

**Chapter 1 : Recovering From Trauma of Financial Elder Abuse—What to Do - New America Media**

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As I stepped out of the crisp morning air and into the lobby of the building, I was greeted by the faces of many smiling students and the team members who worked there. The former principal in me was taking it all in. And it had spent years in the bottom 5 percent of all Tennessee schools. On this day, I saw the student work displayed on the walls. The new school credo prominently painted on the lobby floor. Parents were in the office chatting with staff and fixing a cup of coffee before they headed to their jobs. I saw students with perfectly-ironed clothes and fresh haircuts, and I saw students with several-weeks old stains on their shirts and shoes that were held together by duct tape. I was absorbing all of the sights and sounds that had become such a part of my daily existence over nearly two decades of public service, and then that ever-present principal radar honed in on a conversation. We need to use inside voices. People are working in the office. As the group walked my direction, I locked eyes with the young man who was holding his mouth shut in an unsuccessful attempt to trap his sounds inside. With both hands he grabbed his jacket that had been draped over his shoulder and slammed it to the ground. He stormed to the opposite end of the lobby and began punching the cinder block walls as hard as he could. He then leaned against the wall and slumped to the ground, collapsing in a heap on the floor, chest heaving and eyes wide with anger. This type of explosive response to a simple direction was raising all types of red flags. What in the world is happening right now? I told the teacher to continue taking her children to the classroom and I would address this scholar myself. What is your name? Seconds later he stood up, staring blankly into the distance while his eyes began to water. Out of the corner of my eye I saw a social worker, placed at the school by one of our partnering organizations, walking toward us. Tears began to roll down his face. Why do I know this name? We can just take some time upstairs and get you ready to get back to class. Ware, is it alright if he comes with me? I know who Octavious Washington is. The realization stopped me cold. It turned out she was the victim of sex trafficking and was shot in the head by her pimp in a dispute over money. Here he is, several days later in the middle of a full emotional breakdown. What are we supposed to do now? Octavious is not alone This story is important because, sadly, Octavious, whose real name I am not using in this essay, is not alone. They often have little or no means of navigating their challenges. As we think about ways to improve schools in local communities, especially those in high-poverty neighborhoods, we need effective strategies to deal with the consequences of trauma. To be sure, chronically underperforming schools like the one I was visiting that day also need smart academic strategies. Those include recruiting, developing, and retaining strong principals and teachers, especially those who are excited about transforming chronically underperforming schools. I have made that argument myself. But I have yet to walk onto such a campus in which high levels of student trauma are not present. Dealing with that reality is often the first barrier to greater academic success. For example, traumatized children have difficulty building the types of meaningful relationships with teachers and other adults that help maximize learning. Traumatized children have extreme difficulty regulating their emotions. Traumatized children grapple with negative thinking, are often hyper-vigilant, and many face executive function challenges. In the face of widespread trauma, some schools are making radical changes in how they train and support team members. I have yet to walk onto such a campus in which high levels of student trauma are not present. Building a shared understanding on the team Schools are providing comprehensive training to their entire staff and partnering organizations about the symptoms and causes of trauma, and the recommended ways to deal with behaviors that stem from trauma. Creating a safe environment for children Adults in schools are ensuring that each child feels physically, mentally, academically, and psychologically safe. Affirming the assets of and the leadership within the community Campuses identify, recognize, and support the leaders and organizations in the community that provide the supports and inputs that children need in order to succeed. They then plan ways to respond within the walls of the school. It showed that black girls were disproportionately disciplined for

behaviors that result from emotional trauma. They were six times more likely to be suspended or expelled than girls of any other race. The principal first got the entire school team to participate in training so they could more readily identify symptoms of trauma. Then they were trained on how to support children who have suffered from abuse or neglect. Second, they created gender-based advisory groups. Research shows that girls who survive an adverse childhood experience are much more likely to talk about it in an all-girls setting. Third, they committed to learning about the restorative justice models of addressing misconduct that focus on creating support and empathy for misbehaving students. Overall suspensions were down 66 percent. Notably, these efforts even proved effective with students who entered middle school with long track records of suspensions and expulsions. Campuses implementing these types of practices are referred to as trauma-informed schools. While working tirelessly to support this evolution of our educational institutions, I also will pray for children like Octavious. As the poet Ina Hughs wrote in *We Pray for Children*, their monsters are real and their nightmares come during the daytime.

