Find the Devil – Root Cause Analysis

A closer look at the various causes that have influenced the care delivery and overall efficiency of the Veterans Health System can be summarized in the diagram below (Source: Inefficiencies in Veterans Health System: An Explorative Analysis, healthcareformagazine.com, 2014 article by Varun Bahl and J. P. Pattanaik).

<table>
<thead>
<tr>
<th>S. No</th>
<th>Factors</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Man (Human Resources)</td>
<td>High</td>
</tr>
<tr>
<td>2</td>
<td>Machine (IT, Medical Equipments)</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Money (Budget, Funding)</td>
<td>Moderate</td>
</tr>
<tr>
<td>4</td>
<td>Methods (Policy, Internal Process)</td>
<td>High</td>
</tr>
<tr>
<td>5</td>
<td>Materials (Supplies)</td>
<td>Low</td>
</tr>
<tr>
<td>6</td>
<td>Facilities (Infrastructure)</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Most of the causes which have a impacted Veterans Health System do revolve around Methods and the Human Resources. Inefficient methods and practices coupled with causes related to human resources have completely derailed the Veterans Health System. However, factors like age old IT systems (MACHINE), VA budget cut (MONEY) can not be ignored.

The United States Department of Veterans Affairs (VA) is a government-run military veteran benefit system with Cabinet-level status. It is the United States government’s fourth largest department, after the United States Department of Defense, the Department of Health and Human Services, and the Department of Education. With a total 2013 budget of about $78.4 billion, VA employs nearly 312,841 people at hundreds of Veterans Affairs medical facilities, clinics and benefits offices and is responsible for administering programs for veterans, their families and survivors. They currently manage over 1700 healthcare facilities across the country.

Dr. David J. Shulkin sworn in as VA Secretary

Dr. Shulkin, it is time to fix the system!
Compensation 101: What exactly is VA compensation?

By: Jason Davis

(Jason Davis served five years in the 101st ABN, including two combat tours to Iraq. He's currently a M.A. candidate in Writing at Johns Hopkins University and serves as social media administrator for the Veterans Benefits Administration).

As a social media administrator for VA's Benefits Administration, I read thousands of comments (yep, all of them) each week from thousands of people scattered across the country. It's no surprise that the most-talked about VA benefit is VA compensation, but it is sometimes surprising that the words we use to talk about this benefit are different from the words used by those in our social media community. Even more surprising is that many don’t fully understand the intent, purpose or process behind this benefit.

That's on us, I guess, that we need to reach more of you to better explain what compensation is, how it works, and who can get it. In general terms, this blog intends to do just that. Or, more loosely: here’s the skinny, the straight talk, with no PR, no spin, no BS.

Ready?

So, what is compensation?

It’s money, obviously. But there’s more to it than that. People often say it’s their “monthly check,” their “service-connected payment,” “their disability payment,” or even simply their “benefit.” These are actual words I often see, but even they don’t effectively describe what compensation is, or do they accurately portray which specific benefit—among dozens VBA administrators—they’re referring to.

There are several types of VA compensation, but I’ve learned that most people are most often referring to disability compensation. When referring to disability compensation, people most often say “my claim,” “my money,” “my benefits,” or “my check.” Sometimes they even say “my pension,” which is itself, an entirely different and unrelated VA benefit.

Alright, I’ve dragged you along long enough. What IS VA compensation?

First of all, it’s taxpayer money. Every year, VA makes a budget request for the following year. In simple terms for just VBA, we look at what we’re currently paying to administer VA benefits, including how much we’re paying in compensation to the millions of Veterans on the rolls, then we analyze how much more we need based on many factors, mostly that there are more Veterans now accessing and receiving and applying to more VA benefits. However, VBA’s budget does not limit what we can pay in benefits.

Secondly, to safeguard taxpayer money, disability compensation is a process. There are federal laws that govern how we, the VBA, can administer it. This is a protection to the taxpayer to prevent abuse and fraud.

Next, maybe most importantly—and the part you care about most—VA disability compensation is a tax-free, monthly payment to eligible Veterans for the injuries and medical conditions they incurred/acquired/caught/received/aggravated while in active military service.

But VA compensation is also an acknowledgement. An acknowledgement implies acceptance from the federal government that what happened to you in service can or may affect you after service. And that's a broad, vague statement. Thus, VA compensation makes up for the potential loss of civilian wages or civilian working time you’d miss as a result of, or for tending to appointments, etc., your injuries/medical conditions. It's basically the government saying, “Hey, thanks for your service. You sacrificed your health for America, so we accept that your reduced health may impact your ability to live as comfortably as you would had you not gotten hurt/sick.”

Lastly, VA compensation is not income. I’m going to say that again: VA compensation is not income. It is not a replacement or substitution for civilian employment, and it is not a military retirement. Except in uncommon situations, VA does not pay you to not find or hold civilian employment. Compensation makes up for it; it doesn’t replace. Those are the basics. That’s what it is.

The auxiliary plays Bingo once a month at Life Care. The residents win cash prizes and they sure enjoy it. Judy Prive calls the game and Margaret Monnse helps the residents.

GRAPEVINE PATRIOTS CLUB

Daron & Ann Shingleton
Ruth and Michael O’Feld
Doris Crist
Dusty Tom
George and Muriel Canning
Barbara Castill
James Bell
MOCA Pup Tent 76
Alicia Wapling and Joyce Tasko
Catherine Cahill
Walter & Lila Mabie
Charlotte Gunland & The Tues Night Dart League
Tom Black
John Attanasio Jr.
John & Annie Williamson
Tom Hampton
Lorraine Casucci-Childs
Richard Phily

(“Permanent” indicates a one time donation of over $500 has been made)
Veterans groups warn against unlimited choice for health care

By NIKKI WENTLING | Published: March 1, 2017
WASHINGTON — Speaking to House and Senate veterans’ affairs committees, the American Legion and Veterans of Foreign Wars on Wednesday warned against the Department of Veterans Affairs excessively outsourcing medical treatment to the private sector.

Charles Schmidt, national commander of the American Legion, spoke out against “all-out privatization or any dissolution of the VA system.” VFW National Commander Brian Duffy echoed that message later, saying veterans want to “fix – not dismantle – the VA health care system.”

Rep. Jack Bergman, R-Mich., asked whether American Legion members would rather receive “quality health care or health care from VA.” The phrasing prompted discussion from the crowd of a few hundred veterans.

“The truth is, the two aren’t mutually exclusive,” answered Louis Celli, an American Legion director. “The VA trains some of the finest doctors in the country, and we want to make sure it retains the highest quality physicians. We’ll continue to be a partner with them.”

The comments followed a presentation from VA Secretary David Shulkin on Sunday in which he proposed removing the VA Choice program from the department, one of which was to redesign the Veterans Choice Program into “Choice 2.0.”

The Choice program, which Congress created in 2014 and funded with $10 billion, is set to expire in August with about $1 billion unspent. Shulkin is looking for Congress to eliminate the expira- tion date and reauthorize the program before he works to redesign it.

Duffy called on Congress to quickly work on a solution to the choice program, rather than “waiting until the 11th hour.”

Shulkin wants to do away with rules that stipulate veterans could only go outside of the VA for health care if they had to wait more than 10 days for an appointment or live more than 40 miles driving distance from a VA facility. Some veterans and lawmakers have criticized the 40-mile, 30-day rule for limiting veterans’ choices, and Shulkin called the program “extremely complex and bureaucratic.”

Shulkin has not released plans for which veterans would be allowed to receive private-sector health care, or in what instances, but has said he wants a system with less “red tape.”

The DAV, VFW and American Legion have said they want some private options available to veterans, but not unlimited choice.

The organizations discussed other priorities with lawmakers, including more gender-specific health care for women at VA facilities, expanded benefits for care for their platoon leaders, and elimination of the process that veterans use to appeal claims for disability and pension compensation.

The three groups told lawmakers they have not met with President Donald Trump, though they have tried. The American Legion said it was anticipating a meeting.

During his address Tuesday night, Trump promised to increase VA funding.

“Our veterans have delivered for this nation, and now we must deliver for them,” Trump said.

Used with permission from Stars and Stripes. Visit their website at www.stripes.com

A Hero Remembered

US Marine Corps First Lieutenant Wesley Lee Fox received the Medal of Honor for his actions on February 22, 1969 as a twice-wounded and the only officer remaining to lead his com- pany, he refused medical treatment for his own injuries to sur- vive the preparation of his wounded men for evacuation.

Then 1st Lt. Fox was assigned to Company 1st Battalion, 9th Ma- rines, 3d Marine Division during the Vietnam War. A veteran of combat in Korea and Vietnam, he held every Marine Corps enlisted rank except Ser- geant Major and every officer rank except Gen- eral. He is one of 75 liv- ing Medal of Honor re- cipients.

During Operation Dewey Canyon in Quang Tri Province, 1st Lt. Fox’s company came under intense fire from a large and well concealed enemy force. He maneuvered to a position from which he could assess the situation and confer with his men. As they departed to execute the plan he had devised, the enemy attacked. First Lt. Fox was wounded, as were all of the other members of the command group except the executive officer.

First Lt. Fox continued to direct the activity of his company, advancing through heavy enemy fire to personally neutralize one enemy position and directing his company to destroy oth- ers. He moved through the hazardous area coordinating aircraft support with the activities of his men. When his executive offic- er was mortally wounded, 1st Lt. Fox reorganized the com- pany and directed the fire of his men as they hurled grenades against the enemy and drove them into retreat. Wounded again in this final assault, he refused medical attention, established a defensive posture and supervised the preparation of casualties for medical evacuation.

His actions inspired his Marines to overcome the fierce enemy resistance and destroy a large bunker complex.

He retired from the Marine Corps as a full colonel in Septem- ber 1993. But he continued to wear the uniform for eight more years as a deputy commander of the Virginia Tech Corps of Cadets in his home state. There, he used his experi- ences to inspire a new generation of military officers, business and civic leaders.

You Pick $3.00 to $3.50 lb
Mid April
We Pick $4.75 lb
Thru June

Misty Meadows Blueberry Farm
Route 581 North (Off Turner Road Camp)
Bill & Rhonda Scheiterle
8801 East Grays Lane
Inverness, FL 34453
Tel: 352 726-7907
www.mistymeadowsblueberryfarm.com

VFW Post 4252

Call Us
352 726-3339

Email Us
vfwpost4252@yahoo.com

Presumptive Conditions

A “condition,” in the language of the VA, is any disease, ill- ness or injury that occurs during active duty military service.

