October 1st, 2018

VETERANS
MONTHLY INFORMATION PACKAGE

FLAGLER COUNTY

DAVID LYDON
County Veterans Service Officer

ERIC FLORES FEBLES
VSO/Assistant

PHONE: (386) 313-4014; FAX: (386) 313-4114;
Email: DLydon@flaglercounty.org

Feel free to make copies and distribute throughout your organization.
“How should I respond to a friend who may be suicidal?” Sadly, this is one of the questions we at the REBOOT Alliance are asked most often.

Your natural inclination might be to ignore your gut feelings and hope someone with higher “credentials” or training will notice if your friend displays any warning signs. But in our experience, it is often a friend or a family member who is most likely to notice suicidal ideations in a loved one. Thus, you are in perhaps the best position to offer help, or at least the first step toward help.

What follows is the training we give our leaders on how to respond to someone who is suicidal. Please note that this advice is not a replacement for helping your friends and family seek professional help.

1. Identify the warning signs. Is your friend or family member demonstrating any of the following behaviors?
   - Talking about suicide or death and even glorifying death
   - Self-isolating from friends and family
   - Increased use of alcohol or drugs (legal or illegal)
   - Starting to give away cherished possessions
Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn
Neglecting his or her appearance and hygiene
Acting out of character by inappropriately using or displaying his or her weapon unnecessarily or in an unsafe manner
Exhibiting reckless behavior by taking unnecessary risks

2. Use the ACE Method. The acronym “ACE” is a good way to remember the steps needed to take an active and valuable role in suicide prevention.

- “A” stands for “ASK.” Be direct, and don’t hesitate to ask, “Are you thinking about killing yourself?”
- “C” stands for “CARE.” Show that you care about what the person is saying, you care about him or her, and you are passing no judgement. You won’t be able to solve every problem in that moment, but you may help get past this dangerous episode.
- “E” stands for “ESCORT.” Take the person to get some help from a trained professional, an emergency room at a hospital, a pastor or counselor. Call the Suicide Prevention Hotline together – 1-800-273-TALK (8255). If the person is suicidal, do not leave him or her alone!

3. Remove weapons from their possession if possible.

- By far, the most frequently used method to complete suicide in America is with a gun. Over 70% of suicides are impulsive acts that occur within one hour of the actual decision to complete suicide. You can understand why a gun is used in so many successful attempts – in most cases, once a person decides to pull the trigger, there is no going back. Therefore, experts have found that the most successful deterrent in preventing a suicide is to restrict a suicidal person’s access to all guns.

Depression or suicidal ideation is not a sign of personal weakness. Those who are dealing with these feelings are not choosing to be depressed, nor are they alone in their battle. Even though they may feel alone as they walk through the dark valley of depression, what they are experiencing is not at all uncommon. Over 16 million adult Americans experience Major Depressive Disorder.

Suicide is the wrong way out of the valley. Let’s all do our part to provide hope and direction to our friends, family, or neighbors who may be struggling.

REBOOT Alliance offers groundbreaking courses to help military, first responders and their families heal from traumatic experiences. Courses are offered at locations around the world. Family members are welcome and each location provides meals and childcare. Registration is free.
It Takes a Hero to Ask for Help

By Melanie L. Thomas, MBA, Public Affairs Specialist
Friday, September 21, 2018

He was a young Marine with gunfire all around. Any bullet might be the one that killed him. His job was underground, in the dark, as a tunnel rat, to ferret out any North Vietnamese soldiers. Most didn’t survive the job. There were poisonous snakes and danger around every corner.

“About one in every five (tunnel rats) survived,” he said. “It was a suicide mission.”

He came home to dreams of corpses, burning flesh and post-traumatic stress. With the help of Cognitive Behavior Therapy and Prolonged Exposure Therapy at the Bay Pines VA Healthcare System, Pierre Williams is learning to get past the pain.

Williams suffered from nightmares, intrusive thoughts and flashbacks for years before reaching out for help in 2009 and learning he had post-traumatic stress.

“The staff here at Bay Pines were very patient with me. They allowed me to express myself, were supportive when I needed them, and allowed me to talk about things that held me [captive] in my own way,” Williams said.
The therapy meant revisiting his past and all the dangers in Vietnam.

“I remember being in a tunnel and seeing matted baskets,” he said. “If you did not know how to navigate around them, or gave them the slightest bump, you could be bitten by the most poisonous kind of snake.

“One bite and you were dead.”

It took several more years before Williams tried additional therapy.

Dr. Kellie Hyde, clinical psychologist for the Post Traumatic Stress Disorder Integrated Recovery Program worked to gain his trust, make him feel safe, and assist him with taking the next step in his recovery.

“Prolonged Exposure Therapy can be very difficult for Veterans because it may feel very scary for them,” Hyde said. “When they do make the decision to have this type of therapy, their symptoms may worsen before getting better.”

Hyde helps Veterans understand why the therapy is important, how it is going to help them meet their treatment goals and, if they do the work, move past their trauma.

“I was afraid to commit … because I knew it would bring out the most severe trauma events I endured in Vietnam,” Williams said. “However, one of the most significant steps in my recovery was when Doctor Hyde helped me to overcome one of the reoccurring nightmares I had.

“I would see the charcoaled bodies of a mother and her child I had killed. The thing that stayed with me for years was reliving that moment when I see their eyes staring back at me.”

Dr. Sarah Barron, program manager for the Post Traumatic Stress Disorder Integrated Recovery Program, said this type of therapy is well researched and helps reduce symptoms so Veterans can have a more functional life.

“Clinical experience tells us these are the most effective approaches in treating patients with PTSD,” Barron said.

Prolonged Exposure Therapy was not easy for Williams, but he said he is grateful to give it a chance.

“The turning point for me was when I realized the sincerity and compassion of the Mental Health team. They saw that I really wanted to do well in this program and gave me the tools to succeed,” Williams said.