**Chapter 2 : How HCA turned trauma into a money-maker**

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Last year in western Pasco County, year-old Mason Jwanouskos was in the backseat of a convertible when his friend lost control and crashed into a stone pillar. If he had crashed 30 miles to the south, he would have gone to one of three trauma centers in Tampa or St. Bayonet Point offers the same kind of care as any state-certified trauma center. The difference has nothing to do with the level of care provided. Instead, HCA is capitalizing on a marketplace that is unchecked by politicians or regulators. Getting treated at a hospital has always been expensive. And certified trauma centers, which are designed to treat the most severe injuries, naturally have higher costs. But HCA has taken high charges to a whole new level. The Times analyzed billing records going back to for every trauma center in the state. The newspaper reviewed what each of the 66, trauma patients was charged during that time and consulted with experts to assign a severity score to each patient based on a widely accepted statistical model. Then, the company charges more than other hospitals for imaging scans, lab tests and drugs. When it comes to severity of injury, HCA patients are, on average, the same as the state as a whole. But it is driving up charges across the state by emboldening other hospitals to raise their own fees. And everyone pays the price when the high cost of health care gets passed on through health insurance premiums. Not every dollar charged was collected. But state data clearly shows an explosion in charges, driven in part by hospitals levying record amounts for the trauma response fee. The fee was created in to help trauma centers in Florida and across the nation recoup the cost of specialized care. With virtually no government oversight, the fees have spiraled out of control. For-profit hospitals, including HCA, typically bill patients more than non-profits for all kinds of services. But getting treated for a traumatic injury is different than seeking help for the flu. Trauma patients have no choice in where they get treated and no way to comparison shop. Trauma has long been viewed as a money-losing community service provided by hospitals, which often get government subsidies for providing the care. Yet, state officials have done nothing to rein in the cost. In the past five years, the state has allowed HCA to launch an unparalleled expansion. The chain wants to open more. The state Department of Health approves new trauma centers. But the agency has not examined the trauma fees hospitals bill to patients. Neither has the state Agency for Health Care Administration, even though it collects the data from hospitals each year. In a statement provided by HCA officials, the company said looking at what patients get charged is misleading. Insured or not, no one pays the full bill. Company officials said their hospitals provide discounts to low-income patients and help them qualify for government programs. Scott resigned amid the scandal, admitting no wrongdoing. The company later pleaded guilty to 14 corporate felonies. In , top HCA executives held a news conference in Tampa to make a surprising announcement. They planned to open a network of trauma centers across the state. They are designed to care for potentially catastrophic injuries, including those from car accidents, debilitating falls and gunshot wounds. For decades, such cases were viewed as the money-losing domain of large nonprofit hospitals. But HCA saw things differently. It also attracts doctors with specialized training and ensures a steady stream of patients to keep beds filled. But they had a formula to make trauma work. The Times has learned that HCA negotiated lucrative contracts with leading insurers triggered when patients are charged a response fee. Insurers commonly pay set rates for medical care. But confidential documents obtained by the Times show that Florida Blue pays HCA hospitals a percentage of what it charges to trauma patients “ meaning the more the company charges, the more it stands to get paid. Florida Blue has renegotiated the percentage it pays. Citing non-disclosure requirements, officials would not say how much less HCA gets paid. Piemonte said it may sound good to have a new trauma center down the street “ until one considers how adding centers can increase costs. Supersized bills The price of care has increased in every community where HCA has opened a trauma center. If you get injured and wind up in an HCA trauma center, you likely will be charged more for your care. Eduardo Sarmiento found that out on a Saturday in The athletic year-old was racing his motorcycle at a track in Homestead when he took a bad turn and wiped out, launching his bike in the air and breaking his

femur. The Times compared his total bill to those of 1, other patients hospitalized with his general diagnosis, recorded as code "" in the state data. It was topped only by patients at other HCA trauma hospitals. Using the data, the Times reviewed hospital charges for the 10 most common medical conditions reported at Florida trauma centers. Since , HCA reported the highest average bills for each one. Sadler, said the patients had been double billed. No one realized it until the Times contacted HCA with questions about the high fees. Even people who spend only one night in the hospital or who wind up needing little more than monitoring can be charged huge fees. One of those patients is Mason Jwanouskos, the Pasco County teenager treated for a concussion. Mason broke no bones, lost no blood. His chief complaint was a headache. When trauma centers get an alert, they pull out all the stops. Mason entered Bayonet Point at 1 p. Within minutes, the trauma team wheeled Mason to a CT scanner, where technicians took a barrage of images from his pelvis to his head. By the time his parents made it to the hospital " 36 minutes after Mason " the action was over. The doctors were gone. Mason went home with his parents the next afternoon, 24 hours after he arrived. I fell off the chair," said Bruce Jwanouskos. A number of industry experts who pioneered the fee say hospitals should adjust it so that patients with minor injuries pay less than those hurt more seriously. Like half of the trauma centers in the state, Bayonet does not scale its fee. Not every trauma patient gets charged for trauma response. But those who are get billed the same amount. Both said HCA charged too much. Nora Johnson, a reimbursement auditor, said it was one of the worst cases of overcharging she had ever seen. Pat Palmer, founder of Medical Billing Advocates of America, did her own calculation and came up with a similar amount. Hospitals argue that Medicare pays too little. However, Medicare bases its payments on voluminous data it collects on what treatment actually costs; the measure is widely used as a benchmark of fair value. Mason was uninsured, but received an auto insurance settlement. Billboards with live clocks announce wait times to be seen in its emergency rooms. And the company is in the midst of a public campaign promoting its trauma network. HCA is here to bring access to life-saving care close to home. Patients will get to expert doctors faster than ever before. They accuse the state of letting HCA needlessly expand the trauma system. A Senate bill has already been introduced. He wishes paramedics had taken him to his neighborhood emergency room. Last summer, the uninsured, unemployed Inverness man slipped on a corn husk at a Publix Supermarket in Citrus County and hit his head. The year-old remembers feeling disoriented as paramedics put him in a helicopter and flew him to Ocala Regional Medical Center. By the time he got to the HCA trauma center, he was fully lucid, hospital records show. It may have been the right call to have trauma experts look over Kitson, who had a small amount of blood on his brain. He spent two nights in the hospital.