To be service connected and eligible for a disability compensation rating, the condition must be caused or contrib- uted to by an event that occurred during service. If the condi- tion existed prior to service, it must be shown to have been aggravated (made worse) by military service.

To achieve a disability compensation rating, the veteran must prove that he or she had appropriate military service, that an event that caused the claimed condition occurred and that a medically diagnosed condition that is disabling exists today.

The regulations that govern presumptive conditions only eliminate the requirement to prove that an event caused the condition. For example, a Vietnam veteran does not have to prove that agent orange caused the diabetes he has today. It is presumed that he was exposed to agent orange and also that agent orange is at the root of the diabetes. While agent orange and the Vietnam veteran are the best known of all presumptive conditions and ratings, atomic veterans, certain Korean veterans and other veterans may also be eligible for presumptive ratings of certain conditions.

If you believe that you may be eligible for any presumptive condition and rating, the best way to find out is to file a VA disability claim. The process of adjudication is the only sure way to know.

VFW Post 4252 Member, Commander of Post 4252
Honor Guard and USMC Vietnam Veteran
10% Discount with this ad or VFW membership card

Visit their website at www.stripes.com

What is pointless?
To tell a bald guy a hair-raising story.

Emerging to inspire a new generation of military officers, business and civic leaders...
Veterans with PTSD in the Justice System

In recent years, programs have been developed to avoid unnecessary incarceration of veterans who have deployed to war and subsequently developed mental health problems. The programs aim to assist Veterans who become involved in the justice system for mental health problems that may exist. These programs are especially needed given the numbers of Veterans returning from Afghanistan and Iraq.

Veterans Treatment Court

In 2008 the Center for Mental Health Service of the US Substance Abuse and Mental Health Services Administration (SAMHSA) convened a conference with the goal of looking at ways to decrease the involvement of Veterans in the justice system and to provide them with mental health treatment. The conference was attended by representatives from law enforcement, corrections, the courts, community organizations, Federal agencies, and Veterans’ health and advocacy organizations. Out of this forum emerged recommendations for a Veterans Treatment Court (1).

Veterans Treatment Courts are based on the Drug Court and Mental Health Court models introduced in the 1990s (2). As in these models, the goal is to divert those with mental health issues from the traditional justice system and to give them treatment and tools for rehabilitation and reintegration. While each Veterans Treatment Court is part of a community’s justice system, treatment courts often form partnerships with VA and with Veterans’ organizations. These partnerships allow the Veterans Treatment Court to be established in the 2008, the number of courts has been growing fast. By August, 2010, there were 41 Veterans Treatment Courts in the United States (2).

How does a Veterans Treatment Court work?

One example of how a Veterans Treatment Court works is the court in Tulsa, OK (3). When a Veteran is arrested, police officers ask whether the detainee is a Veteran. If so, the Veteran’s eligibility for Veterans Treatment Court and for VA benefits is determined. Only Veterans charged with non-violent crimes of mental health or substance abuse treatment are eligible for treatment court.

A Veteran’s participation in treatment court is voluntary. Veterans who choose to participate are assessed by a mental health professional, and their treatment needs are determined. Most Veterans receive treatment through the Veterans Health Administration (VHA) network. While Veterans Treatment Court allows the Veteran to remain in the community, a judge regularly checks on progress while the Veteran is in treatment. If the Veteran fails to meet the requirements of the program - for example, fails drug screens or disobeys court orders - the Court will impose sanctions which may include community service, fines, jail time, or re-arrest back through the legal system.

Late one night a mugger wearing a mask stopped a well-dressed man and stuck a gun in his ribs. “Give me your money,” he demanded. Scandalized, the man replied, “You can’t do this - I’m a US Congressman!”

“Oh! In that case,” smiled the robber, “Give me my money!”

Veterans Justice Outreach

To provide direct services to justice-involved Veterans, whether or not they live in a community that has a Veterans Treatment Court, VA has developed the Veterans Justice Outreach initiative (VJO). VA is committed to the principle that when mental illness plays a role in non-violent crimes committed by Veterans, both the Veteran and the community are better served by treating the Veteran’s mental illness than by incarcerating them. Rather than simply delivering mental health care, each VA Medical Center has a designated justice outreach specialist. VJO specialists function as a link between VA, Veterans, and the local justice system. They serve both incarcerated Veterans and justice-involved Veterans who have not been incarcerated.

VJO staff work with the courts to help eligible justice-involved Veterans get mental health assessment, treatment planning, and referrals to VA services. Specialists communicate with officers of the court about Veterans’ compliance with VA treatment programs, and they may also assist in training law enforcement personnel on issues such as PTSD or traumatic brain injury. For information and a list of VJO contacts, see Justice Outreach.

Conclusion

Efforts such as Veterans Treatment Courts and the VA’s Veterans Justice Outreach program have been established in the 2008, the number of courts has been growing fast. By August, 2010, there were 41 Veterans Treatment Courts in the United States (2).

Q 1. How is the military retirement system going to change?

A 1. – The military retirement system will change as outlined in the current National Defense Authorization Act. Changes will not go into effect until January 2018 Service members who joined after 2006 but before January 1, 2018 will have the choice of whether to stay with the existing system or to enter into the new “Blended Retirement System.” Those who joined before 2006 will remain in the current system.

Q 2. Why is this good thing for Service members?

A 2. – Blended Retirement will benefit the entire force. Currently, approximately 81 percent of those members who have left service with no retirement benefit. Under the Blended Retirement System, about 85 percent of Service members will receive a retirement benefit, even if they don’t qualify for full retirement.

Q 3. How does the Thrift Savings Plan figure into the new system?

A 3. – Blended Retirement will enroll all Service members joining after January 18 into the Thrift Savings Plan (TSP), with automatic and matching Department of Defense (DoD) contributions. After completion of two years of service, the Service member is vested and that money belongs to them. If you leave, it goes with you.

Q 4. I’m in the new blended retirement system, how long will the DoD match my contributions?

A 4. – Based on the National Defense Authorization Act passed on November 25, 2015, the DoD will contribute 1% of a Service member’s basic pay to their TSP after 60 days of entering service and will begin to match the Service member’s contributions (up to an additional 4% if a Service member contributes at least 5%) at the start of the third year of service. Both the DoD automatic 1% and the matching contributions continue through the end of the Service member’s 26th year of service.

Q 5. What is the second part of the system, continuation pay?

A 5. – The Blended Retirement System also offers a new “continuation pay” – after 12 years of service, members will receive a cash payment if they opt to stay in for 4 more years. The payment will be two and half months of basic pay for the active component member and half a month’s basic pay for the reserve component member.

Q 6. What about the third part, the annuity?

A 6. – The third part of the Blended Retirement System is a defined contribution retirement account. There is no defined benefit or a monthly annuity, which is similar to the 20 year retirement this is a new benefit worthy of careful consideration. Early retirement savings and the power of compounding interest are important life-long concepts that you will want to pay attention to and learn more about. Staying tuned to the conversation – you should be as informed as possible to include having an advisor and you to make decisions. The DoD is committed to getting this right for you.

Q 10. Do you think that a lot of Service members will leave the military with the new system, since they’ll have money in their pocket and no incentive to stay?

A 10. We have done analysis on all of the Services and conclude the current force profiles will not change when we reduce the retirement from 20% to 14% and offer government matching into the TSP. We will however, need a continuation pay. This pay is similar to a retention bonus and targeted at the mid-career to ensure the necessary retention that maintains those force profiles. After two years of service, Service members can access their TSP accounts. Service members who remain in the military will have the option to leave those contributions in the TSP or to roll them into another company and/ or government 401(k) retirement savings plan. The DoD retirement TSP rules apply for early withdrawal before age 59 ½, which the Service members would pay a penalty and incur the associated tax liability for taking the funds out early.
PTSD. They saw brain waves moving slowly in opposite directions at different locations on the scalp for mTBI and the wars in Iraq and Afghanistan, the researchers saw patterns of both conditions in the brain’s electrical activity. The researchers used electroencephalogram, or EEG, a test that measures electrical activity in the brain. The size and direction of movement are affected by so many things that aren’t the injury itself. The researchers emphasize that these effects do not pinpoint a region in the brain where the disorders differ. Rather, they show a pattern that distinguishes the disorders when the EEG results are averaged among a large group. “When you’re looking at an EEG, you can’t easily tell where in the brain signals associated with TBI and PTSD are coming from,” said Laura Manning Franke, Ph.D., the study’s lead researcher and research psychologist at the Hunter Holmes McGuire V.A. Medical Center in Richmond, Virginia. “You get kind of a coarse measure — left, right, anterior, posterior. We had a different distribution, which suggests that different parts of the brain are involved. In order to determine what patterns are tracking their TBI and PTSD, you need an average to do that,” Franke added.

The study linked mTBI with increases in low-frequency waves, especially in the prefrontal and right temporal regions of the brain, and PTSD with decreases in low-frequency waves, notably in the right temporal region.

The differences in the levels of the waves may explain some of the symptoms of the two disorders, suggesting a decline in responsiveness for someone with mTBI, for example, and more anxiety for someone with PTSD.

Franke also noted that more low-frequency power has also been linked to cognitive disorders such as Alzheimer’s disease and less low-frequency power to problems such as drug addiction. Additionally, spotting distinct patterns of mTBI and PTSD in separate parts of the brain is key for two reasons: the possibility these conditions can be confused with each other is reduced. That can help improve diagnosis and treatment of both conditions. For example, a brain electrical activity appears to be affected long after combat-related mTBI, suggesting long-term changes in neural communication, the signaling between cells in the nervous system. “That could help, in part, explain the reason for persistent problems.”

The study included 147 active-duty service members or Veterans who had been exposed to blasts in Iraq and Afghanistan. Of those, 115 had mTBI, which accounts for nearly 80 percent of all traumatic brain injuries. Forty of the participants had PTSD, and 35 had both conditions.

Despite the new findings, Franke and her team believe more studies are needed to make the comparison to be available to our members by January 2017 and that training will occur throughout that year.

VA study finds EEG can help differentiate between PTSD and mild traumatic brain injury

A recent VA study points to a possible breakthrough in differentiating between post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), otherwise known as a concussion.

