jack Nadel International, a global leader in the specialty advertising and marketing industry. Jack is also a Thrive15.com featured mentor with more than 16 courses derived from his remarkable entrepreneurial insights.

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6.2 - Washington Examiner: [Clinton doubles down on VA comments as more veteran deaths emerge](#) (29 October, Sarah Westwood, 2.8M online visitors/mo; Washington, DC)

A government watchdog uncovered further evidence of delays in care at the Department of Veterans Affairs the same day Hillary Clinton's campaign doubled down on comments blaming Republicans for exaggerating the VA's problems.

After Clinton took fire for suggesting last week that the VA wait-time scandal has "not been as widespread as it has been made out to be," her campaign spokesman called it a "systemic problem" and an "outrage."

The spokesman's contradictory words came within hours of the release of a VA inspector general review that detailed a familiar failure in veterans' healthcare.

A veteran in his 70s who was having difficulty swallowing died after his doctors failed to schedule an appointment for him, according to an inspector general report made public Wednesday.

The veteran "experienced poor access to care" at a California VA outpatient clinic when a physician ignored his condition for nearly a year before ordering a neurology test that did not take place for another six months.

When the veteran finally did get to see the VA's neurologist, the doctor requested surgery to place a feeding tube in the veteran's throat.

"The neurologist classified the request as 'routine' despite documentation that the patient could not eat," the inspector general found. The surgery was then scheduled for three weeks after the neurology appointment, but the veteran died waiting for his feeding tube.

The watchdog noted it was unable to "substantiate that the patient died as a result of the failure" because no autopsy was performed and no records were made after the veteran in question died in his home.

But the review uncovered a six-week minimum waiting period for neurology patients at the Los Angeles clinic in a finding that mirrored problems at VA facilities around the country.

The agency has weathered criticism of its low-quality healthcare, poorly-run facilities, lengthy wait times and enormous backlog of veterans who have yet to receive their promised benefits.

As of last week, the VA has fired just three employees for their participation in a sweeping scheme to cover up delays in care at hospitals across the country that was recognized internally since at least 2008.

Clinton brushed off the scandal during an interview Friday in which she accused Republicans of inflating the VA's problems in order to justify closing it.

"I don't understand why we have such a problem, because there have been a number of surveys of veterans and, overall, veterans who do get treated are satisfied with their treatment," Clinton told MSNBC's Rachel Maddow last week.

"Now, nobody would believe that from the coverage that you see and the constant berating of the VA that comes from the Republicans," she said.

Her comments instantly drew fire from lawmakers and veterans groups who questioned how the Democratic front-runner could minimize problems that contributed to the deaths of dozens of veterans, including 40 patients at one hospital alone.

Brian Fallon, Clinton's campaign spokesman, attempted to clear the air Wednesday by touting Clinton's intention to reform the VA.

"At this point, Republicans are trying to exploit the scandal to try to score partisan points and push an ideological agenda to privatize the VA," Fallon said, according to The Wall Street Journal. "Hillary Clinton has said repeatedly that the systemic problem of excessive wait times at the VA is an outrage, but she refuses to believe the VA is beyond fixing."

Fallon claimed Republicans have pushed for "ending [the VA] altogether," a proposal supported by virtually no Republicans.

Ben Carson, a GOP presidential contender, did suggest rolling the VA into the Department of Defense earlier this year, but his plan was quickly and widely condemned by veterans groups. The vast majority of Republicans have never raised the possibility of shuttering the VA.

Instead, many reform plans include expanding veterans' access to care in the private sector if they live prohibitively far from a VA facility or are unable to schedule an appointment in a timely fashion within the troubled VA system.

But Clinton's comments suggested Republicans had created the VA's problems by withholding funding.

"They try to create a downward spiral," she said of the GOP. "Don't fund [the VA] to the extent that it needs to be funded because we want it to fail so that we can argue for privatization," she said. "They still want to privatize Medicare. They still want to do away with Social Security."

Under President Obama, the VA's budget proposals have jumped from \$93.7 billion in 2009 to \$168.8 billion for 2016. Earlier this month, congressional Democrats blocked a bill to fund the VA as part of a political strategy to corner Republicans on budget negotiations.