**Chapter 3 : More Money Could Go To Florida Trauma Centers After Mass Shooting In Parkland | WLRN**

*Trauma has long been viewed as a money-losing community service provided by hospitals, which often get government subsidies for providing the care. Yet, state officials have done nothing to rein.*

Makow grew up in a Jewish family. In fact, it has been used as a manipulation tool to seduce the masses both in academic circles and in the media. As we have pointed out in the past, Jewish historian Tim Cole of the University of Bristol, England, has written extensively on this very issue. The same machine is also in the business of sacking billions upon billions of dollars from banks around Europe in the name of Holocaust reparation. My dear friend and colleague Henry Makow has an excellent take on this, and we are presenting his assessment below. However, we do disagree on Raul Hilberg. As I will show below, Hilberg knew very well that the main tenets of the so-called Holocaust were historically incoherent and logically worthless, but he went on to produce them anyway for ideological reasons, not for historical accuracy. Zionists and their globalist sponsors may have contributed to the severity of the Holocaust for the same reason. Because of the Holocaust, the world became convinced that Jews needed their own country. The Palestinians were identified in many minds with the Nazis, and the Israelis were given moral sanction to drive them from their homes and subjugate them. The world is divided into heroic victims Jews and haters Nazis. Before I continue, I had better declare myself. My grandparents all died in Nazi Germany; my parents narrowly survived by passing as non-Jews. I lived in Israel in but left because Israelis seemed as materialistic as Canadians. Israel also struck me as a country that devoured its own people. Nevertheless, I remained a Zionist until when I discovered its hidden imperialist character. I believe most Israelis and Jews have been hoodwinked as I was. He estimated that fewer than Nazis died due to Jewish resistance. Why the negative reaction? Hilberg concluded that the mythology of the Holocaust requires that the victims appear to be heroic and to be engaged in a struggle, however unequal. In fact, the Jews went to their death like lambs to the slaughter. Hilberg, *The Politics of Memory* p. They distributed the Yellow Star badges [and sometimes sold] cloth and fancy plastic armbands which were washable. Jewish leadership betrayed them. Hilberg attributes it partly to an age-old Jewish habit of persevering in the face of overwhelming odds. But a more important factor is that both Jewish world leadership and the Judenrats were dominated by Zionists. They had a trading plan by which German Jews could redeem their property in Nazi goods exported to Palestine. Zionists did not believe in the Jewish diaspora and actively sabotaged rescue attempts. If Jews could escape to other countries, what would be the purpose of Israel? Thus the Zionist Rabbi of Sweden Dr. Ehrenpreis scuttled a Swedish attempt to rescue 10, Jews. Zionists torpedoed a similar move by the British parliament. They also rejected numerous legitimate ransom attempts and discouraged resistance. The Allies bombed factories a few kilometers from Auschwitz but the crematoriums and railroad tracks were untouched. They broadcast messages for the Palestinians to leave until the Jews were cleaned up. The Arab radio broadcasts were a fable. Arab broadcasts encouraged the population to stay put. Michael Prior, *Zionism and the State of Israel: A Moral Inquiry*, , pp. Asked if that many could be accommodated within the U. In fact, they betrayed the trust of European Jewry in the most heinous fashion. Yet Israelis and Jews, in general, blindly follow their leaders, as European Jewry did. It was reprinted intact in and All of that changed in Hilberg eventually confessed that no such order existed. Then Christie moved on to his next point: Name one report of such a kind that showed the existence of gas chambers anywhere in Nazi occupied territory. Moreover, Gerstein maintained before he committed suicide in a French prison that at least 20 million people were gassed. Hilberg used Gerstein as a testimony six times in his book. Christie produced the Gerstein statement and proceeded to ask Hilberg whether certain categorical lies appeared in the statement.