The two disorders often carry similar symptoms, such as irritability, restlessness, hypersensitivity to stimulation, memory loss, fatigue and dizziness. Scientists have tried to distinguish between mTBI and PTSD in hopes of improving treatment options for Veterans, but many symptom-based studies have been inconclusive because the chronic effects of the two conditions are so similar. If someone is rating high on an mTBI scale, for example, that person may also rate high for PTSD symptoms.

The researchers used electroencephalogram, or EEG, a test that measures electrical activity in the brain. The size and direction of the brain waves can signal abnormalities.

Analyzing a large set of EEGs given to military personnel from the wars in Iraq and Afghanistan, the researchers saw patterns of activity at different locations associated with mTBI and PTSD. They saw brain waves moving slowly in opposite directions, likely coming from separate places in the brain.

The researchers emphasize that these effects don’t pinpoint a region in the brain where the disorders differ. Rather, they show a pattern that distinguishes the disorders when the EEG results are averaged among a large group.

“When you’re looking at an EEG, you can’t easily tell where in the brain signals associated with TBI and PTSD are coming from,” said Laura Manning Franke, Ph.D., the study’s lead researcher and research psychologist at the Hunter Holmes McGuire V.A. Medical Center in Richmond, Virginia. “You get kind of a coarse measure — left, right, anterior, posterior. We had a different distribution, which suggests that different parts of the brain are involved. In order to determine what patterns are tracking their TBI and PTSD, you need an average to do that,” Franke added.

The study linked mTBI with increases in low-frequency waves, especially in the prefrontal and right temporal regions of the brain, and PTSD with decreases in low-frequency waves, notably in the right temporal region.

The differences in the levels of the waves may explain some of the symptoms of the two disorders, suggesting a decline in responsiveness for someone with mTBI, for example, and more anxiety for someone with PTSD.

Franke also noted that more low-frequency power has also been linked to cognitive disorders such as Alzheimer’s disease and less low-frequency power to problems such as drug addiction. Additionally, spotting distinct patterns of mTBI and PTSD in separate parts of the brain is key for two reasons: the possibility these conditions can be confused with each other is reduced. That can help improve diagnosis and treatment of both conditions. For example, a brain electrical activity appears to be affected long after combat-related mTBI, suggesting long-term changes in neural communication, the signaling between cells in the nervous system. “That could help, in part, explain the reason for persistent problems.”

The study included 147 active-duty service members or Veterans who had been exposed to blasts in Iraq and Afghanistan. Of those, 115 had mTBI, which accounts for nearly 80 percent of all traumatic brain injuries. Forty of the participants had PTSD, and 35 had both conditions.

Despite the new findings, Franke and her team believe more studies are needed to make the comparison to be available to our members by January 2017 and that training will occur throughout that year.

VA accountability watch

The Department of Veterans Affairs provides a wealth of services for some 22 million American veterans, but a rash of preventable deaths, infectious disease outbreaks and bad behavior and construction delays has put the organization under intense scrutiny.

Despite the fact that multiple VA Inspector General reports have found management of many VA patient care problems to widespread mismanagement within VA facilities and GAO findings that VA bonus pay has no clear link to performance, the department has consistently defended its celebration of executives who presided over these events, while giving them glowing performance reviews and cash bonuses of up to $65,000. VA Accountability Watch is dedicated to showing America’s veterans and American taxpayers how the department’s widespread and systemic lack of accountability may actually be encouraging more veteran suffering instead of preventing it. Does VA have the proper management and accountability structures in place to stop preventable veteran deaths, serious patient-safety issues and benefit and construction delays? Consider the following recent examples:

Washington, DC

Diana Rubens, the VA executive in charge of the nearly 60 offices that process disability benefits compensation claims, collected almost $600,000 in bonuses while presiding over a nearly seven-fold increase in backlogged claims.

Washington, DC

VA construction chief Glenn Haggstrom collected almost $55,000 in personal expenses despite presiding over a host of major construction projects plagued by years-long delays and combined cost overruns of $1.5 billion. The Government Accountability Office recently issued a report detailing the latest delays and cost overruns for projects in Las Vegas, Denver, New Orleans and Orlando, Fla., in an April 2013 report. When questioned at a House Committee on Veterans’ Affairs hearing in May, Haggstrom could not explain what he did to earn the bonuses.

St. Louis, Missouri

More than 1,800 veteran patients of the St. Louis VA Medical Center may have been exposed to HIV and Hepatitis as a result of an unsanitary dental facility. The facility has remained uninfected for patient deaths, patient-safety issues and critical reports. Despite the problems at the medical center, the facility’s director from 2009 – 2013, Rima/Ann Nelson, received nearly $25,000 in bonuses during her tenure there.

Fayetteville, North Carolina

A December 2012 audit of the Fayetteville VA Medical Center found facility employees did not complete required suicide prevention follow-ups 90 percent of the time for patients at a high risk of suicide. The audit also found the center “noncompliant” with patient care areas, environmental safety, dental clinic safety, training and testing procedures. In July 2012, during an investigation that substantiated patient-safety issues and critical reports. VA’s inspector general found the responsible physician failed to properly review medical information 56 percent of the time, a step that is “critical to appropriate evaluation, treatment planning, and safety.”

Fayetteville VA Medical Center Director Elizabeth B. Gooby received a performance bonus of $7,604 in 2012.

Dallas, Texas

Dallas VA Medical Center Director Jeff Milligan and regional director Lawrence Biozzi have received a combined $50,000 in bonuses since 2011 despite a series of allegations from VA workers, patients and family members regarding poor care at the facility as well as more than 30 certification agency complaints against the medical center in the last three years.

Philadelphia, Pennsylvania

The director of VA’s Philadelphia regional office, Thomas Lastowka, received a $23,000 bonus in 2011 despite a doubling in the backlog of disability compensation claims at the office between 2010 and 2011.

Phoenix, Arizona

Phoenix VA Regional Office Director Sandra Flint has received more than $53,000 in bonuses since 2007 despite a doubling in the office’s backlog of disability compensation claims since 2009.

Columbia, South Carolina

Columbia VA Regional Office Director Carl Hawkins received almost $80,000 in bonuses despite a doubling in the office’s backlog of disability compensation claims and inappropriate shredding of disability claims documents.

Waco, Texas

Carl Lowe, the former director of the VA regional office in Waco, Texas, raked in more than $53,000 in bonuses as the office’s average disability claims processing time grew to historic levels, forcing veterans to wait longer than anywhere else in the country.

Buffalo, New York

David West, a VA health official in New York, pocketed nearly $26,000 in bonuses while overseeing chronic misuse of insulin pens that potentially exposed hundreds of veterans to blood-borne illnesses.

Dayton, Ohio

For nearly 18 years, the dental clinic at Dayton VA Medical Center allowed unsanitary practices, potentially exposing hundreds of patients to hepatitis B and hepatitis C. Dayton VA Medical Center Director Guy Richardson then collected an $11,874 bonus despite an investigation into the exposures. After nine of the exposed patients tested positive hepatitis B and hepatitis C, Richardson was promoted.

Pittsburgh, Pennsylvania

After persistent management failures led to a deadly Legionnaires’ disease outbreak in the VA Pittsburgh Healthcare System, VA Pittsburgh director Terry Gregorio was given a per-formance review and regional director Michael Moreland, who oversees VA Pittsburgh, collected a $63,000 bonus.

(Source: House Committee on Veterans Affairs)
I am grateful to President Trump and to members of Congress for entrusting me with the privilege of serving Veterans and the dedicated employees of the Department of Veterans Affairs as your secretary. It is my highest professional honor.

Together, we’ll ensure our nation’s obligation to provide care and benefits to those “who shall have borne the battle” and fulfill our institutional I CARE Values: integrity, commitment, advocacy, respect and excellence.

That obligation and those values are sacred to me, first, as an American—a beneficiary of the service and sacrifices of Veterans and their families who defend our uniquely American freedoms and opportunities. They’re also sacred to me because my father served the nation as an Army psychiatrist, and both my grandfathers were Army Veterans. My paternal grandfather served as chief pharmacist at the VA hospital in Madison, Wisconsin, and as a young doctor, I trained in VA hospitals. So, serving the nation and serving Veterans is a family tradition. It was a privilege to serve as VA’s Under Secretary for Health over the past year and a half. Now, I look forward to continuing our collective efforts across the department and our country to deliver the care and services our Veterans need and deserve. Among many critical efforts already underway, we will continue building on significant progress increasing access for Veterans, preventing suicide, addressing unique needs of women Veterans, supporting Veterans’ families and caregivers, continuing to drive down the disability backlog and Veteran homelessness, and pursuing necessary legislation to reform the outdated appeals process and for other critical legislative priorities.

With the support of the president, Congress, Veterans, their service organizations, and the American people, we—the dedicated employees of VA—will continue to fulfill President Lincoln’s promise.

There is no nobler mission. There is no higher calling for any American. I am humbled and proud to serve with you.

(Dr. David J. Shulkin is the Secretary of Veterans Affairs. Prior to his confirmation on Feb. 13, 2017, Dr. Shulkin served as VA’s Under Secretary for Health for 18 months, leading the nation’s largest integrated health care system, with over 1.7 million sites of care serving nearly 9 million Veterans.)

Before he began his service with VA, Dr. Shulkin held numerous chief executive roles at Morristown Medical Center, and the Atlantic Health System Accountable Care Organization. He also served as President and CEO of Beth Israel Medical Center in New York City.

Dr. Shulkin has held numerous physician leadership roles including Chief Medical Officer of the University of Pennsylvania Health System, Temple University Hospital, and the Medical College of Pennsylvania Hospital. He has also held academic positions including Chairman of Medicine and Vice Dean at Drexel University School of Medicine. As an entrepreneur, Dr. Shulkin founded and served as Chairman and CEO of DoctorQuality, one of the first consumer-oriented sources of information on quality and safety in healthcare.

A board-certified internist, Dr. Shulkin is also a fellow of the American College of Physicians. He received his medical degree from the Medical College of Pennsylvania, and he completed his internship at Yale University School of Medicine and a residency and fellowship in General Medicine at the University of Pittsburgh Presbyterian Medical Center. He also received advanced training in outcomes research and economics as a Robert Wood Johnson Foundation Clinical Scholar at the University of Pennsylvania.

Dr. Shulkin has been named as one of the “50 Most Influential Physician Executives in the Country” by Modern Healthcare. He has also previously been named among the “One Hundred Most Influential People in American Healthcare.” He has been married to his wife, Dr. Merle Bari, for 29 years. They are the parents of two grown children.