Making treatment a collaborative process is important so Veterans reach their recovery goals.

“The decision to engage in trauma-focused work can be a difficult one for many patients,” Hyde said. “Establishing trust and a relationship with them is imperative in helping to coach them
along the process. I’m not the one driving the bus. They’re in charge.”

And now that Williams completed the program, he encourages others to give it a chance.

“This program has taught me to cope with my issues,” he said. “I would encourage others to come to VA and face their fears. You can’t face them by yourself. It takes a hero to ask for help and I am grateful that I did.”

To learn more about Post Traumatic Stress Disorder programs at the Bay Pines VA Healthcare System, please visit: https://www.baypines.va.gov/services/Stress.asp. For more information about National PTSD services available to Veterans click here.
WASHINGTON — House lawmakers finalized the fiscal 2019 Veterans Affairs and military construction budgets on Thursday, sending the full-year spending plan to the president ahead of the new fiscal year deadline for only the second time in nine years.

The plan contains a funding boost of more than 6 percent for VA next year, pushing the department’s total budget over $200 billion for the first time. At $209 billion in total spending, the department’s budget has nearly quadrupled over the last 17 years.

The House vote — 377 to 20 — came a day after Senate lawmakers offered similar overwhelming support for the measure, and just a few hours after congressional leaders announced a plan to finalize the fiscal 2019 budgets for
the Defense Department and several other non-military agencies by the end of this month, avoiding a government shutdown.

White House officials a day earlier praised Congress for their progress in completing the appropriations bills before the end of the fiscal year — Sept. 30 — a feat that has become a rarity in recent years.

Since the start of fiscal 2011, only one department has seen its full-year budget finalized by that deadline (VA, for fiscal 2017). It has been 22 years since Congress managed to pass all of its appropriations work on time.

Debate on the funding package — which also includes the full-year appropriations for the Department of Energy and the legislative branch — had been stalled since July over a gap of more than $1 billion in VA spending related to upcoming changes in community care programs.

Lawmakers shifted around money from other VA accounts to cover that fiscal gap after White House officials raised objections about increasing overall spending to cover the shortfall, a plan preferred by congressional Democrats.

The VA budget includes $71.2 billion in medical care services, including $8.6 billion for mental health care, $7.5 billion for homeless veterans treatment, $589 million for traumatic brain injury programs and $206 million for suicide prevention outreach.

Much of that was already approved as an advance appropriation earlier this year. Lawmakers included $76 billion in advance appropriations for fiscal 2020, to prevent possible future government shutdowns from disrupting veterans care.

Lawmakers also set aside $1.8 billion for VA construction projects next year and $2 billion for infrastructure repair throughout the VA system. Another $1.1 billion is earmarked for improvements to VA electronic health records, which are undergoing an overhaul expected to take up to a decade.

On military construction, the compromise bill includes $10.3 billion, a 2.4 percent increase from fiscal 2018 spending levels.
Of that, $1.6 billion is set aside for military family housing projects, $465 million for Guard and Reserve facility improvements, and $352 million for military medical facilities work.

The compromise bill also includes language to prohibiting the closure of the Guantanamo Bay Naval Station and blocking any plans to house military detainees at bases within the United States. That topic had been a friction point with President Barack Obama’s administration, but has not been an issue since President Donald Trump was elected.

President Donald Trump is expected to sign the measure into law next week.
FOR IMMEDIATE RELEASE
September 18, 2018

VA national cemeteries welcome nonprofit volunteers providing tree-and landscape-care services

WASHINGTON — Today the U.S. Department of Veterans Affairs announced that its National Cemetery Administration is partnering with more than 2,000 green-industry professionals across the country Sept. 19 to host “Saluting Branches: Arborists United for Veteran Remembrance,” an opportunity for tree-care professionals to help maintain and beautify VA cemeteries.

“The work and volunteerism of Saluting Branches shows everyone has unique skills and abilities that can contribute to recognizing and honoring the sacrifice of America’s Veterans,” said VA Secretary Robert Wilkie. “We partner with communities and organizations across the nation to help build the national profile and importance of honoring Veterans through memorialization.”

The volunteers will donate a full day’s work, including pruning and trimming, to 53 Veterans cemeteries around the country as a way of honoring Veterans and their families. Of the 53 cemeteries hosting volunteers, 36 are VA national cemeteries. Last year, volunteers donated an estimated $4 million in services.

“We developed Saluting Branches as a green-industry project to honor Veterans and improve the environment through the science of tree care,” said Deb Peterson, Saluting Branches coordinator. “This is an important event for the arborist community and allows us to give back to those who have served us.”

Rainbow Treecare, located in Minnetonka, Minnesota, created the Saluting Branches Day of Service at Fort Snelling National Cemetery.

VA operates 136 national cemeteries and 33 soldiers’ lots and monument sites in 40 states and Puerto Rico. More than 4 million Americans, including Veterans of every war and conflict, are buried in VA’s national cemeteries. VA also provides funding to establish, expand, improve and maintain 111 Veterans cemeteries in 48 states and territories including tribal trust lands, Guam, and Saipan.

For Veterans not buried in a VA national cemetery, VA provides headstones, markers or medallions to commemorate their service. In 2017, VA honored more than 361,892 Veterans and their loved ones with memorial benefits in national, state, tribal and private cemeteries.

###
FOR IMMEDIATE RELEASE
September 24, 2018

VA researchers work to create 3D-printed artificial lung that may revolutionize treatment of Veterans with lung disease

WASHINGTON — U.S. Department of Veterans Affairs (VA) scientists at the VA Ann Arbor Healthcare System in Michigan recently announced that they are working to create a 3D-printed artificial lung that could potentially revolutionize treatment of Veterans affected by lung disease.

Though still in its infancy, VA researchers hope to build what they call the first artificial lung that closely replicates the natural lung, resulting in compatibility with living cells and a very small size for portable or wearable short- and long-term respiratory support.

