

RED BADGE: Veterans start process by telling jokes

Continued from 1A

interpreter, radioed his captain for instructions. Hold fire until the water buffalo reaches the wire, the officer said, then shoot. Boy and beast continued forward. Nichols yelled at him in Vietnamese to turn back, but the pair kept going until reaching the perimeter fence.

"Time seemed to stand still," Nichols read aloud to the audience. "And then, as one, all three of us fired. The boy's body shuddered. His right arm flew up as if waving good-bye to us."

The water buffalo charged forward, Nichols said, dragging the boy's limp body through the concertina wire. The men shot the animal and "puffs of red mist briefly filled the air." The water buffalo staggered and fell atop the boy.

"Then there was silence. I remember thinking it was the silence of death," Nichols read. "My hands were shaking."

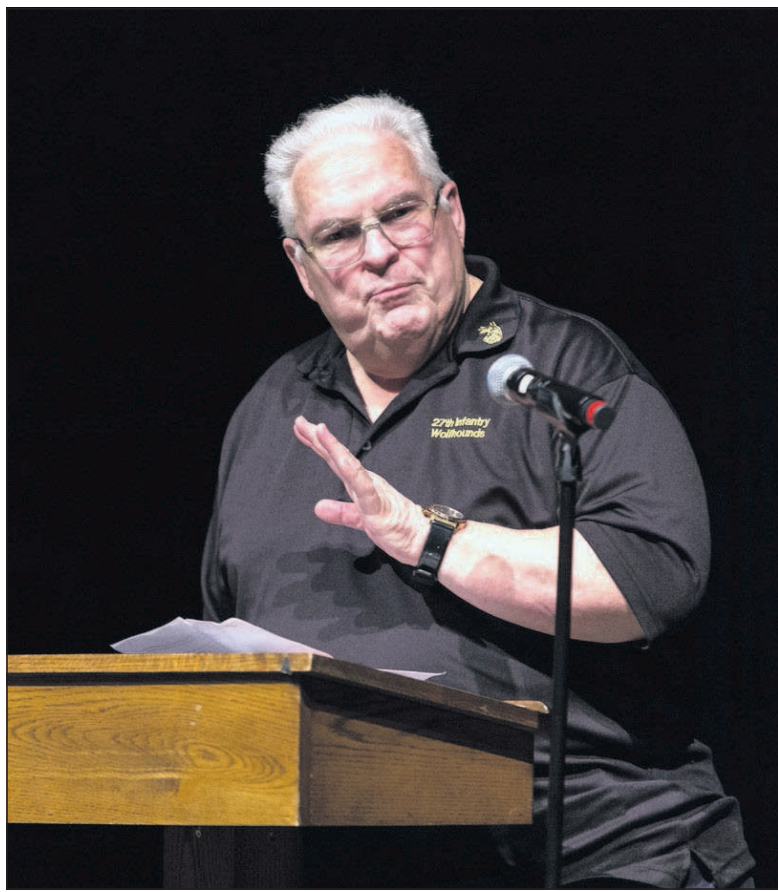
Nichols' next sentence ushered the audience into his own personal gut-wrenching reality by revealing one more incomprehensible truth.

"We later learned the boy had been mentally handicapped since birth," Nichols said. "He had simply wanted chocolate like the kind we gave out while we were on patrol."

Nichols left the stage to applause. Many of those clapping looked emotional at this glimpse of wartime experience.

Like many returning warriors, Nichols deals with PTSD. He's spent time in counseling and even returned to Vietnam as a way to cope. Many, however, never find their way past the flashbacks, nightmares and depression. Many — some reports say as many as 22 veterans per day — commit suicide. Actor Tom Skerritt, known for leading roles in "Top Gun," "A River Runs Through It," "Alien" and other films, co-founded the Red Badge Project after having dinner with some Colorado veterans affected by PTSD.

"They were physically and emotionally wrecked," Skerritt said. "They looked around furtively.



Staff photo by Kathy Aney
Vietnam veteran Bob Park, of Helix, reads a story he wrote during a Red Badge writing workshop for veterans with PTSD. He and five other veterans spoke Friday at the Gesa Power House Theatre in Walla Walla.

They couldn't engage. That stayed with me."

The result was the Red Badge Project, a way to tap into imaginations and feelings and slay the beast within through writing.

"You can't intellectualize this stuff," Skerritt told the Gesa Power House audience. "You can't treat it with drugs. You just have to feel."

He and co-founder Evan Bailey avoided heavy memories at first during the workshops.

"We started with laughter," Skerritt said. "We passed out joke books to a bunch of angry soldiers."

The men took turns telling jokes. Later, they progressed to "Yo Mama" insults like "Yo Mama is so old, she was a waitress at the Last Supper."

"As they laughed, they got better," Skerritt said.

The men and women wrote about positive parts of their lives and then dared to examine painful memories and write about them, too.

One of the presenters, Bob Park, a retired teacher from Helix, confronted death during the writing workshop. He'd seen plenty of it after being drafted in 1965 at age 21 and serving in Vietnam. He earned a Bronze Star for surviving a helicopter crash and pulling others to safety before the helicopter caught fire. He survived fierce firefights while others did not.

Park, however, wrote not of wartime, but of the deaths that had rocked his boyhood — an aunt who battled cancer, his beloved dog, Jeep, and his brother who had died after being hit by a car while riding his new bike.

SUICIDE: NRA opposes bill in hearing

Continued from 1A

In an emotional floor speech May 1, Boquist said that three members of his command killed themselves during the second Gulf War in Iraq.