The winner of the St Patrick’s Day raffle basket at VFW Post 4252 was Debbie O. 352 726 3640 E. McDonald Ln. Hernando Great Pricing

19th Hole Liquor

The winner of the St Patrick’s Day raffle basket at VFW Post 4252 was Debbie O. Ticket number was 36423. Thanks to everyone who participated.

“I am a master of fast calculations.”

“OK, what is 758 time 642 divided by 5?”

“22!”

“Ha, that’s wrong!”

“Might be, but it was fast!”

Message from VA Secretary Dr. David Shulkin

I have been working with Veteran’s with Medicare for almost 10 years. There is a lot of confusion among veterans who are faced with choices in healthcare. I felt it necessary to write this article to help veterans and their families understand their Medicare. This is true for those already enrolled in Medicare or those who will become eligible to enroll in the future. Because each veteran’s situation is unique, you need to understand your options.

Important points:

The VA is separate from Medicare. Veteran’s may be enrolled in both programs. *(source: Dept. of Veteran affairs)*

* The Medicare program is divided by types of care and service: inpatient (Medicare Part A), outpatient (Medicare Part B) and prescription drug coverage (Medicare Part D); You can select which parts you would like to participate. *(source: Dept. Of Veteran Affairs)*

* The VA does not recommend that veterans cancel or decline coverage in Medicare (or other health care or insurance programs) solely because they enrolled with VA. *Having a secondary source of coverage is always in the veteran’s best interest.* Many veterans enjoy the flexibility afforded to them by being enrolled in the VA and Medicare. For example, veterans enrolled in both programs would have access to non-VA physicians or may obtain prescription drugs that are not on the VA formulary. *(source: Dept. of Veteran Affairs)*

* If you decline Part B coverage and decide you would like to pick it up in the future, there may be 10% penalty accessed to your premium for every year that you missed. That penalty will stay with you for as long as you have Part B. In most circumstances, you can only re apply for Part B between January 1st and March 31st of each year. Your Part B will begin July 1st of that year.

If you have Tri Care or group retiree insurance benefits, you are probably all set. These types of coverage will provide you excellent flexibility and affordable access to care outside the VA.

If you are not eligible for any employer type retirement health insurance benefits, below are some of your coverage options under Medicare:

1) Purchase a Medicare supplement policy: With this type of coverage, you will have no network restrictions. You can see any provider, as long as they accept Medicare. Referrals are not required. The premium on these type plans is determined on your age and zip code.

2) HMO Medicare Advantage Plan. These plans will have 50 premium, in most cases. These plans will provide you affordable access to care, outside the VA, Part D drug coverage and will provide you with many extra benefits that you will not receive with original Medicare. In certain counties, there are plans that may reimburse a portion of your Part B premium each month, as well. With this type of coverage, referrals are required to see Specialists and you will only be covered “in network” (unless it’s an emergency/urgent care situation).

3) PPO Medicare Advantage Plan. These plans will have little or no premium and will include Part D prescription drug coverage. This type of coverage will also provide you with extra benefits that you do not receive under original Medicare. Unlike an HMO, with a PPO, referrals are not required to see Specialists. Not only are you covered “in network” but “out of network”, as well (out of network will cost more).

Approximately, in 4 people who are enrolled in Medicare have opted for a Medicare Advantage Plan coverage. The majority of these folks are not eligible for VA coverage.

If you need help understanding your Medicare and your Medicare coverage options, please call or email me. My office is devoted to helping Veterans and their spouses with objective and helpful information that will allow you to make an informed decision on your Medicare coverage choices. Having back up options outside the VA and understanding your coverage is extremely important. I look forward to hearing from you and helping you.

Dave Silver
(813)417-2716
MedicareDave@gmail.com

-VA Open 9am to 9pm daily
352 716-2534
3640 E. McDonald Ln.
Hernando

*If you decline Part B coverage and decide you would like to pick it up in the future, there may be 10% penalty accessed to your premium for every year that you missed. That penalty will stay with you for as long as you have Part B. In most circumstances, you can only re apply for Part B between January 1st and March 31st of each year. Your Part B will begin July 1st of that year.

If you have Tri Care or group retiree insurance benefits, you are probably all set. These types of coverage will provide you excellent flexibility and affordable access to care outside the VA.

If you are not eligible for any employer type retirement health insurance benefits, below are some of your coverage options under Medicare:

1) Purchase a Medicare supplement policy: With this type of coverage, you will have no network restrictions. You can see any provider, as long as they accept Medicare. Referrals are not required. The premium on these type plans is determined on your age and zip code.

2) HMO Medicare Advantage Plan. These plans will have 50 premium, in most cases. These plans will provide you affordable access to care, outside the VA, Part D drug coverage and will provide you with many extra benefits that you will not receive with original Medicare. In certain counties, there are plans that may reimburse a portion of your Part B premium each month, as well. With this type of coverage, referrals are required to see Specialists and you will only be covered “in network” (unless it’s an emergency/urgent care situation).

3) PPO Medicare Advantage Plan. These plans will have little or no premium and will include Part D prescription drug coverage. This type of coverage will also provide you with extra benefits that you do not receive under original Medicare. Unlike an HMO, with a PPO, referrals are not required to see Specialists. Not only are you covered “in network” but “out of network”, as well (out of network will cost more).

Approximately, in 4 people who are enrolled in Medicare have opted for a Medicare Advantage Plan coverage. The majority of these folks are not eligible for VA coverage.

If you need help understanding your Medicare and your Medicare coverage options, please call or email me. My office is devoted to helping Veterans and their spouses with objective and helpful information that will allow you to make an informed decision on your Medicare coverage choices. Having back up options outside the VA and understanding your coverage is extremely important. I look forward to hearing from you and helping you.

Dave Silver
(813)417-2716
MedicareDave@gmail.com

If you need help understanding your Medicare and your Medicare coverage options, please call or email me. My office is devoted to helping Veterans and their spouses with objective and helpful information that will allow you to make an informed decision on your Medicare coverage choices. Having back up options outside the VA and understanding your coverage is extremely important. I look forward to hearing from you and helping you.

Dave Silver
(813)417-2716
MedicareDave@gmail.com
VA: Nurse practitioners nationwide no longer need physician supervision
By NIKKI WENTLING
WASHINGTON — To address staffing shortages across the country, the Department of Veterans Affairs will allow thou-
sands of advanced practice nurses nationwide to treat patients without physician supervision.

Starting Jan. 13, certified nurse practitioners, clinical nurse spe-
cialists and certified nurse-midwives at VA hospitals will be authorized to “practice to the full extent of their education ... without the clinical supervision or mandatory collaboration of physicians,” the rule states.

David Shulkin, the VA Undersecretary for Health, said the change would free up physicians, alleviating challenges the VA has with getting veterans quick access to medical treatment. But the physician-led American Medical Association said the rule would do away with the team-based care that’s been adopted at the VA and revert it to an “outdated model” of health care delivery.

The VA started a system-wide effort to hire additional health care providers and speed up veterans’ access to treatment in 2014, when media reports and internal investigations revealed veterans had long waits for care and managers were manipulating wait-time data.

Approximately 93,500 nurses are on the payroll at the VA, mak-
ing it the country’s largest employer of nurses. About 5,700 of them are advanced practice, meaning they have a master’s or doctoral degree in a nursing specialty.

To meet veterans’ needs, the VA has estimated it needs to hire 40,000 more nurses by 2018.

Last year, the Government Accountability Office issued a report stating it was especially hard for the VA to recruit and retain nurses with advanced training.

The rule falls in line with a recommendation from the Commis-
sion on Care this fall that called on the VA to more effective-
ly use the health care providers it already has.

The Commission on Care was established by Congress to make recommendations on VA reform, and its duties concluded earli-
er this year when it released its final report. In the report, com-
missoners wrote the VA was “failing to optimize use of ad-
vanced practice nurses.”

“In the Navy, we would never train a sailor to use 10 skills and then limit them to three; it makes no sense,” retired Capt. Kathryn Beasley, with the Military Officers Association of America, said at a press conference about the rule earlier this year. “No one would do that. That’s what illogical and wasteful practice limitations on highly skilled advanced practice nurses do.”

State laws determine what advanced practice nurses are allowed to do. Nurses at VA hospitals in 22 states already have full-
practice authority because their states allow them to evaluate, diagnose and treat patients and prescribe medications.

Some states require advanced practice nurses to be supervised while treating, diagnosing and prescribing patients. Others allow APNs to treat and diagnose patients alone but require oversight for prescribing medications.

“For example, the same nurse practitioner is required to have more physician oversight in Kansas City, Mo., than across the state line in Kansas City, Kan.,” the American Nurses Association wrote in a statement.

Under the VA’s new rule, advanced practice nurses will be ex-
empted from state laws that restrict their practice.

Members of groups such as the American Association of Nurse Practitioners and the ANA reacted happily to the rule’s an-
nouncement, saying it’s something they’ve lobbied for over several years.

“This is a win for veterans, as well as the VA nurses who treat them,” the ANA wrote.

The rule change has pitted nurses groups against other groups advocating for physicians, which claim educational gaps make advanced practice nurses unqualified to serve as primary care providers.

After a proposal was posted on the Federal Register in May, it received more than 223,000 comments in two months. It gar-
ered thousands more when the VA announced this month the rule was finalized. The VA will continue to accept comments until Jan. 13, when the change goes into effect.

The American Medical Association prompted questions of whether advanced practice nurses had enough training to treat patients without supervision.

The VA responded to those comments, saying advanced prac-
tice nurses would not be altogether replacing physicians or providing treatment beyond their training.

The AMA also argued the change would get away from the VA’s team-based approach to health care, in which a primary care provider, nurse and others work together to treat veterans.

“Providing coor-
dinated care that’s been adopted at the country’s veterans, especially given the highly complex medi-
cal care that veterans often require.”

President Andrew Gurman said in a statement. “Providing coor-
dinated care that’s been adopted at the country’s veterans, especially given the highly complex medi-
cal care that veterans often require.”

The VA reiterated that it would not do away with its model of team-based care.

The rule giving APNs full-practice authority will go into effect Jan. 13. That’s also the last day the public can comment on the change.