### Chapter 4 : Gunshot Victims Require 10x More Blood Than Other Trauma Patients

*Parents and mental health professionals say the effects of the trauma of separation persist long after parents and children have found each other again.*

It is set up, instead, to stabilize the toughest cases and transfer them. It reigns across America. Earlier this year, the Times detailed how hospitals in Florida are exploiting trauma fees, which are levied like a cover charge just to get in the door. The fee winds up on the bill, even if the patient needs little more than first aid. The same scenario is repeating itself across the country, as more and more trauma centers recognize the fee for what it is — a completely unregulated source of revenue. The fee is growing at a rate some experts describe as absurd. America was raw from terrorist attack, and specialized hospitals across the country — the very places set up to treat victims of such disasters — were closing their trauma centers, citing the high costs of running them. Unlike emergency rooms, trauma centers must be able to field a team within minutes to treat complicated injuries from crashes and shootings. Hospitals traditionally get paid only for the services they perform. The trauma fee was created to help cash-strapped hospitals recoup "readiness" costs. The problem is, no one created clear rules for what a hospital could charge. And virtually no one regulates the fee. Maryland runs a unique system that sets hospital rates based on costs. Trauma response fees are not used there. Across America, the numbers are climbing even higher. Spokesman Tony Yang said looking at one fee is unfair. She said trauma centers of the same level should have comparable fees. Some states, like California, allow the public to search through price lists. Others, including Arizona, collect data on what every patient is charged. Top-level hospitals often charge thousands less than lower-level centers. You may wind up at Queen of the Valley Medical Center, a Level III trauma center not required to staff the kinds of specialists needed at a major center. In cases like this, geography may explain part of the disparity. The center in Napa is surrounded by high-charging hospitals; the one in Boston is not. The Times found that for-profit hospitals, on average, charge more than nonprofits. Its hospitals in Florida, Nevada and Texas top price lists, even though none are designated as top-level trauma centers. The association surveys its member trauma centers every three years to find out how much they charge. The Times obtained the confidential report from an association member. In it, the group concludes that trauma fees have increased 87 percent in six years, or 15 percent per year. The association does not publish the identities of the trauma centers that disclose their fees. Hospitals rarely collect every cent of what appears on a bill. But most told the association that insurers pay a percentage of charges, an arrangement the Times found in Florida. The more hospitals charge, the more they stand to make. She said hospitals routinely set reasonable fees based on costs. And even though his insurance company paid most of the bill — "a huge failing" — he decided to fight it. No one had called in the emergency in advance. According to several people involved in creating the fee, it can only be charged when that happens, triggering a team to assemble before a patient arrives. Hospital officials told the trauma association that insurance companies are increasingly raising questions. The trauma association survey backs up what the Times found in Florida, where thousands of people were charged the trauma fee even though they stayed at the hospital only a few hours and needed minor medical care. Potter said insurance companies will eventually crack down on the overcharging and in the process may hurt hospitals charging reasonable fees. Hospital officials in Florida admitted that they could not justify their fees based on actual costs. Instead, some said they increased their fees simply because they saw other hospitals charging more.

### Chapter 5 : Traumatic Stories Play Themselves Out Across America's™ Schools | Bush Center

*With so much trauma, let's make mental health America's No. 1 issue. If you look at the money raised during the past few days to help the children separated from their parents at the U.S.*

### Chapter 6 : Top 10 Busiest Hospitals in America | MD Magazine

*Money. Travel. Cars. Law Firms. Real Estate. Rankings. Contact. -- Gunshot wounds are far deadlier than other types of trauma, according to a new study. Accessing Health Care in Rural America.*

## Chapter 7 : Funding Opportunities - The American Association for the Surgery of Trauma

*Thursday's testimony put a spotlight on trauma and memory. NPR's Rachel Martin talks to Tracey Shors, a professor of neuroscience and psychology, who focuses on stress, sexual trauma and memory.*

## Chapter 8 : Trauma fees growing across the nation at 'absurd' rate

*At times, every hospital feels like the busiest hospital in the country. Inpatient, outpatient, and emergency cases crisscross the hallways as nurses and doctors run past one another.*

## Chapter 9 : NPR Choice page

*The American Trauma Society is dedicated to the elimination of needless death and disability from injury. For 50 years, the ATS has served as an advocate for the trauma care system, trauma prevention programs, and survivors of trauma and their families throughout the United States.*