"Everyone wants to promote this as a gun bill. It's not," Boquist said of the bill's opponents.

"We are only trying to target those individuals who want to commit suicide and may murder a spouse, children or roommate in house. That is how we wrote it."

Connecticut has had a similar law since 1999. Several hundred protection orders have been issued since then, Boquist said. It's "credited with saving lives" and has been upheld by the courts, he said.

About 40,000 people take their lives nationwide each year, according to federal statistics. Oregon has one of the highest suicide rates in the nation, including among veterans, Boquist said.

The National Rifle Association and the Oregon Firearms Federation continued to oppose the legislation Monday, July 3, during a hearing in the House Committee on Rules. Representatives from both groups said the bill denies gun owners due process and provides no mental health services to address the root cause of suicide.

"This Republic is about keeping people free, and I wish it was within our power to keep people safe, but the fact is when we have a conflict with the right of citizens, I have to side with them," said Rep. Mike McLane, R-Powell Butte, who voted against the bill Monday.

McLane said he planned to present a minority report offering an alternative to the bill on the House floor later this week.

The bill allows members of the same household and law enforcement to obtain a temporary order — up to 12 months — by petitioning the court. The subject of the order could contest it in court. The order could be renewed annually.

NURSING HOME: More than 1,200 beds removed over three year period

Continued from 1A

declined across Oregon for decades. People now have more options than ever for care that ranges from weeks to years. Use of assisted living, residential care, and foster homes has mushroomed, according to state officials. They say consumers are less likely to resort to nursing homes, a choice dictated by preference or by finances.

Yet in rural Oregon, nursing homes remain a key fixture in health care, providing what no other residential facility can — around-the-clock nursing care. Only hospitals provide more extensive medical attention. Rural nursing homes in 2013 were considered so important legislators once labeled them "essential" assets for rural communities.

State officials still consider them so.

"We don't want a community not to have a nursing facility option," said Mike McCormick, deputy director of the state's Aging and People with Disabilities unit of the state Department of Human Services.

Yet nursing home operators say state policies are to blame for weakening rural nursing homes, which by virtue of their location face higher costs.

"We're in danger of losing vital access to vital services in rural communities," said Jim Carlson, president of the Oregon Health Care Association.

In Baker City, the county's only nursing home closed last year. The home opened in 1987 with 80 beds; by early 2016, just 15 were occupied.

In Prairie City, Blue Mountain Care Center has seen a steady drop in residents, including a decline of an average of 15 residents relying on state help to 10.

The resident count

has dropped as well at Milton-Freewater Health and Rehabilitation Center. The center expanded its therapy staff to increase patient numbers.

"We have struggled to have a full therapy department, thus limiting what we can offer for rehabilitation services for the community," said Russell Patterson, executive director.

In La Grande, two nursing homes merged and La Grande Post-Acute Rehab reports steady client numbers. Yet stays are shorter.

"It just makes running a skilled nursing facility more challenging," said Steve Hamilton, executive director of the La Grande facility. It now has 38 residents.

Sullivan says state conduct in part forced the decision to close Presbyterian, which has served Malheur County more than 60 years. She and others believe state workers steer consumers away from nursing homes or press residents to move out sooner than they should.

Sullivan said her census of patients who rely on state-paid care has dropped steadily in recent years. In its current budget year, Presbyterian has lost \$300,000.

Tom Hathaway, administrator of Pioneer Place, which has a nursing home as well as assisted living in nearby Vale, has seen the same trend. The drop has been so precipitous that Hathaway was preparing his board for a decision to close its nursing home. That decision is forestalled now by the loss of the Ontario home.

But unless something changes, "we'll be lucky to last a year." Hathaway has been pressing the state to explain why it is sending fewer clients to nursing homes.

The health care association is pressing as well.

"It's been a pretty aggressive program the state's been running," said Carlson.

In 2013, state officials and the nursing home industry agreed that Oregon had too many nursing home beds still in use after the shift to less-intensive care took hold. They agreed to eliminate 1,500 beds over three years out of a total of 12,332. The program was aimed at western Oregon and particularly urban areas. The state would reward the industry for hitting targets, and pay less in daily rates if it didn't.

The industry got close, getting rid of 1,210 beds.

"Now we're in the stick era," said McCormick, to get more beds taken out of service.

Nursing home officials said while it made sense to take empty beds offline in the Willamette Valley, the state seems determined to cut nursing home use in all corners of the state.

McCormick insisted that's not so.

"The consumer preferences are overwhelmingly obvious," he said. "People do not want to live in a nursing facility for a long period of time."

He said state workers help patients get the right care in the right place. He said the state emphasizes independence, dignity and choice.

Sullivan said Presbyterian advocated for residents who wanted to stay in the nursing home rather than move to a

lower level of care.

"On occasion, it worked," Sullivan said. "Often, it didn't."

She became convinced that health care wasn't the only issue.

"The factors were financial" in the state's recommendations to patients, she said.

Sullivan and others say shifting patients away from nursing homes has more impact than just on the finances of the business.

Carlson, of the health care association, said he hears complaints from members who get patients from nursing homes about "inappropriate placements." That means, he said, that patients are moved into health care facilities that can't treat them.

"They get very frustrated when they get people whose care needs are too great," Carlson said.

Hathaway thinks perhaps one-fourth of those moved out of nursing homes aren't people who can care for themselves.

"Are they getting the nursing level of care they should be getting?" Hathaway asks. "Probably not."

One nursing home administrator who spoke on background for fear of angering state officials said residents are moved out of nursing homes too quickly on occasion. He hears about "bad outcomes including deaths" but said no system in

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