In the near term, the device could be used as a temporary measure — a bridge to help patients waiting lung transplant or an aid for Veterans with recovering lungs. According to researchers, future versions could have longer-term applications.

“Our Veterans deserve the highest quality of care and the latest breakthroughs in medical science,” said VA Secretary Robert Wilkie. “This exciting project is the latest in a long string of incredible research and medical advancements developed by VA researchers over the years. The results of this project could change millions of lives for the better.”

Exposure to burn pits, sand, diesel exhaust and chemicals are some of the most commonly cited factors that lead to lung problems for active-duty military. About 20 percent of patients with severe traumatic brain injury also have acute lung injury.

One lung disorder VA researchers hope to tackle someday with the 3D-printed artificial lung is chronic obstructive pulmonary disease (COPD), regarded as one of the most prevalent and costliest ailments in the Veteran population.

COPD affects 5 percent of American adults and 16 percent of the Veteran population. Most people with COPD have emphysema, in which the air sacs of the lung are damaged and enlarged, and chronic bronchitis, a long-lasting cough caused by chronic inflammation of the bronchial tubes. The disease is characterized by an airflow limitation that is often linked to an abnormal response of the lungs to noxious particles or gases, such as those in cigarette smoke.


###
VA SAIL report scorecard shows majority of VA medical centers have improved over past year in quality of services provided to Veterans

WASHINGTON — Using a web-based report scorecard that measures, evaluates and benchmarks quality and efficiency at its medical centers, the U.S. Department of Veterans Affairs (VA) recently released data that showed significant improvements at the majority of its health care facilities.

Compared with data from the same period a year ago, the July 2018 release of VA’s Strategic Analytics for Improvement and Learning (SAIL) report showed 103 (71 percent) VA Medical Centers (VAMCs) have improved in overall quality — with the largest gains seen in areas where there were VA-wide improvement initiatives, such as mortality, length of stay and avoidable adverse events. Seven (5 percent) VAMCs had a small decrease in quality.

“This is a major step in the right direction to improving our quality of services for our Veterans,” said VA Secretary Robert Wilkie. “Over the past year, we were able to identify our problems and implement solutions to fixing the issues at 71 percent of our facilities. I’m extremely proud of our employees and the progress they have made to raise VA’s performance for our nation’s heroes.”

Additionally, of the 15 medical centers placed under the Strategic Action for Transformation program (StAT), an initiative that monitors high-risk medical centers and mobilizes resources to assist the facilities, 33 percent (five medical centers) are no longer considered high-risk and 73 percent (11 medical centers) show meaningful improvements since being placed under StAT in January 2018.

The quarterly SAIL report, which has been released publicly since 2015, assesses 25 quality metrics and two efficiency and productivity metrics in areas such as death rate, complications and patient satisfaction, as well as overall efficiency and physician capacity at 146 VAMCs. It is used as an internal learning tool for VA leaders and personnel to pinpoint and study VAMCs with high quality and efficiency scores, both within specific measured areas and overall. The data is also used to identify best practices and develop strategies to help troubled facilities improve.

###
WASHINGTON — President Donald Trump signed into law Monday a significant expansion of the Veterans Justice Outreach program, a move that will put dozens more specialists into courtrooms nationwide to help work with veterans facing legal troubles.

The program, which has received positive reviews from advocates for providing additional rehabilitation and alternative punishment options for veterans who run afoul of the law, had already seen a 20 percent jump in hired specialists since the start of fiscal 2018. With the new law, that figure will now grow another 16 percent, above 350 staffers.

Rep. Mike Coffman, R-Colo. and the author of the legislation, said in a statement the goal of the program expansion is “rehabilitation instead of incarceration” for veterans.

In his state’s veterans treatment court, 73 percent of veterans who completed the program have had no subsequent legal problems, a figure Coffman said shows that underlying, untreated issues like post-traumatic stress may be more to blame than criminal intent.

“Our veterans have served us, and now we need to do our part to make sure they can overcome some of the difficulties involved in adjusting to civilian life after the military,” he said.

The outreach program has handled more than 184,000 veterans’ cases since its creation in 2009, conducting outreach to veterans already in prison, providing legal assistance to others facing incarceration, and working with local law enforcement on training related to the challenges veterans can face.

The work is closely linked to VA’s homeless outreach and prevention programs. In a statement, VA Secretary Robert Wilkie said that “since incarceration is often linked to homelessness, mental health issues and substance abuse, the specialists will help facilitate these veterans’ access to numerous VA programs and resources.”

More than 550 veterans treatment courts — which specialize in veterans cases — are currently operating nationwide.

The law mandates that VA officials hire the additional 50 program specialists within the next year, and those individuals work both with those veterans courts and other local legal authorities to provide veterans with more information about additional assistance and benefits.

Information on the Veterans Justice Outreach Program is available through the VA web site.
Blue Water Navy Veterans Face Setback From the VA

A recent letter from Veterans Affairs Secretary Robert Wilkie to the Senate Veterans' Affairs Committee marked the latest VA effort to scuttle proposed legislation that would extend benefits available to Blue Water Navy veterans of the Vietnam War.

Wilkie's letter, outlined in a Military Times report, calls into question the scientific evidence behind the proposal, which would allow those who served aboard ships off the coast of Vietnam to claim presumptive exposure to Agent Orange, which is connected to a variety of cancers and other long-term illnesses.

It also takes issue with the cost of the legislation; the House bill states that a new fee on some VA loans would raise about $1.1 billion over 10 years to cover costs, per Military Times, but Wilkie's letter puts the cost at more than $5.5 billion.

MOAA President and CEO Lt. Gen. Dana T. Atkins (USAF, Ret.) vowed to continue to advocate for these Blue Water veterans.

