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SIX YEAR OVERVIEW OF THE GRAND RAPIDS HOME FOR VETERANS

The first six years or so that my dad was at the Grand Rapids home for Veterans, it was fantastic for him. The so many activities that were available were in full swing. He talked about painting again, and enjoyed the work shop. He played cards at night with his buds, and enjoyed a crossword puzzle and a hot cup of coffee at night. He was so happy especially when he spent time with his Veteran brothers.

My father was a smoker, but back then the home had designated areas close to or inside his ward where he was never too far from care.

Administrators at the Home and within the VA started to change and with them a change of attitude toward our Veterans. I visited my father on a very regular basis, so I became very aware of these changes at the Home.

The first issue with the home came when administrators and doctors at the home decided that my father will no longer be driving, and they towed his car away. I received a call only after they had done this. My father was devastated and his last hope of independence quickly faded. Other Veterans had also had their cars towed without warning or permission.

About the time of the heated smoking ban law, administrators promised the Veterans and me that we did not have to worry and that the Michigan State Legislature promised that the Veterans at the Home would be exempt from that law. For many Veterans, time spent together in those smoking areas was a priceless time for them. The day the smoking ban became law, I just happened to be visiting my dad at the home. There were wheel chairs lined up all along the front of the Home.....their must have been a hundred of them. I didn't think anything of it. I thought they were waiting for a bus for a planned trip. I found my dad upstairs freezing. It was then that I found out that our Veterans at the Home were lied to, their smoking rooms were locked, and they were forced our in the cold. On May 2nd, 2010, I became an advocate for these great men and women.

In August of that year, a meet and greet was organized. Two legislatures present that day, a Republican, and a Democrat, (Rep. Roy Schmitt, Senator Dave Hildenbrand,) successfully put together a coalition to build a heated shelter. It was completed in two months, but administrators refused to turn on the heat in the shelter. That first winter, we lost 67 Veterans to pneumonia. Administrators refused to add heat to the smoking shelter in the front of the building, so I brought a small approved heater so the guys could stay warm, but administrators confiscated it and to this day that front shelter still has no heat.

Once the smoking rooms were closed, the care of our Veterans drastically dropped, and in some cases care became Kayos. Veterans such as my dad, who normally stayed close to their ward, now were gone downstairs and outside somewhere, so many never received baths, medication, etc.

Over the next several years I watched as one by one, activities were taken from our Veterans. Areas such as the bowling alley and wood shop had remained open, and ribbon cutting ceremonies were abundant so that the public believed that our Veterans were well taken care of when in fact, it was all a fazod.

During this time I watched administrators eliminate volunteers and others who dedicated their lives to the independence of the Veterans at the home. They were replaced with those who would be loyal to the administration's Ideology. I watched as these great people who the Veterans loved were eliminated and asked not to return on the Home's property. Their elimination was cold, calculated, and mean. There were great people like:

Mom (Lillian) Owinger (Blue Star Mom)
Don Kramer (Purple Heart)
Debbie Albert (Ran greenhouse)
Frank Snarski (Commandant)
Bill Misery (Volunteer)

There were many others. These were people who made sure our Veterans had clothes, got to their appointments, got to activities, ran the greenhouse, and became the Veterans closest advocate and friend. Those who stayed and were loyal to administrators such as my father's social workers now became his "disciplinarians."

Veterans came to me and told me that they were incarcerated in the courtyard for disciplinary measures such as questioning an administrator. My father has told me on more than one occasion that he was threatened with removal or time in the courtyard. He told me of two cases where he was abused. I brought this to the attention of the nursing supervisor (Nick) at the time, but it was ignored. I took pictures of my father's face one morning because it was bruised and appeared as if my father was punched.

Administrators told the public that the new overhang at the Home would be better protection for our Veterans. After the pomp and circumstances of the new overhang, Administrators painted blue lines out side the new overhang and instructed the Veterans to smoke out side of the overhang in the elements. (See picture of my father.)

One day my father told me that he was very cold and it was miserable outside, so he was smoking under the overhang, and Sara Dunn wheeled him at: "A high rate of speed" outside of the overhang into the elements and asked my dad if he wanted to be removed from the home. Like most Veterans at the Home, my father was in constant fear of retaliation. I personally witnessed verbal and even physical abuse.