Funding aside, the VA's problems have persisted despite national outrage over the scandal that was publicly exposed in a watchdog report last summer. A few months earlier, a whistleblower had alerted the media to the existence of a secret waiting list to cover up delays at the VA hospital in Phoenix.

The agency's inspector general continues to uncover problems at the Phoenix facility.

Earlier this month, the watchdog published a report that found "clinically significant delays" in the hospital's urology department that occurred after a sudden staffing shortage arose.

Between April 2013-August 2014, the urology department canceled more than 4,000 appointments, according to the review which detailed problems lasting until at least April of this year.

The report cited an email in which one VA official described an interaction with the wife of a veteran with prostate cancer who had driven her husband six hours to the Phoenix hospital, only to discover that his appointment had been canceled without notice.

"At receiving the news the veterans [sic] wife spent the remainder of her time holding back tears" as the VA official informed her that her husband could not be seen by a doctor for another month.

The inspector general described seven cases in which delayed or mismanaged care preceded a veteran's death, including an instance in which a veterans' daughter called the VA hospital to report concerns about her father's symptoms, which were worsening. No doctor ever contacted the daughter, nor did anyone at the VA ever suggest her father come in for an appointment. He died less than two weeks later.

VA officials blamed the most recent rash of problems at the Phoenix facility on the urology department's staffing shortage.

However, the inspector general has repeatedly highlighted treatment lapses in that department, describing delays in an August 2014 report and a significant gap in agency records in a January 2015 report.

The Phoenix VA hospital is far from the only facility to experience persistent problems.

Clinton's claim that VA dysfunction is "not as widespread" as her opponents say raises questions about her familiarity with the issue.

This month alone, the inspector general has identified problems at VA facilities in Alaska, Illinois, California, Michigan, New Jersey, Arkansas and Arizona.

Congress and whistleblowers have revealed even more VA weaknesses in recent weeks.

For example, lawmakers learned in July that nearly one-third of veterans who applied for VA healthcare benefits died before the agency ever got around to reviewing their applications.

That same month, VA officials threatened to close hospitals around the country unless Congress allowed them to take funds out of an agency program that gives veterans the option to seek treatment from their own doctor in the private sector.

Democrats and Republicans agreed the seemingly sudden budget shortfall — the largest in the agency's history — was further evidence of the "lack of accountability" within the VA.

Internal documents later indicated the VA had considered a plan to ration expensive drugs for veterans even after pleading with lawmakers to approve the transfer of funds out of the veterans' choice program to pay for those drugs.

The VA, which employs 340,000 people, has struggled to protect whistleblowers from retaliation when they attempt to report wrongdoing.

In hundreds of cases, VA whistleblowers have been unfairly punished or fired after they brought internal problems to the attention of Congress, the media or the inspector general.

The corrupt environment has also allowed some VA officials to game the system for their personal benefit.

Most recently, agency executives have come under fire for manipulating an agency program designed to relocate employees in order to give themselves salary raises.

Some officials created less-demanding job openings for themselves in other cities, then took advantage of the relocation program to bill the VA for their moving expenses.

A pair of senior VA staff that were cited in an inspector general report about the scheme failed to appear before the House Veterans Affairs Committee last week after the VA refused to allow the testimony of five employees who were invited to the hearing.

The committee then voted unanimously to subpoena the officials, who are set to appear before the panel Monday.

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6.3 - Washington Free Beacon: [After Clinton Minimizes VA Troubles, Three Reports Expose Shortfalls Across Country, Reviews show problems at facilities in Alaska, California, Illinois](#) (29 October, Morgan Chalfant, 1.9M online visitors/mo; Washington, DC)

Days after Hillary Clinton said that Republicans have inflated problems at the Department of Veterans' Affairs to make them appear more "widespread," three reports point to shortfalls and mismanagement at VA facilities across the country.

The VA Office of Inspector General released three separate reports on VA facilities in Alaska, Illinois, and California this week that found insufficiencies at the locations.

The first assessment, released Wednesday, found that a veteran who could not eat because of difficulty swallowing experienced a delay in getting care at the Oxnard Community Based Outpatient Clinic at the VA Greater Los Angeles Healthcare System in California. The patient later died.