“This is a very disappointing turn of events and frankly, MOAA sees VA’s attempt to contest the blue water legislation as breaking trust with not only the veterans dealing with these debilitating conditions, but likely to further erode the faith and confidence veterans in general
have with VA as an institution, at a critical time when VA is struggling to rebuild its image among veterans they serve,” Atkins said. “MOAA intends to work with our veteran and military service organization partners, along with the VA, to find an equitable solution for those veterans impacted by their service during the Vietnam era.”

MOAA worked with Congress to pass the House version of the Blue Water Navy legislation in June. That legislation would cover more than 90,000 sea service members.

**Related reading:** Vet Realtor Pulls Alarm on Plan to Fund 'Blue-Water Navy' Bill
Wilkie requested that senators put a hold on the legislation until an ongoing VA study comparing the health of Vietnam War veterans with those of a similar age who did not deploy, Stars and Stripes reported. That report is set to be published in late 2019.

Amanda Dolasinski is MOAA’s staff writer. She can be reached atamandad@moaa.org. Follow her on Twitter @AmandaMOAA.
In his final year in Congress, 87-year-old Rep. Sam Johnson, R-Texas, a legendary Air Force fighter pilot in Korea and Vietnam and a former prisoner of war, is backing a bill to give enlisted Medal of Honor recipients and POWs the same honors as officers in burials at Arlington National Cemetery.

"My fellow POWs who served honorably demonstrated the utmost patriotism, but not all of them were eligible for full military honors at their burial, simply due to their rank. I believe this is wrong," Johnson said in a statement.

Current rules restrict full honors at in-ground burials at Arlington, including a military escort and a horse-drawn caisson, to officers, warrant officers, senior non-commissioned officers and service members killed in action.

Eligibility rules for in-ground burial at Arlington, which is running out of space, are the strictest of all the national cemeteries. They may in future be limited to those killed in action and recipients of the Medal of Honor, the Distinguished Service Cross, the Navy Cross, the Distinguished Flying Cross, the Distinguished Service Medal, the Silver Star and the Purple Heart, according to a current proposal under consideration.
Prisoners of war who were discharged honorably and died after Nov. 30, 1993, are also eligible, according to the Code of Federal Regulations. There were no immediate figures available on how many enlisted MoH recipients or POWs may have been denied full honors at Arlington due to current rules.

Most honorably discharged veterans can request Arlington as their final resting place, but the eligibility rules are lengthy. (The list of rules can be found here.)

Rep. Mike Bishop, R-Michigan, is the main sponsor of the Full Military Honors Act, which was introduced in the House earlier this month. He said he came to the issue at the behest of the family of a deceased constituent, Army Pfc. Robert Fletcher, a Korean War POW who was buried without full honors at Arlington in June.

"America's POWs and Medal of Honor recipients have sacrificed immeasurably in service to the United States, regardless of their rank," Bishop said in a statement. "So I was shocked to find out that earlier this year a former POW from Michigan was denied a full honors burial at Arlington National Cemetery based solely on his enlisted rank. This has been an issue for too long, and my legislation will ensure those who have gone above and beyond the call of duty are provided the full military honors they have earned for their end-of-life ceremonies."

Rep. Tim Walz, D-Minnesota, the highest-ranking enlisted soldier ever to serve in Congress, co-sponsored the bill. "I'm proud to join in introducing the Full Military Honors Act," said Walz, who retired from the Army National Guard as a command sergeant major after 24 years. "To help ensure we honor the sacrifices these heroes and their families have made for our country, we must pass it without delay."

The bill has been endorsed by the American Legion, the Paralyzed Veterans of America, the Military Officers Association of America, the National League of POW/MIA Families, the Special Operations Association, the Special Forces Association and the American Fallen Warriors Memorial Foundation.

At a hearing of the House Armed Services Subcommittee on Military Personnel in March, officials warned that space for in-ground burials at Arlington would eventually run out because surrounding communities restrict its expansion.

"We are filling up every single day" at the 154-year-old historic site across the Potomac from Washington, D.C., where an average of 150 burials take place each week, said Karen Durham-Aguilera, executive director of Army National Military Cemeteries.

Estimates on when Arlington will run out of space vary, but some put the date for closing the cemetery to new burials in the 2030s or 2040s.

As of August 2017, there were 5,071 living former POWs in the U.S., according to the Department of Veterans Affairs. There are currently 72 living recipients of the Medal of Honor, 45 of whom were in the enlisted ranks when they received the award, according to the Congressional Medal of Honor Society.

The full honors issue has resonated over the years with Johnson, a retired Air Force colonel and recipient of the Distinguished Flying Cross, two Silver Stars and two Purple Hearts.
During the Korean War, he flew 62 combat missions in a F-86 Sabre and was credited with shooting down one MiG-15. In Vietnam, he flew the F-4 Phantom II. On his 25th combat mission in Vietnam on April 16, 1966, Johnson's aircraft was shot down over North Vietnam. He was a POW for nearly seven years, including 42 months in solitary confinement.

A battered tin cup he used to tap on the walls to communicate in code with other prisoners is now in the Smithsonian Institution's National Museum of American History. In the prison camps, Johnson was part of a group dubbed the "Alcatraz 11" for their resistance to the guards.

"Any veteran who served honorably as a prisoner of war or whose actions earned them the Medal of Honor has already demonstrated extraordinary dedication to defending freedom," Johnson said in his statement. "In return, they deserve to have the country they fought for bestow full military honors if they are eligible to be buried at Arlington National Cemetery."

Since the death of Sen. John McCain, R-Arizona, last month, Johnson is the only former POW serving in Congress. Earlier this year, he announced that he would retire at the end of the term after serving in the House since 1991.

In his statement upon McCain's death, Johnson, who was often at odds with the late senator on issues, paid tribute to the former Navy pilot who was with him in the prison camps.
"We have lost a genuine American hero today. John and I were fellow POWs at the 'Hanoi Hilton,' and I can testify to the fact that he did everything he could to defend freedom and honor our great nation -- not just in that hell on Earth, but beyond those bleak years," Johnson said.