When Are The VFW Post 4252 Meetings?
Membership Meeting
2nd Thursday of the Month at 7pm
Auxiliary Meeting
2nd Thursday of the Month at 4:30pm
House Committee Meeting
1st Sunday of the Month at 12pm

VA Post 4252 and Det 1139 Marine Corps League Combined Honor Guard
The Men and Women Who Volunteer To Remember and Honor Our Heroes
Commander: Bill Scheiterle
Chaplain: Marlene Simpson
Riflemen:

Steve Gardner
Victoria Bennett

Steven Duval
George Kuykendall

Marc Dunne
Vern Massingill

Bill Mathis
Frank Albrecht

Ted Knight
Don Mason

Robert Bendle
Carl Donaldson

Tom Heron
Danny Montgomery

Jerry Cecil
John Attanasio

Flag Bearer: Josefin

The Honor Guard needs members to fulfill our responsibility to our veterans and their families. You can join. Call the Post and get involved. We provide uniforms for free. You provide the honor.

CANTEEN CHIT CHAT
Monday: All Day Pizza $6.00
Tuesday: 1pm-7pm Lounge Bingo
Wednesday: 5-7pm Karaoke 6-9pm
Thursday: 2-4pm Show Me The Hand
Friday: 5-6:30pm Dinner (see calendar)
Saturday: 10-2pm Ladies Auxiliary Bingo (non-smoking)

Stop in and try our delicious lunches. Come in on Wednesday for Karaoke and meet our new Bartender Jeannie. I promise you will love her. Of course, Mrs. Mary and her contagious smile are amazing as ever when she is your friendly Bartender on other days.

Come on by for a cold refreshment and good conversation. We pride ourselves in serving our Veterans and their families. Therefore, any needs you may have, don’t hesitate to let me know!!!

Always My Pleasure
Kimmie Canteen Manager

Ocala Community Based Outpatient Clinic
Primary Care/Main Clinic
1515 E. Silver Springs Blvd. Ocala, FL 34470-6848
Phone: 352-369-3320

Going To Jail

65 year old Mafia boss is sentenced to 50 years.

"But judge, I'm 65 years old! I can't do 50 years!"

The judge sets his gavel down, looks at him and says, "Well, OK. Just do the best you can."
US soldiers getting credentials for their special- 
ties to help with civilian job hunt

The U.S. Army is boosting efforts to help soldiers succeed in civilian life by giving them more tools and qualifications to find work after military service.

Acting Army Secretary Robert Speer plans to give a directive in the near future that will broaden a transition program to include credentialing soldiers in areas ranging from truck driv- ing and mechanics to information technology, according to Military.com.

In some cases the Army gives soldiers the skills they need, such as how to drive a truck, but then does not give them the formal credentials, such as a commercial driver's license, that allow them to apply successfully for similar work in the civil- ian world.

Maj. Gen. Hugh Van Roosoen said Thursday the Army could do more to help soldiers be employable, reported Mili- tary.com.

"Is there any reason why we couldn’t — without a whole lot of effort — include a commercial driver's license in the program?" asked Van Roosoen, the service's deputy chief of staff for man- power and personnel plans, programs and policies.

"We're always struggling with hours in the training day. However, we have to balance that against whatever we can do to ensure a soldier who's leaving has as soft a landing as possi- ble."

The Army is already doing exactly that in some vocations, he said.

"We're already doing credentialing in our medical fields ... they should be ready to move into civilian life with [the help of] certifications."

Personnel Subcommittee: “America spends hundreds of mil- lions of dollars each year to train service members to do high- level skilled jobs ... they need to give troops certifications and civilian licenses that will allow them to apply successfully for similar work in the civilian world.”

Maj. Gen. Van Roosoen said that the Senate “wants to work on making it easier for soldiers getting credentials for their special-ties to help with civilian job hunt

VA national cemeteries now offering pre-needeligibility determinations

VA announced today that it now provides eligiblity determina- tions for interment in a VA national cemetery prior to the time of need. Through the Pre-Need Determination of Eligibility Program, upon request, individuals can learn if they are eligi- ble for burial or memorialization in a VA national cemetery.

“MyVA is about looking at VA from the Veteran’s perspec- tive, and then doing everything we can to make the Veteran Experience effective and seamless,” said VA Secretary Bob McDonald. “This new program reaffirms our commitment to providing a lifetime of benefits and services for Veterans and their families.”

Interested individuals may submit VA Form 40-10007, Appli- cation for Pre-Need Determinations of Eligibility for Burial in a VA National Cemetery, and supporting documentation, such as a DD Form 214, if readily available, to the VA National Ceme- tery Scheduling Office by toll-free call 1-877-220-9896 or email to: Eligibility.PreNeeds@va.gov; or mail to the National Cemetery Scheduling Office, P.O. Box 50543, St. Louis, MO 63151. VA will then apply the application and provide written notice of its determination of eligibility. VA will save determinations and supporting documentation in an electronic information system to expedite burial arrangements at the time of need. Because laws and personal circumstances change, upon receipt of a burial request, VA will validate all pre-need deter- minations in accordance with the laws in effect at that time. VA operates 135 national cemeteries and 33 soldiers’ lots in 40 states and Puerto Rico. More than 6 million Americans, includ- ing Veterans of every war and conflict, are buried in VA’s na- tional cemeteries. VA also provides funding to establish, ex- pand and maintain 105 Veterans cemeteries in 47 states and territories including tribal lands, Guam, and Saipan. For Veterans buried in private or other cemeteries, VA provides headstones, markers or medallions to commemorate their ser- vice. In 2016, VA honored more than 345,000 Veterans and their loved ones with memorial markers or headstones at national, state and private cemeteries. Eligible individuals are entitled to bur- ial in any open VA national cemetery, opening closing of the grave, a grave liner, perpetual care of the grave, and a govern- ment-furnished headstone or marker or niche cover, all at no cost to the family. Veterans are also eligible for a burial flag and may be eligible for a Presidential Memorial Certificate. Information on VA burial benefits is available from local VA national cemetery offices, from the Internet at the website www.cem.va.gov, or by calling VA regional call centers toll free at 800-827-1000. To make burial arrangements at any open VA national cemetery at the time of need, call the National Ceme- tery Scheduling Office at 800-535-1117.

VA Changes Gulf War Veterans Need To Know

There have been some changes to the eligibility and claims period for Gulf War Veterans concerning presumptive illnes- ses. Because of the mystery of the illnesses Gulf War Veterans have experienced, the rules seem to be ever changing, and we expect that to possibly continue into the future. Studies on the illnesses many Gulf War Veterans experienced continue to be conducted to find causes, treatment, and But for now, here are the changes Veterans should know about when it comes to filing for a Gulf War related presumptive illness.

Change in Eligibility:

Eligibility rules have changed recently as to who qualifies as a Gulf War veteran. The definition of Southwest Asia theater of Military Operations no longer includes Afghanistan. The area included in the definition are:

- Iraq;
- Kuwait;
- Saudi Arabia;
- The neutral zone between Iraq and Saudi Arabia;
- Bahrain;
- Qatar;
- The United Arab Emirates (U.A.E.);
- Oman;
- Gulf of Aden;
- Gulf of Oman;
- Waters of the Persian gulf, the Arabian Sea, and the Red Sea; and
- The airspace above these locations.

While Veterans of service in Afghanistan are still eligible for certain benefits, those associated with the SW Asia theater, a recent Court of Appeals for Veterans Claims decision has affirmed that Afghanistan is not considered part of the SW Asia theater when considering presumptive illnesses (see CAVC decision). It is noted on the VA website that ser- vice in Afghanistan on or after September 20, 1901, is consid- ered qualifying for benefits for disease associated with “certain” presumptive diseases:

- Brucellosis;
- Campylobacter jejuni;
- Coxiella Burnetii (Q Fever);
- Malaria;
- Mycobacterium tuberculosis;
- Norwalk Vomiting Syndrome;
- Shigellosis;
- Vibrio lehmanniassis; and
- West Nile virus.

Check your local VA representative to review your spe- cific issues and ensure that you qualify before you file your claim to ensure you do not experience undue delays in the claim process.

Other eligibility requirements to file for Gulf War associated presumptive illnesses are:

- Are an eligible Veteran;
- Served in the SW Asia theater of operations between August 2, 1990, to present;
- There is no other cause of your disability or illness other than service in the SW Asia theater;
- Your disability has existed for 6 months or more;
- Your disability appeared during service in SW Asia or before December 31, 2021, to a degree at that time of 10% disabling; and
- The illness is classified as either an undiagnosed ill- ness; diagnosable functional gastrointestinal disorder; diagnosable chronic fatigue syndrome; or diagnosable fibromyalgia.

You may also need either medical evidence or nonmedical indi- cations such as verification of lost time from work; changes in appearance/or behaviors; changes in physical abilities; and/or changes in mental or emotional attitudes or capacities. A C&P Exam may be required to verify medical conditions.

And the GOOD NEWS is: The Time Period to File Claims has been Extended

In December 2016; it was announced that the time to file for pres- sumptive illness claims was extended by 5 years until December 31, 2021; extending the original time period from December 31, 2016. This extension was based on studies conducted that showed that many presumptive illnesses may take much longer to mani- fest than original thought. Another factor is that the Gulf War has not officially ended, so extending the date was imperative for those who are still serving in the theater of operations. Several past extensions have already been passed; possibly more will be passed in the future if our military personnel continue to serve in theater.

What Does this Mean for Veterans?

If a Veteran has any conditions that fall under the category of a qualifying chronic illness, including those undiagnosed illnesses such as fatigue, cognitive issues, or chronic unexplained muscle and/or joint pain or other multi-symptom illnesses; and certain infectious diseases, your time to file a claim has ex- tended by another 5 years. This extension means many Veterans who may not have realized they are eligible for benefits can now apply before the new deadline is reached or those who have not started to experience symptoms but may after the original dead- line, will now be eligible to apply for benefits.

Post Building Fund Donations - 2017

Your help is needed to continue facility improvements. The follow- ing people and organizations have stepped up to help us this year.

Tom Hampton
(A Fantastic supporter of the Post and your Grapevine)

Joe Fodor
(In memory of Thelma Fodor)

The Post was given $5,000.00 number 11 by Joe Fodor on behalf of the Post. He will be al- ways remembered in our hearts and in this publication.
**Advance Care Planning**

You know the kinds of foods you like, so when you go to a restaurant, you can usually make your choices without much difficulty. However, when it comes to making choices related to future health care, it can be more challenging. You may not be sick now, but even want to think about what you'd want if you do get sick and are unable to make decisions. But, just like it's helpful to know what's on the menu, there are benefits to becoming informed and thinking in advance about your future health care. Advance Care Planning is the process of clarifying your values and your preferences for future health care, and identifying who you would like to speak for you – your “Health Care Agent” – if you are no longer able to make decisions for yourself. An Advance Directive is the legal document that you should use to tell others what your preferences are and who you have chosen to be your Health Care Agent.