One of the Veterans (whose name was Scotty Barns) told us Dr. Edgar said he would be in the courtyard for the rest of his life. He was given one hour a week outside the courtyard. The last time I saw him, his head was shaved, and he told us he had brain surgery. I never saw him again.

Dale Weaver and Rodney Tardy both had maggots while at the home. Soon after being treated they both died mysteriously of unknown causes. Witnesses said that Dale was chocking to death as they were rushing him out to the hospital. He died hours later. This is significant because many Veterans died the same way, aspiration, or the home's terminology of pneumonia, or aspirated pneumonia.

Two Veterans came to me and said they witnessed a fellow Veteran chocking to death, they told me they yelled and yelled until a nurse came. She told them it was not her problem, and walked away. They continued to yell and wheeled down to the other side of the ward where another care giver came to help, but it was too late. It was reported that the care givers put the deceased Veteran in his bed and waited until the morning to call the coroner. He apparently pronounced dead of natural causes.

One evening I was talking to a group of Veterans in the smoking shelter and Sara Dunn showed up with security and tried to manipulate the Veterans by instructing security to write down the names of all the Veterans that were present and listening to me. She made it a point to tell me in front of the Veterans that each corner of the shelter would be a great place for a camera (to watch us.) Shortly after, an announcement was made to allocate money for security cameras to protect the Veterans, but the cameras were really positioned to WATCH the Veterans. They were installed in each corner of the shelter, just as Sara Dunn had promised.

It wasn't long before administrators started locking down the facility at 8 or 9 o'clock. For some time this included the chapel, and a Veterans who was praying one night was asked to leave because it was time to lock up.

My dad would go out late for a cigarette, and I was very worried that he would be locked out and freeze to death. A Veteran was locked out and a fellow Veteran just happened to spot him from inside and let him in if he wasn't spotted, he probably would have died. When he was found, he was freezing and had wet his pants.

On more than one occasion, administrators denied Veterans of their right to assembly, and their right to representation as legislatures who came to visit them were asked to leave.

The home has a member's council but every time a Veteran brought up a concern, it was ignored by administrators. Eventually most of the Veterans at the Home became apathetic because the member's council did not represent the failed policies of the home. A number of veterans and advocates started a non profit organization within the Grand Rapids Home for Veterans, called "Veterans for Justice," and initially it was going strong, but certain staff members worked very hard to discourage members from attending. Just after Jim Dunn was hired, I met and had lunch with him and Ernie Myers. I had sent quite a number of concerns from the Veterans to Jim and was hopeful when he agreed to meet with me. When he showed up, he brought Ernie Meyers with him and the meeting was very cordial, but when it came to discussing many many issues of the Veterans, Ernie Meyers told me that he had reviewed them and said that: "Not one Veteran concern had merit." My feeling was that if any one of our Veterans ever had a concern, it certainly had merit, and was well worth taking a serious look.

About Four years ago, the Home changed the way it was administering drugs. When I took my dad away for the weekend, his medication was in bottles that were marked with the type of drug, and the dosage. This changed to pills in an envelope that only had the time in which they were administered. At one point I asked about my dad's medication and what he was receiving. As the nurse went through each pill, she said he was receiving medication for pain. I was shocked. So I asked her where my father had pain, she replied in his legs. I asked my dad if he had pain in his legs, and he replied not at all. This was the first time I recognized that there was something very strange about the way the home was administering drugs, and around this time, my dad's health started drastically changing.

During that time, my father started experiencing major problems with diarrhea. I had mentioned this a number of times to the nurses and to Doctor Bate. Their reply was that it was something my dad would probably have to live with. I finally asked again to see what medications my father was receiving because his medications were given to him not by an identifiable bottle, but all together in a small paper cup. I found out that he was receiving stool softener! When I inquired about these, Doctor Bate said that my dad needed them and was given them routinely because he was in a wheelchair sitting a lot of the time. Doctor Bates took him off the stool softeners but a while later he was back on them.