"John's strength of spirit, commitment to democracy, and love of God and country all shape the inspiring legacy of service he leaves behind. God bless you, partner, and I salute you."

-- Richard Sisk can be reached at Richard.Sisk@Military.com.
Poor oversight and failures in testing procedures led to two non-fatal fentanyl overdoses last year at a VA residential treatment program in upstate New York in which patients acquired the potent synthetic drug from another veteran at the facility, the VA’s Office of Inspector General reported Wednesday.

In a similar report in July, the IG found that lax oversight and poor communication among staff were factors in the overdose death of a patient at another unidentified VA residential drug treatment program in 2015. That patient was found dead in a locked bathroom. An autopsy attributed the cause of death to a heroin overdose.

In the case at the Bath, N.Y., VA Medical Center's treatment program, Matthew Helmer, 34, of Hyde Park, N.Y., a resident in drug treatment, was
charged in October 2017 with felony counts of drug possession by federal prosecutors, who alleged that he was a "runner" for other veterans in the program, the local Star-Gazette newspaper reported.

In court documents, a VA investigator said Helmer told him that "he knew that [patients] overdosed and were currently in the hospital," but was unaware of how they acquired the synthetic opioid fentanyl, the newspaper reported.

Drug paraphernalia was found in Helmer's room and he acknowledged that heroin was his own drug of choice, the newspaper said.

The IG's report focused on the 170-bed Domiciliary Residential Rehabilitation Treatment Program (DRRTP) in Bath, a town in New York's "southern tier" near the Pennsylvania border.

The DRRTP is part of the Bath VA Medical Center, the VA's oldest health care facility. The Bath facility was set up in 1865 as the National Home for Disabled Volunteer Soldiers returning from the Civil War. It currently serves about 13,000 veterans in the region.

The IG's report noted that "the Veterans Health Administration does not require treatment programs to routinely test for illicit drugs, such as fentanyl, that are trending in the community."

Following the two non-fatal fentanyl overdoses, the Bath center changed its urine drug screening (UDS) methods to include testing for the presence of fentanyl, but the tests went to "a non-VA laboratory with a turnaround time that compromised the timeliness of clinical intervention and overdose prevention," the IG report found.

The result was that "the OIG determined that the facility's fiscal year 2017 positive UDS tracking data was inaccurate."

The report also cited Bath center staff as saying that urine screening results were not properly recorded.

The residential treatment program then went to a system in which "color-coded stickers" were placed on the doors to the rooms of residents with a history of opioid use who were believed to be at high risk for suicide, the IG's report said.

The sticker system was discussed at meetings, but "key staff reported being unaware of its use for residents at high risk for suicide," said the 37-page
The report also found that staff at the residential treatment program "did not have sufficient personal protective equipment or training to safely conduct contraband searches of residents' rooms and belongings."

It cited several case studies at the Bath treatment program indicating that drugs including fentanyl were available for those who wanted them.

In the case of a veteran identified as "Resident B," who had recently completed an in-patient program for opioid detoxification, a routine urine test taken 15 days after he became a Bath resident was positive for opioids. On the 19th day, a search of Resident B's room "produced a baggie of unknown pills, a small orange cap with unidentified powder in it, a knife with a blade longer than three inches, straight razor blades, a needle, and a packaging wrapper for suboxone," the report said.

Another urine test was positive for the presence of fentanyl. "On Day 20, Resident B declined discharge planning and was discharged irregularly," the case study said.

In response to the IG's report, Dr. Joan McInerney, director of the VA's New York/New Jersey Health Care Network, concurred with the findings and pledged action to correct deficiencies.

"The Veterans Integrated Service Network will conduct an evaluation of the Bath VA Medical Center processes for fentanyl test results, turnaround times and notification of results. Appropriate action will be taken based on the process evaluation result," McInerney said in a statement.

In the case of the veteran's overdose death in 2015, the IG's report in July found that staff at the unidentified residential treatment program failed to take a number of steps that might have resulted in an intervention.

The patient had refused, or claimed the inability to provide, a urine sample, the report said. In that circumstance, "staff were required to review the appropriateness of residential care to determine whether the patient should continue in the program and, if so, under what conditions. For this patient, no documented action was taken," the report said.
On a Monday morning, a registered nurse on staff found "that the patient appeared to be sweating, had tremors, and was less engaged in treatment. That afternoon, a program psychologist met with the patient."

"The psychologist stated in an interview the patient 'was doing really well in the program' and that there was not anything that stood out to indicate the patient was using drugs or suicidal," the report said. "The next day, the patient entered a single-room public bathroom on the main floor of the facility, which could be locked from within.

"Later that evening, the patient was discovered unresponsive in the bathroom by a maintenance staff member. A Code Blue was initiated; however, the Code Blue team was dispatched to the wrong area," the report said. "They subsequently arrived at the correct location, assessed the patient, and determined that resuscitation was futile because the patient appeared to have been dead for several hours."

The abuse of fentanyl and other opioids has been singled out by President Donald Trump as a main factor in the suicide rates of the civilian and veteran populations.

In July, the Justice Department reported that the number of federal fentanyl prosecutions has more than tripled, from 74 defendants in 51 cases in fiscal 2016 to 267 defendants in 181 cases in fiscal 2017.

"This crisis is devastating," U.S. Attorney General Jeff Sessions said in Concord, New Hampshire, on July 12. "But we will not stand by idle. We are not going to accept the status quo. We will not allow this to continue."

-- Richard Sisk can be reached at Richard.Sisk@Military.com.
Former SEAL Jason Redman Honored at Adaptive Clothing Fashion Show

NEW YORK (AP) — New York Fashion Week has opened its glamorous tent wider to feature models with disabilities wearing adaptive clothing designs by Tommy Hilfiger, Nike and Target.