In the future, if something happens to you and you can’t make decisions for yourself – maybe you’re unconscious or too ill – your health care team will use your Advance Directive to contact your Health Care Agent and together, look to your preferences on the Advance Directive as a guide to decisions about your future health care. You thought about what is important to you and what kind of medical care or mental health care you might want in the future? Have you thought about who you would want to be your Health Care Agent? Are you ready to make your choices?

If so, it’s time for you to complete VA’s http://vaforms.medical/pdf/vha-10-0137-001.pdf Advance Directive form. You are facing a serious illness right now, you may want to choose from a different menu – one that addresses your current health care goals. If you have a health care team about what is important to you now. Your doctors can help you decide which treatments and services would best help you reach your current health care goals. Based on this conversation, they can write medical orders to ensure that the treatment plan designed for you is based on your goals. There are several Advance Care Planning resources for veterans and their loved ones. VA’s website for older Veterans (www.va.gov/geriatics) has an entire section on Advance Care Planning with links to the VA Advance Directive form. 

For those who are facing a serious illness right now, you may want to choose from a different menu – one that addresses your current health care goals. If you have a health care team about what is important to you now. Your doctors can help you decide which treatments and services would best help you reach your current health care goals. Based on this conversation, they can write medical orders to ensure that the treatment plan designed for you is based on your goals. There are several Advance Care Planning resources for veterans and their loved ones. VA’s website for older Veterans (www.va.gov/geriatics) has an entire section on Advance Care Planning with links to the VA Advance Directive form.

### Military Order of the Cootie

"The HONOR Degree of the Veterans of Foreign Wars"  

**Are You One?**

Always strive to be the best in your membership!  

Taking positions of leadership and accepting responsibility: 

Providing a helpful hand to veterans is needed.  

If so, we want you!

You want it, so join the ranks of HONOR by becoming a member of the Military Order of the Cootie

**Visit**

www.bits.org (Supreme Website)  
www.supreme.org (Florida Grand Website)

**Keeping Our Hospitalized Veterans in Beds of White**

Veterans Helping Veterans

**Disclaimer**

All submissions to The Grapevine are subject to review and approval by the Post Commander. Additionally, I as Editor, reserve the right to edit those submissions due to space limitations or structural content that is, in my unprofessional opinion, unacceptable. I further reserve the right to delay or refuse publication of any submission, due to space limitations, or late receipt, that would not have been acceptable. Secretorys, where included, those enclosed in .pdfs are non-refundable, of which 100% of the monies are used to print and mail this paper with any excess amount utilized in the support of veterans. This newsletter may contain copyrighted material the use of which has not always been specifically authorized by the copyright owner. In most instances that individual is unknown. I am making such material available in an effort to advance understanding of veterans’ issues and believe this constitutes a ‘fair use’ of any such copyrighted material in the context of section 107 of the US Copyright Law. In accordance with Title 17 U.S.C. Section 107. The material in this newsletter is distributed without profit to those who have expressed an interest in receiving the included information for educating themselves on veteran issues affecting them. For more information go to: http://www.law.cornell.edu/uscode/17/107.shtml. If you wish to use copyrighted material from this newsletter for purposes of your own that go beyond ‘fair use’, you must obtain permission from the copyright owner. Finally, everything herein may be factual or not. It is sourced from commercial and private enterprises and content is checked for accuracy as best as possible. However, you have the responsibility to check the facts before responding to an article and committing any actions based upon any article from this publication.

**Auxiliary Chaplain’s Blessings**

Hello everyone,

A short note just saying Hi and hoping all is good for everyone, and keeping you all in my prayers.

Two of our sisters lost very special family members and we ask for a prayer for them as they go through this grieving period of their lives. Remember don’t until it’s too late to call or visit someone as time flies by and doesn’t stand still for anyone. It’s just way too short to put off the little things that bring them pleasure. Please say prayers for all that are ill, in any distress at all, as God is the answer.

We had a great dinner for our essay writing, coloring contest, and Americanism contest from Hernando Elementary this past week, these children work so hard on these projects and we reward them yearly.

It’s that time of year for elections in your post, so get up off your couch, or chair shown to go to your meetings and make a difference in your post, don’t be the one who complains that you don’t like something in your post be the one going and putting your opinion in to make sure it is being run like you like. Our vets deserve all the help we can give them so get out there and Make A Difference!!

Oh my where has the time gone, Our dear snow bird friends are beginning to fly the coop, as you know we miss them when they leave and love them more when they come back, so be safe our flying friends and hurry back.

Once again I am reaching out to all of you to help in any way you can, even if it means calling the hotline and putting your opinion in to make sure it is being run like you don’t like something in your post be the one going and putting your opinion in to make sure it is being run like you like. Our vets deserve all the help we can give them so get out there and Make A Difference!!

Please say prayers for all that are ill, in any distress at all, as God is the answer.

**Auxiliary Officers**

President: Beth Wear  
Sr. Vice President: Gloria Quiroga  
Jr. Vice President: Hank Otto  
Treasurer: Ruth O’Feld  
Conductress: Grace Slagle  
Guard: Margaret Monroe  
Patriotic Instructor: Venita Hughes  
1-Year Trustee: Sandra Duvall  
2-Year Trustee: Ronnie Porey  
3-Year Trustee: Venita Hughes

**Veterans Service Officer?**

Call 352 527-5915 to make an appointment.

**VFW Post 4252**

Auxiliary Officers 2016/2017

President: Stanley DiGuiseppi  
Vice President: Linda Bledsoe  
Treasurer: Doris Ricard  
Guard: Margaret Monroe  
Patriotic Instructor: Venita Hughes  
1-Year Trustee: Sandra Duvall  
2-Year Trustee: Ronnie Porey  
3-Year Trustee: Venita Hughes

**Law Enforcement Services & Service**

We service all makes and models of mowers

**Veterans Service Officer?**

Call 352 527-5915 to make an appointment.
of the armed helicopters, BM1 Williams directed the attack on the intense enemy fire and damaged or destroyed 50 enemy sampans. He displayed great initiative and boldly led the patrol through the course of his movement he discovered an even larger concentration of enemy boats. Not waiting for the arrival of the armed helicopters, he realized the overwhelming strength of the enemy force, BM1 Williams decided to direct counterfire against withering hail of enemy fire for his safety exposed himself to weapons fire from ashore. In the face of the over whelming strength of the enemy force, BM1 Williams displayed an unusual professional skill and indomitable courage throughout the battle, the patrol accounted for the destruction or loss of 65 enemy boats and inflicted numerous casualties on the enemy personnel. His extraordinary heroism and exemplary fighting spirit in the face of grave risks inspired the efforts of his men to defeat a larger enemy force, and are in keeping with the finest traditions of the U.S. Navy.

**MEDAL OF HONOR CITATION:**

For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty, BM1 Williams was serving as Boat Captain and Patrol Officer aboard River Patrol Boat (FRR) 105 accompanied by another patrol boat when the patrol was suddenly taken under fire by 2 enemy sampans. BM1 Williams immediately ordered the fire returned, killing the crew of 1 enemy boat and causing the other sampan to take refuge in a nearby river inlet. The U.S. patrol encountered a heavy volume of small-arms fire from enemy forces, at close range, occupying well-concealed positions along the river bank. Maneuvering through this fire, the patrol confronted a numerically superior enemy force aboard 2 enemy junks and 8 sampans augmented by heavy automatic weapons fire from ashore. In the savage battle that ensued, BM1 Williams, with utter disregard for his safety exposed himself to withering hail of enemy fire to direct counter-fire and inspire the actions of his patrol. Recognizing the overwhelming strength of the enemy force, BM1 Williams deployed his patrol to await the arrival of armed helicopters. In the course of his movement he discovered an even larger concentration of enemy boats. Not waiting for the arrival of the armed helicopters, he displayed great initiative and boldly led the patrol through the intense enemy fire and damaged or destroyed 50 enemy sampans and 7 junks. This phase of the action completed, and with the arrival of the armed helicopters, BM1 Williams directed the attack on the remaining enemy force. Now virtually dark, and although BM1 Williams was aware that his boats would become even better targets, he ordered the patrol boats’ search lights turned on to better illuminate the area and guide the patrol perilously close to shore to press the attack. Despite a waning supply of ammunition the patrol successfully engaged the enemy ashore and completed the rout of the enemy force. Under the leadership of BM1 Williams, who demonstrated unusual professional skill and indomitable courage throughout the battle, the patrol accounted for the destruction or loss of 65 enemy boats and inflicted numerous casualties on the enemy personnel. His extraordinary heroism and exemplary fighting spirit in the face of grave risks inspired the efforts of his men to defeat a larger enemy force, and are in keeping with the finest traditions of the U.S.

**Naval Service.**

Williams died on October 13, 1999, and was buried at Florence National Cemetery in Florence, South Carolina. The Master Chief Petty Officer of the Navy, speaking at the funeral, said, “We will forever be grateful for the leadership and commitment he showed his sailors. Petty Officer Williams was an amazing sailor.” Following his death a retired Rear Admiral who commanded Williams in Vietnam remarked, “Willie did not seek awards. He did not covet getting them. We did not seek to make him a hero. The circumstances of time and place, and the enemy’s presence did that. I know from personal investigation of each incident that he never placed his crew nor his patrol boats in danger without first ensuring the risk was calculated and that surprise was on his side. He always had the presence of mind not to endanger friendly villages. He inspired us all, junior and senior alike. It was my greatest honor to have served with the man who truly led as all with his example of unselfish devotion to duty.”

**Post Commander’s Comments.**

It has been an interesting year as your Post Commander, one of trials and tribulations, but one of pride as I observed many Patriots in our Post step forward to support our veterans and their families. I tried with all my heart to be the best Commander possible and lead our great bunch of people. My special thanks goes to our Auxiliary who have been truly remarkable in fundraising activities, visiting veterans in local retirement facilities, helping out with our dinners and other activities, and most important of all truly caring for those who served our country in uniform and their families. Again, Auxiliary, thank you. The guidance of past Post Commanders like Dan Danecker and John Stewart have been invaluable, as has our wonderful Post Quartermaster, Jay Parker who has worked an unbelievable amount of hours to manage our finances. Finally to Kimmie, our Bar Manager, and the other Bartenders...You Did Good! Thank you!