The inspector general also found evidence of delayed care for hundreds of patients requesting consults at the facility. The investigation found that 548 neurology consults had been open for over 30 days, and nearly half of those were open over 90 days. Nearly two dozen general surgery consults were also found to have been open for more than 90 days.

The Veterans Health Administration (VHA) has, since 2014, directed VA facilities to resolve consults before the 90-day mark.

A second inspector general report assessing various operations at the Marion VA Medical Center in Illinois was published Thursday and points to multiple shortfalls in facility and employee management.

Nearly all of the licensed independent practitioners the review analyzed did not have appropriate training to perform emergency airway management. Other employees had no proof of required competency assessments.

Moreover, the inspector general found that the facility had no "defined plan" to ensure that a qualified surgeon was available on call around the clock to report to the hospital within 60 minutes.

The same day, the inspector general released another report evaluating operations at the Alaska VA Healthcare System in Anchorage. It found that one licensed health care professional at the facility had been caring for patients for six months despite having "expired privileges." Eighty percent of new employees also had not received suicide prevention training.

The Alaska medical center failed the infection prevention assessment, as clean and dirty items were stored together in 75 percent of the patient care areas reviewed by the inspector general. The facility also had not corrected multiple physical insufficiencies that were identified as long as two years ago.

These reports come less than a week after Hillary Clinton said on MSNBC that scandal at the VA has "not been as widespread as it has been made out to be."

“There have been a number of surveys of veterans and, overall, veterans who do get treated are satisfied with their treatment,” Clinton told Rachel Maddow on Friday. “Nobody would believe that from the coverage that you see with the constant berating of the VA that comes from the Republicans in part in pursuit of this ideological agenda that they have.”

Clinton received immediate criticism from lawmakers, causing her campaign to walk back her statements. Sen. John McCain (R., Ariz.), a veteran, called on Clinton to apologize for her statements.

“If Hillary Clinton really believes the comments that she made, I don’t see how any veteran who cares about their fellow veterans ... could support her quest for being commander in chief,” McCain told the Washington Free Beacon on a press call Wednesday.

Clinton campaign spokesman Brian Fallon told CNN that Clinton’s comments have been “misinterpreted” and that issues with care and wait times at the VA have indeed been “systemic.” Fallon said Clinton would unveil a plan to reform the federal agency in November.

As evidenced by multiple inspector general reports, delays, poor care, and mismanagement have persisted at the VA more than a year after the fake wait list scandal of 2014 led to the deaths of dozens of veterans. An independent assessment of the VHA released in September concluded that the VA’s network of health systems needs a “system-wide reworking.”

Rep. Jeff Miller (R., Fla.), chair of the House Committee on Veterans’ Affairs, said that Clinton’s remarks show she has not been paying attention to issues at the VA and that she is “out of touch with the challenges [veterans] face on a daily basis.” Both Miller and McCain criticized Clinton for injecting partisanship into the matter.

Veterans’ groups, such as Concerned Veterans for America and the Iraq and Afghanistan Veterans of America, have also pushed back against Clinton’s comments.

“Every week, we learn of new instances in which veterans across the country were either denied care, or worse, given substandard care if they were lucky enough to make it in the doors of their VA facility in the first place,” John Cooper, press secretary for Concerned Veterans for America, told the Washington Free Beacon in a statement Thursday.

“The problems at the VA, despite what Mrs. Clinton and others in Congress seem to think, are deeply rooted, and will only be fixed when policymakers in Washington show the courage to take on entrenched bureaucrats and government unions on behalf of our veterans.”

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6.4 - Tulsa World: [U.S. Sen. Jim Inhofe: Uphill battle: Fighting for veterans' health care](#)
(30 October, Sen. Jim Inhofe (R-OK), 426k online visitors/mo; Tulsa, OK)

Hillary Clinton’s recent remarks on MSNBC that problems at the Department of Veterans Affairs are not as “widespread” as many believe, shows a concerning disconnect from reality.

I would argue that Oklahoma's veterans, and the 57,000 other veterans across the nation who waited more than three months last year for access to their VA health care, would attest to a very different experience than what Clinton portrayed.