My father's health continued to deteriorate, so family members and I started becoming more proactive and checked his medications more frequently. His diarrhea continued and one day I took him to his favorite place for breakfast; Denny's. By the time he realized it, it was too late and fecal matter was running down his leg and pooling on the floor right in the restaurant. The restaurant staff and customers were very kind and understanding, but I felt so bad for my father. I cleaned him up the best I could and took him back. A few months later, some awesome care givers at the Home set up a birthday party at one of the restaurants near by, but my father was afraid to go. After that, I was never able to take him out again.

As we continued to check my father's medical charts, a new medication popped up; Depokote. I asked why he was now receiving Depokote, and staff said that it was to calm him down. Later I would find out that one side effect of Depokote was diarrhea. My father's diarrhea continued for the next three years. His bottom became so sore, it was raw. Care givers decided that they needed to "clean him up" when my father with a little guidance was more than capable of doing this himself. At this time my father came to me and said that two particular care givers were cleaning him up and hurting him. He said that they were rubbing him raw. This continued for months and I filed a complaint and after talking with the care giver withdrew it, but my father continued to complain. He said that when care givers were hurting him, he asked them to stop, but he said they rubbed harder. I brought this to attention of Nick, the nursing supervisor, but he ignored it. I continued to pursue this issue with Nick, and one day he responded that my dad had hit a care giver. This whole situation was completely out of control and I desperately tried to open a dialog with Nick, but he ignored me. Family and I brought this up in staff meeting after staff meeting, and all I heard was how terrible my father was, and that he had dementia.

I knew this was horse hockey, because I had been actively seeing my dad very often, and saw no evidence of this, and not one Veteran in the facility ever complained about an issue with my dad ever being aggressive in any way. More over, if my father was aggressive, why would he have been allowed to spend every day with other Veterans at the facility?

It was then that Doctor Bates set up a meeting and we agreed to include me in that meeting by conference call, and that he would call me when they were ready. That day, the time of the conference came and went, and I finally called Doctor Bates, but he was unavailable. He finally returned my call and told me that he was making the decision to send my father to Battle Creek. I said that I wanted to talk with him and staff before they did that, but he said my father was already on his way. Later I would find out that the staff in that meeting threatened my father with police arrest if he didn't agree to go. He told me that he felt as if he had no choices in the matter. Based on the way the staff was handling this matter, I was convinced that my father was abused and they were doing what they could to cover this up.

I had contacted Battle Creek and talked to the Doctor at that facility, and he said my dad was doing fine, had no signs of dementia, and although he was very reluctant to have anyone help him with personal clean up, he was not aggressive. The doctor also said that he had a severe rash in his private area. When my father was shipped back at the home, it was then that I noticed that he started becoming unresponsive. I would go in and he would be in his bed. Attempt to wake him were unsuccessful. At one point I went to get the nurse because I thought my father had a stroke. He took my dad's vitals and said he was fine. I asked why my dad was so unresponsive, and he replied that maybe your dad is just tired.

It was then that we wondered if my father was being chemically restrained. After viewing the charts, we found it to be true. Dr Bates, and later on Doctor Ackerman had added a heavy regiment of Psychotropic, anti-psychotic drugs. Drugs such as: Haldol, Serrequille,

My father was in this state most of the time, but I noticed that on the holidays he was clear and able to get up. One particular Christmas, Several Christmas' ago, I came to celebrate with my dad and to take him down to the cafeteria to eat Christmas dinner with him. I had checked with the attending care givers on duty, but when we got downstairs, the cafeteria attendant told my dad that he was not allowed to enter the cafeteria. He said that Sara Dunn instructed him not to allow my father in the cafeteria under any circumstances because he was overweight.

This was said in front of many people waiting in line. I was appalled that my father was treated this way and he said to me that he can just go back upstairs, but I said that no one should refuse my father, or any veteran from having Christmas dinner with his son. The attendant called security and even security asked my father to leave. I held tight and defended my father's right and the rights of all veterans and we told security that if they felt we were doing anything wrong, to call the police, but if not, we will be sitting in the cafeteria for Christmas dinner together.

Three years we fought with the Home to take my father off of the heavy medications. A favorite trick of the medical staff was to tell us they would take my father off a particular drug, and then a short time later put him right back on the same drug. Another trick was to take my father off a particular drug, only to put him on a different psychotropic, anti-psychotic drug. Later on charts would show that staff was even putting drugs in his food. The side effects of these drugs all had warnings against use with my father's health problems, and proved to contribute to my father's failed health. They also reduced my father to a vegetable, and destroyed the quality of life he could have had his last years.