Organized by the Runway of Dreams Foundation, the show on Wednesday included a catwalk welcoming to wheelchairs, crutches, walking canes and more. Actor and model RJ Mitte of "Breaking Bad" was host.

Mitte said he understood the importance of inclusion on a personal level, having been diagnosed with cerebral palsy at age 3. "I'm really excited to see all this inclusivity and all of these strides to be diverse," he said.

Jason Redman never expected to find himself at a fashion show. Redman was a U.S. Navy SEAL who suffered injury to his face and body when he was struck by machine gun fire during a special operative mission in Iraq. He received the Inspirational Achievement Award for the clothing company he founded, Wounded Wear.
"People underestimate the power of clothing, the power of wanting to feel good and look like everybody else around us. And that's what this organization does. So to be here, to be an awardee, to be a part of it, it's pretty awesome."

The founder of Runway of Dreams, Mindy Scheier, was inspired to start her foundation when her son, Oliver, who has muscular dystrophy, told her he wanted to wear clothes like everyone else. His request was for blue jeans—a clothing item that would prove difficult to pull on and off with his condition unless the pants were modified. She decided to make him an adaptive pair on her own and realized the need for more adaptive clothing lines for individuals with disabilities.

"Fashion is a direct correlation to how we feel about ourselves, our confidence, our self-esteem," said Scheier. "And if you don't have that, if you don't have options, it can really affect how you feel about yourself. So truly, clothing is a basic need. So, shouldn't we all feel really good and have options like everybody else?"

Model Mama Cax, recently featured on the cover of Teen Vogue's September issue for "The New Faces of Fashion," lost her leg during a battle with cancer. She is now an advocate for inclusion in the fashion industry and walked the runway Wednesday.

She said she wanted to see people with disabilities cast in movies and TV in lead roles or as love interests but without any "inspiration piece attached to it," adding: "We want to see them in a normal role, average role, like we do in our everyday lives.

This article was written by Ragan Clark from The Associated Press and was legally licensed through the NewsCred publisher network. Please direct all licensing questions to legal@newscred.com.
A Navy pilot who took out a Syrian attack jet that was dropping bombs on friendly forces last year - the service's first air-to-air kill since the end of the Cold War - was recognized for his heroism this weekend.

Lt. Cmdr. Mike "MOB" Tremel, an F/A-18E Super Hornet pilot with the Strike Fighter Squadron 87, was awarded the Distinguished Flying Cross on Saturday during the Tailhook Association's annual conference. The medal is awarded for heroism or extraordinary achievement during aerial flights.

Tremel is credited with shooting down a Syrian Su-22 Fitter attack jet over Raqqa on June 18, 2017.

He and his wingman, Lt. Cmdr. Jeff “Jo Jo” Krueger, initially set out from the aircraft carrier George H.W. Bush with two other pilots on what they thought was a close-air-support mission.
But the airspace was crowded, and when Tremel split off from the rest to track a Russian aircraft in the area, he spotted a Syrian jet.

“Our whole mission out there was to defeat [the Islamic State group], annihilate ISIS,” he said at last year's Tailhook symposium. “… At any point in time, if this had de-escalated, that would have been great. We would have gotten mission success and [gone] back to continue to drop bombs on ISIS.”

Instead, the Syrian air force attack jet ignored repeated warnings from the Navy pilots about getting too close to friendly forces on the ground. When the Fitter took a dive and began dropping ordnance, Tremel fired off an AIM-9X Sidewinder missile.

When the missile didn't make contact, he let another fly. The second round, a radar-guided AIM-120 Advanced Medium-Range Air-to-Air Missile, or AMRAAM, hit its target.

“The aircraft will pitch right and down and pilot will jump out and left in his ejection seat,” Tremel said.

Careful to avoid falling debris, Tremel watched the pilot pass in his ejection seat.

The whole thing was over in about eight minutes, according to a Navy news release. Tremel and Krueger flew back to the carrier as the other pilots continued on with the original close-air support mission.

It had marked the Navy's first air-to-air kill since the fall of the Soviet Union.

“I couldn't have done it without the guy sitting next to me, 'Jo Jo,' and the other guys that were airborne,” Tremel said. “It was an absolute team effort, to include all the coordination that went on with the Air Force.”

Military.com's Hope Hodge Seck contributed to this report. Other articles from Military.com:
September 21, 2018
National POW/MIA Recognition Day

In This Issue:
1. Senate Must Pass Blue Water Navy Bill
2. National POW/MIA Recognition Day
3. Korean War Flag Presentation
4. VA, VFW Hold Facebook Live Event Showcasing VA Video Connect
5. VFW Participates in Army Partnership Conference
6. VFW Supports Relief Efforts for Hurricane Florence
7. Trump Signs Bill to Fund Veterans Programs
8. VA to Hire 50 Veterans Justice Outreach Specialists
9. Senate Passes Defense Appropriations and VA Extenders Bills
10. Gold Star Families Remembrance Week
11. VA Nominees Advanced for Full Senate Vote
12. VA-enrolled Veterans Eligible for Free Flu Shot
13. MIA Update

1. Senate Must Pass Blue Water Navy Bill: On Wednesday, the VFW joined other veterans service organizations in sending a letter to the Senate Committee on Veterans’ Affairs urging the Senate to pass H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018, which would provide long-overdue benefits to Blue Water Navy and Korean DMZ veterans. It would also expand benefits to the children of veterans who were exposed to Agent Orange in Thailand and commission more research on Gulf War Illness. The VFW calls on its members and supporters to contact their Senators and urge them to pass this important bill. Read the letter. Contact your Senators.