In Oklahoma alone, our news outlets have worked tirelessly to expose issues facing our veterans as a result of inadequate care from the VA. In the past year alone, KJRH-TV has uncovered several instances such as a veteran who had to file bankruptcy as a result of the VA failing to deliver on promised benefits that would help to pay a \$200,000 emergency room bill.

Unfortunately, his story is not uncommon. My office this year has received roughly 40 inquiries from veterans confronted with bills to private-sector hospitals and physicians that the VA had indicated it would pay, but later denied.

Another story in Oklahoma's press involved a Tulsa veteran who, after a mild heart attack, was sent to a Houston VA facility and prepped for surgery before being told the VA wouldn't pay for the procedure. The process left him 4½ days without food and water. When the VA returned him home, they left him without his oxygen tank, which landed him back in the hospital.

These stories are just the tip of the iceberg. My office has investigated hundreds of inquiries from Oklahoma veterans who have been subjected to insufficient, and possibly negligent care, or denied access to rightfully earned benefits.

Because of the privacy agreements my office enters into while processing cases, I'm not at liberty to share details to show the disturbing injustices taking place. However, the media, as well as countless investigations by the VA's own inspector general's office, has clearly documented the situation in VA facilities and is readily available for Clinton to review.

Fortunately, Oklahoma has an entire congressional delegation who is fighting to improve care for our veterans. As you may recount, last year the entire delegation voted in favor of bipartisan legislation to reform the VA, providing the VA secretary additional authorities to fire personnel and hold them accountable for issues of mismanagement and poor performance.

We have continued to fight for adjustments to improve this law's offerings, to include U.S. Rep. Markwayne Mullin's efforts to fix the 40-mile rule that will now allow more veterans to get timely access to care.

Sen. James Lankford has also been an ally of mine in cutting red tape and securing the necessary resources to help the Tulsa VA medical center enter into a new lease that will meet the demands of a growing veterans' population with a facility that is up to current medical building code standards.

I can also say first hand that Oklahoma's veterans have doctors, nurses, case workers, and other VA employees that are fighting to improve care. Thanks to their efforts and willingness to come forward, I was able to have both the VA inspector general and the Veterans Integrated Service Network 16 recently assess the medical treatment of our veterans at our facilities.

After my office received additional complaints regarding mismanagement, continued abuse, pay inequities, reprisals, and potential use of "hard stops" to reduce consults and limit care for veterans at the VA Medical Center in Muskogee, I discussed the situation with VA Secretary Bob McDonald who directed his chief of staff to visit Oklahoma last month.

He has promised to follow up soon on the concerns raised during his fact-finding visit so that we can continue making progress toward improving health care for our veterans, not only in Muskogee but across the state.

No Republican, much less those within the VA who have also voiced concerns, want the VA to “fail” as Clinton stated.

If there is one issue we as a nation should be unifying around, it is the care we provide our veterans who have fought and sacrificed so that we can enjoy the freedom we know today.

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6.5 - AllGov: [Awful Managers: VA Edition](#) (29 October, Steve Straehley, 147k online visitors/mo; United States)

Some managers at the Veterans Administration central office have been accused of incompetence, bullying and discrimination in a report to the agency by a union.

The American Federation of Government Employees Local 17, at the request of VA director Bob McDonald, submitted a list of complaints about management to the agency. The report, with names redacted, was obtained via a Freedom of Information Act request by Government Executive.

Among the complaints in the report:

One supervisor “humiliates her subordinates in public with a raised voice to ensure that her words are audible to all. She insults dedicated employees regarding their commitment and competence but fails to give constructive feedback. She bullies, issues threats, screams, and uses derogatory names. When she is dissatisfied with an employee for any reason, she ceases communications with and sidelines the employee, leaving him or her with little idea of what is going on. She rants and raves upon hearing an opposing opinion or any opinion that is not her own.”

Another “is untrustworthy and dishonest. For example, she has instructed subordinates to sign documents indicating that midyear evaluations took place even though they had not. Indeed, she has failed to issue both performance standards and performance evaluations to some employees in violation of VA policy and OPM regulations.”

Another “did away with compressed work schedules (CWS) that had been in place prior to her arrival, she got rid of telework despite the fact that a telework agreement was in place, and she forced part-time employees to return to full-time work. Her employees, who enjoyed a certain level of flexibility through CWS, telework, and part-time arrangements were made to adhere to a strict 8:00 a.m. to 4:30 p.m. schedule. Even minor tardiness is not tolerated; for example, employees who are no more than 15 minutes late are compelled to take either paid or unpaid leave. . . . Employees must request permission to use the bathroom.”