Don Mason

A man walks into a bar and orders a drink. Then he notices there are pieces of meat nailed to the ceiling of the bar so he asks the barman what they are for. The barman replies, “If you can jump up and pull one of them down you get free beer all night. If you fail, you have to pay the bar $100. Do you want to have a go?”

The man thinks about it for a minute before saying, “Nah, the steaks are too high!”

**DriveSweet.com**

Quality Pre-Owned Vehicles

352-419-8996

*Guaranteed Credit Approval* Three OIL Changes as long as you own the Vehicle *All types of income accepted* Owner/Operator with a Warranty
The Boy Who Became a World War II Veteran at 13 Years Old

In 1942, Seaman Calvin Graham was decorated for valor in battle. Then his mother learned where he’d been and revealed his secret to the Navy.

By Gilbert King SMITHSONIAN.COM

With powerful engines, extensive firepower and heavy armor, the newly christened battleship USS South Dakota steamed out of Philadelphia in August of 1942 spoiling for a fight. The crew was made up of “green boys”—new recruits who enlisted after the Japanese bombing of Pearl Harbor—who had no qualms about their immediate destination or the action they were likely to see. Brash and confident, the crew couldn’t get through the Panama Canal fast enough, and their captain, Thomas Gatch, made no secret of the pride he bore against the Japanese. “No ship more eager to fight ever entered the Pacific,” one naval historian wrote.

In less than four months, the South Dakota would limp back to port in New York for repairs to extensive damage suffered in some of World War II’s most ferocious battles at sea. The ship would become one of the most decorated warships in U.S. Navy history and acquire a new moniker to reflect the secrets it carried. The Japanese, it turned out, were convinced the vessel had been destroyed at sea, and the Navy was only too happy to keep the mystery alive—stipping the South Dakota of identifying markings and avoiding any mention of it in communications and even sailors’ diaries. When newspapers later reported on the ship’s remarkable accomplishments in the Pacific Theater, they referred to it simply as “Battleship X.”

That the vessel was not resting at the bottom of the Pacific was just one of the secrets Battleship X carried through day after day of hellish war at sea. Aboard was a gunner from Texas who would soon become the nation’s youngest decorated war hero. Calvin Graham, the fresh-faced seaman who had set off for battle from the Philadelphia Navy Yard in the summer of 1942, was only 12 years old.

Graham was just 11 and in the sixth grade in Crockett, Texas, when he hatched his plan to lie about his age and join the Navy. He was living at home with an abusive stepfather, he and an older brother moved into a cheap rooming house, and Calvin supported himself by selling newspapers and delivering telegrams on weekends and after school. Even though he moved out, his mother would occasionally visit and delivering telegrams on weekends and after school. Even though he moved out, his mother would occasionally visit.

Graham told his mother he was going to visit relatives. “I wanted to get away.” Jackson told a reporter. “Others just had family problems and there wasn’t enough food to go around, and this was a way out,” Graham later said. But word quickly spread that Gatch had been aware of the underage recruits and often made them run miles to keep them from being identified. Calvin Graham told his mother he was going to visit relatives. Instead, he dropped out of the seventh grade and shipped off to San Diego for basic training. There, he said, the drill instructors were aware of the underage recruits and often made them run extra miles and lug heavier packs.

Just months after his christening in 1942, the USS South Dakota was attacked relentlessly in the Pacific.

By the time the USS South Dakota made it to the Pacific, it had become part of a task force alongside the legendary carrier USS Enterprise (the “Big E”). By early October 1942, the two ships, along with their escorting cruisers and destroyers, raced to the South Pacific to engage in the fierce fighting in the battle for Guadalcanal. After they reached the Santa Cruz Islands on October 26, the Japanese quickly set their sights on the carrier and launched an air attack that easily penetrated the Enterprise’s own air patrol. The carrier USS Hornet was repeatedly torpedoed and sank off Santa Cruz, but the South Dakota managed to protect the Enterprise by fending off 26 enemy planes with a barrage from its antiaircraft guns.

Standing on the bridge, Captain Gatch watched as a 500-pound bomb struck the South Dakota’s main gun turret. The explosion injured 50 men, including the skipper, and killed one. The ship’s armor was so thick, many of the crew were unaware they’d been hit. But word quickly spread that Gatch had been hit and (continued on next page)
knocked unconscious. Quick-thinking quartzmasters managed to save the captain’s life—hejuga his vein had been severed, and the ligaments in his arms suffered permanent damage—but some onboard were afraid he’d hit the deck when he saw the bomb coming. “I consider it beneath the dignity of a captain of an American battleship to flop for a Japanese bomb,” Gatch later said.

The ship’s young crew continued to fire at anything in the air, including American bombers that were low on fuel and trying to land on the Enterprise. The South Dakota was quickly getting a reputation as a “shooting gallery” to knock down, and Navy pilots were warned not to fly anywhere near it.

The South Dakota was fully repaired at Pearl Harbor, and Capt. Gatch returned to his ship, wearing a sling and bandages. Graham quietly became a teenager, turning 13 on November 6, just as Japanese naval forces began shelling an American airfield on Guadalcanal Island. Steaming south with the Enterprise, Task Force 64, with the South Dakota and another battleship, the USS Washington, took four American destroyers on a night search for the enemy near Savo Island. There, on the night of December 7, 1941, the South Dakota engaged eight Japanese destroyers; with deadly accurate 16-inch guns, the Enterprise and the South Dakota, and the ship took 42 enemy hits, ruining her radio and machinery. Graham returned to his ship, wearing a sling and bandages. Graham was manning his gun when shrapnel tore through his jaw and mouth; another hit knocked him down, and he fell through three stories of superstructure. Still, the 13-year-old made it to his feet, dazed and bleeding, and helped pull other crew members to safety while others were blown through by the force of the explosions, their bodies aflame, into the Pacific.

“I took bolts off the dead and made tourniquets for the living and gave them cigarettes and encouraged them all night,” Graham said. “We were all frightened. It was very quiet.”

Regaining power, and after afflicting heavy damage to the Japanese ships, the South Dakota rapidly disappeared in the smoke. Captain Gatch would later remark of his “green” men, “Not one of the ship’s company even for a moment showed the least desolation.” With the Japanese Imperial Navy under the impression that it had sunk the South Dakota, the legend of Battleship X was born.

In mid-December, the damaged ship returned to the Brooklyn Navy Yard for major repairs, where Gatch and his crew were profiled for their heroic deeds in the Pacific. Calvin Graham received a Purple Heart for his injuries in combat, as well as a Purple Heart for his injuries. But he couldn’t bask in glory with his fellow crewmen while his ship was being repaired. Graham’s mother, reportedly having recognized her son in newsvendor footage, wrote the Navy, revealing the gunner’s true age.

Graham returned to Texas and was sworn in at Corps Christus, Texas, for almost three months.

Battleship X returned to the Pacific and continued to shoot Japa- nese planes out of the sky. Graham, meanwhile, managed to get a message out to his sister Pearl, who complained to the newspaper that the Navy was mistreating the “Baby Vet.” The Navy eventually ordered Graham’s release, but not before stripping him of his medals for lying about his age and revoking his disa- bility benefits. He was simply tossed from jail with a suite and a few dollars for the road—and no weapons to shoot. Back in Houston, though, he was treated as a celebrity. Reporters were eager to write his story, and when the war film Bom- badier premiered at a local theater, the film’s star, Pat O’Brien, invited Graham to the stage to be saluted by the audience. The attention quickly faded. At age 13, Graham tried to return to school, but he couldn’t keep pace with students his age and quickly dropped out. He married at age 14, became a father the following year, and found work as a welder in a Houston ship- yard. Neither his job nor his marriage lasted long. At 17 years old and divorced, and with no service record, Graham was about to be drafted into the Marine Corps. He soon broke his back in a fall, for which he received a 20 percent ser- vice-connected disability. The only work he could find after that was selling magazine subscriptions.

When President Jimmy Carter was elected, in 1976, Graham began writing letters, hoping that Carter, “an old Navy man,” might be sympathetic. All Graham had wanted was an honorable discharge so he could get help with his medical and dental ex- penses. “I had a bullet wound in my arm, for the discharge, Gra- ham said at the time. “But then they came along with this dis- charge program for veterans. I know they had their reasons for doing what they did, but I figure I damn sure deserved more than they did.”

In 1977, Texas Senators Lloyd Bentsen and John Tower intro- duced a bill to give Graham his discharge, and in 1978, Carter announced that it had been approved and that Graham’s medals would be restored, with the exception of the Purple Heart. Ten years later, President Ronald Reagan signed legislation approv- ing disability benefits for Graham.

At the age of 12, Calvin Graham broke the law to serve his country, at a time when the U.S. military might well be accused of having had a “Don’t ask, don’t tell” policy with regard to under-eligible minors. “In fact, in 1944, under the draft law, a 13-year-old could be drafted into the service,” Graham wrote in his memoirs. “The law itself was discriminatory, and as I write this, my body is still the result of my conscien- 

A Bad Diagnosis

The doctor finished examining the frail husband. The wife took the doctor aside and asked how she could help her husband. The doctor said what he needed to keep himself in shape. He should increase his sexual activity to 5 times per day it would work wonders. She returned to her husband who asked her what the doctor said.

She said, "You're going to die."
**In Memory of Dave Sidelinger**

And, in our dinners and other events that you attend, (or should attend). For Tots program. This effort only occurs because of your support.

**NPR and local member stations have been following that money, including the $10 billion for vets to get care outside the VA system. It was channeled about $2.5 billion to VA hospitals for the long¬est wait times; and the VA medical centers that got new hires were not more likely to see improved wait times.**

San Diego's wait-time dilemma

San Diego's experience is typical. The Southern California city is home to one of the largest concentrations of post-9/11 veterans, and when the Veterans Choice Act passed, the San Diego VA had one of the country's worst wait times for mental health care in particular. The act was meant to help former soldiers like Charlie Grijalva, who was diagnosed with PTSD when he was in Iraq, he started having suicidal thoughts.

Back in 2014, Grijalva lived with his wife, Gloria, in Imperial Valley — about two hours from the VA hospital in San Diego. After spending 18 months deployed in Afghanistan, and a year in Iraq, he started having suicidal thoughts.

The VA tried to help him. Early in 2014, the doctors there seemed to get his prescription right. By summer, his psychiatrist had left the VA, but Grijalva was transferred to a nurse practi¬tioner. He missed an appointment in September 2014, according to records provided by the VA, but the new provider agreed to refill his prescription over the phone.