2. National POW/MIA Recognition Day: The VFW is attending ceremonies at the Pentagon this afternoon to honor our nation’s former prisoners of war and to remember more than 82,000 Americans who remain missing and unaccounted for going back to World War II, as well as their families. The nation sets aside the third Friday in September to recognize and remember former POWs and our MIAs, yet for the 700 military and civilian men and women assigned to the Defense POW/MIA Accounting Agency (DPAA), every day is another opportunity to recover, identify, and return a fallen American home to a loving family who still waits. Learn more about DPAA here.
3. **Korean War Flag Presentation:** The VFW was onsite yesterday at the Korean War Veterans Memorial to witness Vice President Mike Pence present an American flag to the Korean War Veterans Memorial Foundation. The flag was one of 55 flags that draped the 55 transfer cases of American remains when they were repatriated from North Korea to American soil. Even more poignant is that two soldiers have already been identified from that transfer — Pfc. William H. Jones of North Carolina and Master Sgt. Charles H. McDaniel of Indiana (more details below in the MIA update). The vice president, who participated in the Aug. 1 repatriation ceremony at Joint Base Pearl Harbor-Hickam in Hawaii said, “When I was presented this flag … I knew where it belonged. It belonged here on this hallowed ground, the Korean War Veterans Memorial.” He continued, “We will never relent in our effort to bring our missing fallen home.” [Read the vice president’s full remarks](#).

4. **VA, VFW Hold Facebook Live Event Showcasing VA Video Connect:** VFW National Veterans Service Director Ryan Gallucci and VA’s Chief Officer for the Office of Connected Care Dr. Neil Evans hosted a Facebook Live event on Tuesday to talk about the Veterans Health Administration’s telehealth service called VA Video Connect. The service connects veterans with their health care team from anywhere, using encryption to ensure a secure and private session. It makes VA health care more convenient and reduces travel times for veterans, especially those in rural areas with limited access to VA health care facilities. Veterans can access the service from any mobile or web-based device. Watch the [Facebook Live video](#). [Learn more](#) about VA Video Connect. Get the [VA Video Connect app](#).

5. **VFW Participates in Army Partnership Conference:** On Thursday, VFW National Security and Foreign Affairs Director John Towles was at the Pentagon with Army senior leadership for their quarterly partnership conference. The conference allowed for one-on-one conversation on military personnel program improvements, recruitment and retention, community engagement, and future Army media and marketing updates. Also in attendance were: Chief of Army Public Affairs Brig. Gen. Omar Jones; Senior Army Retention Operations Non-Commissioned Officer MSG Gerardo Godinez; Soldier for Life Director Col. Prescott Farris; Sergeant Major of the Army Daniel Dailey; and Assistant Surgeon General for the Army National Guard Brig. Gen. Jill Faris.

6. **VFW Supports Relief Efforts for Hurricane Florence:** The VFW is accepting donations to help veterans, service members, and military families impacted by Hurricane Florence. From hurricanes to raging wildfires, each year natural disasters leave many in desperate need of assistance. The VFW’s Disaster Relief Fund provides our organization the opportunity to react quickly with immediate relief to those in the affected areas. Find a list of [VFW Posts](#) acting as staging areas in North Carolina for hurricane relief, view a [list of needed supplies](#), or [donate to the VFW Disaster Relief Fund](#). [Learn more](#) about the hurricane’s impact on your respective VA facility.

7. **Trump Signs Bill to Fund Veterans Programs:** Today, President Trump signed the first appropriations bill of the year. The $147.5 billion package includes full year appropriations for VA to start implementation of the VFW-supported VA MISSION Act of 2018, streamline the process for appealing decisions on benefit claims, reduce the rate of suicide among veterans, and modernize its electronic health care record. Full year appropriations for veterans programs was
one of several important issues the VFW National Legislative Committee urged members of Congress to finish before the end of the year, during the VFW’s Fall Legislative Conference. Read the Joint Explanatory Statement for H.R. 5895.

8. VA to Hire 50 Veterans Justice Outreach Specialists: The Department of Veterans Affairs will hire 50 additional Veterans Justice Outreach (VJO) specialists as part of the Veterans Treatment Court Improvement Act of 2018, which was recently signed by President Donald Trump. The law requires VA to hire these specialists within one year at eligible VA Medical Centers. “By signing this bill into law, President Trump is demonstrating VA’s commitment to supporting America’s veterans, particularly those who may be navigating difficult chapters in their lives,” said VA Secretary Robert Wilkie. “Since incarceration is often linked to homelessness, mental health issues and substance abuse, the VJO specialists will help facilitate these veterans’ access to numerous VA programs and resources.” Created in 2009, the program currently funds 314 VJO specialists across the United States. Read more.

9. Senate Passes Defense Appropriations and VA Extenders Bills: On Tuesday, the Senate passed H.R. 6157, the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, which would provide full year funding for the Department of Defense, and the Department of Health and Human Services. The bill includes VFW-supported provisions to ensure death gratuity benefits are never delayed because of a government shutdown and to fund DOD research on Gulf War Illness and Burn Pits. The bill provides funding for DOD to implement the VFW-supported John S. McCain National Defense Authorization Act for Fiscal Year 2019. The Senate also passed S. 3479, the Department of Veterans Affairs Expiring Authorities Act of 2018, which will ensure the continuation of important veterans programs to provide child care, homelessness assistance, and travel reimbursement for veterans, and authorize VA to continue operations of the regional office in the Philippines. H.R. 6157 and S. 3479 await passage by the House of Representatives. Read a summary or the text of the defense appropriations bill. Read a summary or the text of the Department of Veterans Affairs Expiring Authorities Act of 2018.

10. Gold Star Families Remembrance Week: On Sept. 6, 2018, the Senate passed S. Res. 522, which designates Sept. 23 through Sept. 29, 2018, as Gold Star Families Remembrance Week to honor and recognize “the sacrifices made by the families of members of the Armed Forces who have made the ultimate sacrifice,” and to encourage all Americans to observe Gold Star Families Remembrance Week by performing acts of good will and celebrating the families of those who gave their lives for our freedom. Read the resolution.