There are no rebuttals in the report from the managers named and the VA did not comment on the report.

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6.6 - Courthouse News Service: [Senators Lose Patience With VA Hospitals](#) (28 October, Tim Ryan, 114k online visitors/mo; Pasadena, CA)

With a new report on how long veterans wait for access to mental health services, a committee hearing Wednesday revealed several members of the U.S. Senate losing patience with the Department of Veterans Affairs.

The Wednesday hearing of the Senate Committee on Veterans' Affairs came on the same day that the Government Accountability Office flagged inaccuracies in the VA's reports on how long veterans wait for access to mental health services.

Nicholas Karnaze, a former U.S. Marine and current small-business owner, testified that he isn't sure why it took a year for him to get access to mental health services after he separated from the military.

Under questioning by Sen. Johnny Isakson, R-Ga., Karnaze said wait times compound the stigma that traditionally comes with mental health disorders, making it hard for veterans to get the care they need.

"A lot of people want help, they need help," Karnaze said during his opening statement. "As a leader of marines I feel it is my responsibility to help with that. I truly believe that when we get the right access to care in a timely manner, we will find that we're going to see a reduction in veteran suicides and we are going to have healthier and happier families."

Dr. Debra Draper, who testified for the Government Accountability Office, told the committee her agency's report found the VA often measures wait times as the time between the veteran's requested date for an appointment and the actual appointment taking place.

Sen. Jon Tester, D-Mont., said this measure doesn't make sense.

"When I call for a doctor's appointment, when I call, and they schedule me on the 20th, that's a 20-day wait if I call the first of the month," Tester said. "See what I'm saying? I've got what you've got, and I know that you're meeting your metrics, but that isn't really giving us an idea."

Dr. Michael Davies defended the use of this metric by arguing the scheduling system the VA uses does not allow them to measure wait times in a simpler way.

The claim failed to mollify Sen. Richard Blumenthal.

"This problem is systemic," Blumenthal, D-Conn., said during the hearing. "It is one of leadership and management."

Karnaze and Dean Maiers, a former member of the U.S. Navy, criticized wait times at the VA, but said the actual care they received was important.

In Maiers' case, it might have saved his life. He told the committee he tried twice to kill himself and was homeless for three years before getting access to care at a facility in New Haven, Conn., that pairs veterans with a peer counselor and puts all of their care in one place.

"Every single veteran coming home deserves this program," Maiers said. "Every state in this great country needs to have this program implemented."

Maiers and Karnaze told the committee the wait times are not the only problem with the VA's health care. Both veterans received messages from the VA threatening to cancel their benefits after they missed appointments.

Maiers got one such note after he missed an appointment because he was in the hospital.

The veterans also said VA facilities often did not have their medical records. Karnaze said he left a facility in Wilmington, N.C., because the facility didn't have any of his health records.

The members of the committee acknowledge the VA has improved in recent years, but insisted something must change within the VA to get the agency up to standards.

"We've got to be better than the private sector," Tester said. "To say that our access times are as good and our treatments are as good, that's not good enough. We've got to be better."

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6.7 - KKCO-TV (NBC-11): [Veterans Affairs Hospital partially open new parking garage](#) (29 October, Jordan Alexander, 51k online visitors/mo; Grand Junction, CO)

The Grand Junction Veterans Affairs Health Center has completed construction of its 10 million dollar parking garage but separate construction has postponed the grand opening for at least two weeks.

The project has been ongoing for just over a year and boasts 170 additional parking spaces that will alleviate a congestion problem that has been haunting the Veterans Affairs Hospital since its patient numbers grew more than 50% from 2007 to 2015.

Paul Sweeney, public affairs office for the hospital said the garage is just half of the finished product.

"The building's design is going to allow us to add two more stories eventually that will give us room for up to about 340 parking spaces total".

The hospital is waiting to secure more federal funding to double the capacity of the parking garage located to the west of the facility.

Officials say the construction was completed in a manner that benefits the local economy, using local resources.

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