Later on we found out that three years of diarrhea had caused my father to had C-Diff. charts will show that the staff at the home knew about this, but did nothing about it. Later on we would also find out that my father had gotten Merca at the Home. On one particular visit, I came into my dad's room and found him lying in his bed in a comatose state with his pants down. I finally took a short video of my father one afternoon. He said that he felt groggy, and wanted his drugs reduced. He said he couldn't talk right and that he was drugged.

As my father's health deteriorated, he would be sent to the hospital for pneumonia. I knew that my father never had a history of pneumonia, and I thought this to be unusual. Later I found that it was a particular type of pneumonia, called aspirated pneumonia. Advocates began to see a repeated pattern with Veterans that had passed away. They were dying of (Aspirated) pneumonia, and complications of C-diff. We began futilely to try to get these Veterans out of the Home before it was too late. But our attempts were unsuccessful. The system gives facilities such as the home, and hospitals the power to control every aspect of your loved one's health and life. The courts work closely hand in hand with these facilities. I watched helplessly as the corruption of the home and the courts stripped a Veteran's wife of any ability to protect her husband.

The courts allowed the home to administer a heavy regiment of the same drugs to Richard Ware as were given to my father. He was not allowed to be at his son's graduation, or his other son's wedding. In the end I was with his wife as she helplessly watched him die of complications from aspirated pneumonia, and c-diff.

Once a person gets both C-Diff, and aspirated pneumonia, it is difficult if not impossible to treat, especially if the pneumonia is associated with Merca. Both illnesses by themselves are very dangerous. In the scenario where a patient has both, the hospital will treat the pneumonia first, because it is the most serious. They will usually do this by starting antibiotics, but the problem is that antibiotics kill the natural or "good" bacteria in the colon. This can escalate the C-Diff, and the patient could die. If the hospital does not treat the aspirated pneumonia, the patient could die. It's a no win situation.

My father's last days at the home he was drugged all the time. Though I cannot substantiate it, I believe that my father's health was related to my advocacy at the home. Our family was very concerned and that my father was in danger, so we decided to tag team our visits and start looking for another place for my father, but the Hippa laws did not protect my father because someone from the home had had sent negative information to these facilities and my father was not a "candidate" for their facility. I visited my father on a Sunday and seeing that I was coming in, the staff raced into his room before I could get there. They wanted to get him out of bed, because they knew he was heavily sedated and must have figured that if they got him up, I would not know any different. They also did not want me to see that he was so drugged that they could not properly transfer him as they always did without a sling. After they got him in his chair, I wheeled him past the nurse and she snapped at him because he said something to her and was not understandable. I thought that was cruel considering that she was the one who administered these drugs that caused my dad's slurred speech.

Two days later, I got a call from my brother that my dad was in critical condition at Metro hospital. Almost simultaneously a message came on my phone from a care giver at the home that my father was sent to the hospital. This message came two hours after my father was at the hospital. Staff members told my brother that they sent my father to the hospital because he was feeling funny. We learned that my father was in an emergency room at Metro Hospital, and had aspirated there. An alert staff member passing by his room apparently heard him choking. By the time others came into the room my father had stopped breathing but medical staff brought him back.

I strongly believe that the staff at the Grand Rapids Home for Veterans knew that there was a good chance my father was going to aspirate, so they sent him to the hospital beforehand so his aspiration would not be connected to the Home.

Each one of these Veterans has a unique story, and unfortunately many have gone before us, and sadly their stories may be long forgotten. I am absolutely heart broken by the way our veterans have been treated. We can not take back the past, but we should not repeat it either. Listening to the concerns of these great men and woman is good, but if we simple choose to listen, and then walk away, we will not change anything. I would suggest that this can be just a starting point. We are aware of some issue, and perhaps others will come down the road as well. It is my sincere hope that we may not only start a serious dialog about these issues, but find some good solutions for our Veterans, because every issue of a Veteran regardless of how great or small does have merit. It's the least we ca do for the great sacrifices they have given to preserve our freedom.