11. VA Nominees Advanced for Full Senate Vote: This week, the Senate Committee on Veterans’ Affairs advanced the nominations of two potential candidates for VA’s leadership. Dr. Tamara Bonzanto is nominated for Assistant Secretary for the Office of Accountability & Whistleblower Protection (OAWP), and Mr. James Paul Gfrerer is nominated for Assistant Secretary for the Office of Information and Technology (OIT). If confirmed, both would serve in critical roles within offices that have been under scrutiny in recent months. The OAWP was responsible for implementing the Accountability and Whistleblower Protection Act last year, and overseeing the discharge and disciplinary actions against senior VA officials who failed veterans and VA employees. The OIT is tasked with overseeing the new Electronic Health
Records program, a 10-year modernization of VA’s records system which is considered one of the more substantial changes to VA’s operating procedures in decades. The two candidates will now go before a full Senate vote for approval of their respective nominations.

12. VA-enrolled Veterans Eligible for Free Flu Shot: Now through March 31, 2019, all VA-enrolled veterans are eligible for free annual flu shots at their local Walgreens or Duane Reade pharmacy. While this immunization program is limited to VA patients, Walgreens offers flu shots to most VFW members and their families through other coverage programs, such as TRICARE, Medicare, and many health care plans. Locate your closest Walgreens or Duane Reade.

13. MIA Update: This week, the Defense POW/MIA Accounting Agency announced six new identifications, and the burial date and location for three previously identified servicemen. Returning home with full military honors are:

-- **Marine Corps Pfc. Roger Gonzales**, 20, of San Pedro, Calif., whose remains were previously identified, will be buried Sept. 21 in Rancho Palos Verdes, Calif. Gonzales was a member of Company F, 2nd Battalion, 7th Marine Regiment, 1st Marine Division. On Nov. 27, 1950, Gonzales’ unit moved northwest from Hagaru-ri to Fox Hill at the Toktong Pass. In the early hours of Nov. 28, the Chinese People’s Volunteer Forces attacked and Gonzales’ company sustained heavy casualties. Gonzales was reported to have been killed in action on Nov. 29, 1950, and was buried at the base of Fox Hill. Read about Gonzales.

-- **Army Cpl. Morris Meshulam**, 19, of Indianapolis, whose remains were previously identified, will be buried Sept. 23 in his hometown. Meshulam was a member of Battery D, 82nd Anti-Aircraft Artillery Battalion (Automatic Weapons,) 2nd Infantry Division. The division suffered heavy losses to units of the Chinese People’s Volunteer Forces between the towns of Kunu-ri and Sunchon, North Korea. Meshulam was reported missing in action on Dec. 1, 1950. Read about Meshulam.

-- **Army Pfc. Willard Jenkins**, 27, of Scranton, Pa., whose remains were previously identified, will be buried Sept. 26 in his hometown. Jenkins was a member of Company C, 307th Airborne Engineer Battalion, 82nd Airborne Division near Nijmegen, Netherlands. On Sept. 20, 1944, while participating in Operation Market Garden, his unit was ordered to cross the Waal River to make an amphibious attack. Jenkins was wounded in the chest by enemy fire. Because of the enemy activity in the area, a search could not be conducted and he was declared missing in action on Sept. 20, 1944. Read about Jenkins.

-- **Army Pvt. Charles G. Kaniatobe** was a member of Company A, 1st Battalion, 21st Infantry Regiment, 24th Infantry Division. In July 1950, his unit was engaged in combat operations against the North Korean People’s Army near Chonui, South Korea. Kaniatobe could not be accounted for and was declared missing in action on July 10, 1950. Interment services are pending. Read about Kaniatobe.

-- **Army 1st Lt. Seymour P. Drovis** was a member of Company A, 105th Infantry Regiment, 27th Infantry Division. In July 1944, his unit was engaged against enemy forces in Achugao Village, Saipan Island, Northern Mariana Islands. The division sustained heavy casualties during one of the largest Japanese “banzai” attacks of WWII. A soldier reported seeing Drovis fatally shot on July 7, 1944. Interment services are pending. Read about Drovis.

-- **Army Staff Sgt. Karl R. Loesche** was a member of the 3rd Pursuit Squadron, 24th Pursuit Group. On Dec. 8, 1941, Japanese forces invaded the Philippine Islands and forced the surrender
of the Bataan peninsula on April 9, 1942. Loesche was among those reported captured, and one of the thousands who were eventually moved to the Cabanatuan POW camp. More than 2,500 POWs perished in this camp during the remaining years of the war. Interment services are pending. Read about Loesche.

-- Navy Seaman 1st Class Robert W. Headington was assigned to the USS Oklahoma, which was moored at Ford Island, Pearl Harbor, on Dec. 7, 1941, when the ship sustained multiple torpedo hits and quickly capsized, resulting in the deaths of 429 crewmen, including Headington. Interment services are pending. Read about Headington.

-- Army Pfc. William H. Jones, of Nash County, N.C., was a member of Company E, 2nd Battalion, 24th Infantry Regiment, 25th Infantry Division. In November 1950, his unit engaged in attacks against the Chinese People's Volunteer Forces near Pakchon, North Korea. On Nov. 26, 1950, after his unit made a fighting withdrawal, he could not be accounted for and was reported missing in action. Interment services are pending. Read about Jones.

-- Army Master Sgt. Charles H. McDaniel, of Vernon, Ind., was a medic with the 8th Cavalry Regiment Medical Company supporting the regiment's 3rd Battalion. In November 1950, his unit was engaged with enemy forces of the Chinese People's Volunteer Forces (CPVF) southwest of the village of Unsan, and east of Hwaong-ri, North Korea. He was reported missing in action on Nov. 2, 1950, when he could not be accounted for by his unit. Interment services are pending. Read about McDaniel.


As always, we want to hear your advocacy stories. To share your stories or photos with us, simply email them directly to vfwac@vfw.org.