Next, he started visiting the VA in Imperial Valley, about an hour's drive from San Diego. He filed for veterans' benefits, including their pensions, are being targeted. Veterans' benefits, including their pensions, are being targeted.

**Before they get to work on reforming the U.S. Department of Veterans Affairs, Congress and the White House might want to take a closer look at the last time they tried it — a $16 billion fix called the Veterans Choice and Accountability Act of 2014, designed to get veterans medical care more quickly.**

**The goal of the hiring money was to address a simple math problem.**

The number of veterans coming to the VA has shot up in recent years, and the number of medical staff has not kept pace. The idea was that more caregivers would cut wait times. But an investigation by NPR and local member stations found that: the VA has about the same number of new hires as the VA would have been projected to hire without the additional $2.5 billion. San Diego, a similarly large center, got almost three times as many (298), even though Dallas was not "prioritized" and also had far fewer than many other VA centers that didn't have such bad wait times.

But the NPR and local member station analysis of the VA’s 168 hospitals.

12,000 doctors, nurses and other medical staff hired under the Choice Act.

**"Our goal is to get [the medical centers] the health profession¬als that they need. That's the Choice money. We wanted everybody to go out and execute on it, and to use that money as quickly as possible because we have a sense of crisis," said Shulkin, who has been nominated to become secretary of the Department of Veterans Affairs. His confirmation hearing is expected this week.**

He also said the VA focused on places where the staff was most needed. Thirty-three medical centers were "prioritized" among the VA's 168 hospitals.

But the VA data show that prioritized medical centers didn't always get more resources than others. Los Angeles was prioritized and got only about 108 new hires from the Choice mon¬ey. Dallas, a similarly large center, got almost three times as many (298), even though Dallas was not "prioritized" and didn't have particularly bad wait times.

Albuquerque, N.M., and Cincinnati have about the same vol¬ume of appointments. But Albuquerque had among the worst wait times in the country for mental health, while Cincinnati was among the best. The VA's data show both received the same number of psychiatrists from the Choice money.

Wait times across the board have not come down, though the VA says that because of a continuing surge in demand from veterans. And Shulkin stressed that wait times are not the most important measure of health care. He says efficiency is up and the number of veterans waiting for urgent care has shrunk from tens of thousands to a mere dozen or two. Still, it was the long wait times — and the harm they did to veterans — that drove Congress to pass the Choice Act.

Slow hiring in a tough market

Doctors and nurses are scarce nationwide. In the economic downturn, many medical professionals often find better offers at private hospitals. And in rural or remote areas, there are only very few doctors or nurses available to work at either VA or private hospitals.

**In honor of Dave Sidelinger, former member of our Honor Guard and friend to everyone.** And, in the time dilemma.

**No logical staffing pattern**

**NPR** and local member stations have been following that money, including the $10 billion for vets to get care outside the VA system. It was channeled about $2.5 billion to VA hospitals for the long¬est wait times; and the VA medical centers that got new hires were not more likely to see improved wait times.

San Diego's experience is typical. The Southern California city is home to one of the largest concentrations of post-9/11 veterans, and when the Veterans Choice Act passed, the San Diego VA had one of the country's worst wait times for mental health care in particular. The act was meant to help former soldiers like Charlie Grijalva, who was diagnosed with PTSD when he was in Iraq, he started having suicidal thoughts.

Back in 2014, Grijalva lived with his wife, Gloria, in Imperial Valley — about two hours from the VA hospital in San Diego. After spending 18 months deployed in Afghanistan, and a year in Iraq, he started having suicidal thoughts.

The VA tried to help him. Early in 2014, the doctors there seemed to get his prescription right. By summer, his psychiatrist had left the VA, but Grijalva was transferred to a nurse practi¬tioner. He missed an appointment in September 2014, according to records provided by the VA, but the new provider agreed to refill his prescription over the phone.

Because San Diego's wait times were so long, under the new Choice program, Grijalva qualified to see a private doctor out¬side the system. He had an initial consultation with the priva¬tist psychiatrist near his home, but he didn't live to begin treat¬ment. In December 2014, his medication ran out.

Grijalva had a young family and a new baby on the way. His wife said he insisted on giving his kids a magical Christmas.

He said, "you know, I want to do what I did as a kid." Gloria Grijalva said. "Play some Christmas music. Have the kids deco¬rate the tree, drink hot chocolate. ... Even though he was feeling the way he was, he wanted to have that kind of Christmas for his kids."

It wasn't to be. A few days before Christmas, his wife found him. He had hanged himself a few hours after he texted her, "I love you."

"He has told me when he was at his lowest that [he] 'didn't want my kids to see me like this; I don't want to put my kids through this," she said.

His VA records show Grijalva went to one last appointment at the VA in San Diego, scheduled in December. His medication arrived just before his death. Around the time of his death, the VA was just beginning to implement the Veterans Choice Act. San Diego seemed like a prime candidate to get extra staff. But the NPR and local member station analysis of the VA's own data show that San Diego got far fewer new staff mem¬bers than it requested, and also fewer than many other VA centers that didn't have such bad wait times.

**In honor of Dave Sidelinger, former member of our Honor Guard and friend to everyone.** And, in the time dilemma.
Shulkin knows that his hiring process is cumbersome. “The complexity of hiring puts us at a disadvantage with the private sector. We are very fortunate that people wait and turn down private sector jobs because this is where they want to work and this is the mission... but frankly we have to be competitive,” he told NPR last fall.

Shulkin came to the VA from the private sector, he said, to get the department in step with best practices. He has succeed-
ed in getting some salaries up to private-sector levels. But the roughly $2.5 billion from the Choice Act resulted in a net gain of only a few thousand doctors and nurses, across a system that serves about 9 million veterans.

That's partly because the VA's process is so slow that about 13 percent of candidates drop out during the months-long lag time after they are hired. NPR and local member stations spoke with more than half a dozen current VA employees about this problem, but none agreed to be quoted. Almeta Pitts is a former VA employee who used to work at the VA in Seattle. Waiting to start her job nearly left her broke.

"It took about six months. And so I had to think about ways to just put my money together to be able to really be able to pursue this job," she said.

Pitts liked the VA. She interned at the VA in Seattle while pursuing her master's in social work. Her mother, an Army vet, was already working there as a federal police officer. After a series of interviews, Pitts was notified she had been hired.

"I received my acceptance letter and it did inform me that I started that September and I was like...Oh my god, I'm so excited... but... Wow, it's like May.

During the four months of waiting, Pitts moved back in with her mom to save money until the job started. She ended up working for the VA for 13 months and was laid off. At the time, Human Resources offered to help find another job at a VA out of state. She loved her work helping traumatized vet-
ers, but Pitts decided she had to move on.

Budget shuffling

Another reason the $2.5 billion bump didn't seem to raise the VA's staffing levels may have more to do with Washington bureaucracy than health care.

NPR found that the rate of increase in VA staff after the Choice money was not noticeably different than past years without it. The Choice hiring money from Congress mostly replaced, instead of augmented the VA's normal hiring budget, which NPR's Juan Elosua contributed to this story.. You can find NPR online at npr.org.

Shulkin came to the VA from the private sector, he said, to get the department in step with best practices. He has succeed-
ed in getting some salaries up to private-sector levels. But the roughly $2.5 billion from the Choice Act resulted in a net gain of only a few thousand doctors and nurses, across a system that serves about 9 million veterans.

That's partly because the VA's process is so slow that about 13 percent of candidates drop out during the months-long lag time after they are hired. NPR and local member stations spoke with more than half a dozen current VA employees about this problem, but none agreed to be quoted. Almeta Pitts is a former VA employee who used to work at the VA in Seattle. Waiting to start her job nearly left her broke.

"It took about six months. And so I had to think about ways to just put my money together to be able to really be able to pursue this job," she said.

Pitts liked the VA. She interned at the VA in Seattle while pursuing her master's in social work. Her mother, an Army vet, was already working there as a federal police officer. After a series of interviews, Pitts was notified she had been hired.

"I received my acceptance letter and it did inform me that I started that September and I was like...Oh my god, I'm so excited... but... Wow, it's like May.

During the four months of waiting, Pitts moved back in with her mom to save money until the job started. She ended up working for the VA for 13 months and was laid off. At the time, Human Resources offered to help find another job at a VA out of state. She loved her work helping traumatized vet-
ers, but Pitts decided she had to move on.

Budget shuffling

Another reason the $2.5 billion bump didn't seem to raise the VA's staffing levels may have more to do with Washington bureaucracy than health care.

NPR found that the rate of increase in VA staff after the Choice money was not noticeably different than past years without it. The Choice hiring money from Congress mostly replaced, instead of augmented the VA's normal hiring budget, which

### May 2017

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Jersey Club 12 noon</td>
<td>Brentwood visit 2pm</td>
<td>Queen of Hearts 6pm</td>
<td>Karaoke 6-9pm</td>
<td>Show Me The Money 2pm</td>
<td>Dinner 5-6:30pm with meat dish or fish</td>
</tr>
<tr>
<td>2</td>
<td>Stamp Club 11 am</td>
<td>Bingo 1pm</td>
<td>Darts 7pm</td>
<td>Karaoke 6-9pm</td>
<td>Show Me The Money 2pm</td>
<td>Auxiliary Bingo 10am with food available</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Auxiliary Officers Meeting 11am</td>
<td>House Committee Meeting noon</td>
<td>Cooties Meeting 1pm</td>
<td>Brentwood visit 2pm</td>
<td>Queen of Hearts 6pm</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Queen of Hearts 6pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Queen of Hearts 6pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### June 2017

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Auxiliary Meeting 11 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>New Jersey Club 12 noon</td>
<td>Brentwood 2pm</td>
<td>Queen of Hearts 6pm</td>
<td>Stamp Club 11 am</td>
<td>Karaoke 6-9pm</td>
<td>Show Me The Money 2pm</td>
</tr>
<tr>
<td>6</td>
<td>Stamp Club 11 am</td>
<td>Bingo 1pm</td>
<td>Darts 7pm</td>
<td></td>
<td></td>
<td>Auxiliary Bingo 10am with food available</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Queen of Hearts 6pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Queen of Hearts 6pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Stamp Club 11 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Auxiliary Meeting 4:30pm</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Auxiliary Bingo 10am with food available</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Auxiliary Bingo 10am with food available</td>
</tr>
</tbody>
</table>