



The Perimeter Guard

Vietnam Veterans of America
Chapter 17



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Vietnam Veterans of America

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So Proudly We Hail.....

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VVA Chapter 17 *Perimeter Guard*

Chapter Mailing Address:
2245 N. Green Valley Parkway #627
Henderson, NV 89014-5024

e-mail address's:
sawchuk1@cox.net
desertlandsailor@yahoo.com

OFFICIAL PUBLICATION OF CHAPTER 17
VIETNAM VETERANS OF AMERICA

CHAPTER OFFICERS

President / Thomas A. George
Vice President / Richard Small
2nd Vice President / Mike Chase
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Treasurer / Steve Sawchuk, Jr.
Sgt. At Arms / Mike Giancola
State VSO Officer / "Jo" Cantrell

CHAPTER NUMBERS

(702) 396-2338
(702) 396-2339

Nevada Office Veterans Services
(702) 636-3070 Tom George or "Jo" Cantrell

PUBLISHER

Thomas A. George

EDITOR

Steve Sawchuk, Jr.

PHOTOGRAPHERS

Steve Sawchuk, Jr.
Photo Layouts by Irena Bell

CHAPTER MEETINGS DATES & TIMES

CHAPTER 17

2nd. SATURDAY EACH MONTH
9:00 AM

VIETNAM VETERANS CHAPTER HALL
6424 WEST CHEYENNE AVE.
LAS VEGAS, NV 89108-4927
PRESIDENT: TOM GEORGE
(702) 396-2338 (message)
Web Site: chapter17lasvegas.org

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Newsletter
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***And now a word
from your
President and
Publisher...***



***Region 9
Director Report
By Dick
Southern.***

Greetings from pleasant Las Vegas. Here it is June and we have not yet hit the triple digits. Hope it stays this way for another few weeks.

At the time of this writing, we are less than a week away from the Region 8/9 meeting in Reno. The delegates to the National Convention in August have a lot to discuss. Proposed amendments to the National Constitution and Resolutions will be a major topic of discussion. We will also be meeting some of the candidates who are running for office for the VVA. This should be a very enlightening meeting.

Preparations are underway for our 4th annual fireworks booth. Securing volunteers for the booth has been a challenge this year, however we have filled all the time slots. Profits the last two years have been down a bit, but we are optimistic now that the economy is beginning to recover.

Next up is the National Convention in August at the Silver Legacy in Reno, Nevada. Chapter 17 is sending their allotted 4 delegates. We are also furnishing the Marshals to the convention for the fourth convention in a row. This time, however, the Chapter is covering the total cost of the marshals. The only cost to VVA National is the banquet table for the marshals. This is our contribution to the national convention that is being held in the great State of Nevada.

Upon our return, we will be undertaking a major project at the Chapter Hall. We will be concreting about 1200 square feet of dirt on the west side of our property creating an additional 8 parking spaces for our members. Our membership has grown to the point where this has become necessary to accommodate all our members.

More to come after the National Convention. Hope to see you all there.

Convention time! The 15th VVA Convention is coming to Reno in August. It is the time that the membership, through their delegates, votes on resolutions, constitutional amendments and elects our National Board of Directors. It is a sort of reunion too where we get to renew old friendships and meet new friends. You will want to make sure that all of your chapter and state council delegates are there to make your views known. Registration for the convention is due on July 15.

I would encourage chapters to do some fundraising to get all of their delegates to the National Convention. Remember, that as the hosting Region for the convention, Region 9 will have up front and center seating and Nevada will have the front row. The best seats in the house!

I want to remind you that election reports and financial reports (with 990-N receipt attached) are due in to National and your State Council by July 15. This is important to the seating of your delegates for the convention.

In closing, I want to encourage you to keep up your recruiting and retention of members in VVA. It is the time for us to keep adding numbers to our membership totals.

As always, I am available on email at southern@lodelink.com or by phone at either 209-928-3848 or 209-768-9841 if needed for anything.



23% Disability Claims Wrongly Processed.



In a recent audit of the VA Disability Compensation System at 16 Regional Offices, the VA Office of the Inspector General estimate that the rating staff incorrectly processed 23 percent of the 45,000 claims inspected.

The IG investigated offices throughout the US and focused mainly on the handling of the following five types of claims:

- 1) extra-schedular 100 percent disability evaluations (TDIU),
- 2) PTSD,
- 3) TBI,
- 4) Herbicide Exposure, and
- 5) Haas (Haas v Nicholson: “blue water” claims from Vietnam Agent Orange exposure). The processes evaluated ranged from mail handling to actual disability percentage awards.

Of the 16 Regional Offices, Baltimore, MD and Anchorage, AK scored the lowest in compliance with VA standards. Both failed to meet 14 of the 15 process requirements. Extended management vacancies were cited as one of the linking factors between all poorly performing Regional Offices. Because of the vacancies, these offices lacked continuity and proper oversight. As a result, procedures were not developed or implemented to correct previously identified problems.

The Haas vs. Nicholson claims had the highest rate of error. In January, the VA released a report claiming the TDIU errors would have resulted in an overpayment of over \$1.1 billion by 2016. While this may be true, the VA made no effort to project the amount of dollars not paid to incorrectly denied veterans who would otherwise have qualified. It's quite possible that this amount might be much higher in the other direction.

Meanwhile, at 83 percent of the Regional Offices, Haas claims had a higher instance of the VA failing to follow VA policy (5 of 6 surveyed failed the standard). Haas claims involve veterans who were likely exposed to Agent Orange but never set foot in Vietnam. Prior to the 2006 Haas

v Nicholson decision, mainly veterans who set foot on Vietnamese soil or road on craft up rivers in Vietnam were entitled to the presumption of exposure. Now, the VA is still attempting to catch up to the claims backlog that was caused by the VA appeal of that 2006 decision. In 2009, the decision for Haas was upheld and the VA has since struggled to maintain continuity between offices in how the backlogged claims are processed. The report stated some of these claims were incorrectly denied after the initial Haas decision was upheld.

Veterans receiving denials or low-ball ratings within the past year for any disability ratings may want to consider immediately looking over their decision and request a copy of their VA claim file. If the time passed since the decision is close to the 12-month appeal deadline, contact your Veteran Service Officer to discuss the possibility of appealing it, if warranted. There are both “for pay” and Pro Bono VSO's. It is suggested talking to the Pro Bono people first. Try to find one you trust who will handle your claim in a professional manner.

Veterans already denied at the Board of Appeals review may want to consider speaking with a Veterans Law Attorney in their area, since VSO's cannot represent veterans before the US Court of Appeals for Veterans Claims. Two resources worth looking at are the National Organization of Veterans Advocates (NOVA) and National Veterans Legal Services Program (NVLS). There are many other attorneys out there as well. A simple Goggle search could render quality results as well. Just be sure the lawyer is accredited by the Department of Veterans Affairs. Of course, confident veterans can always opt to represent themselves Pro Se before the court, as well.

At Home America
Real life with style
Joni Keefer
HomeStyle Specialist

3321 Strawberry Roan Rd
N. Las Vegas, NV 89032

702-638-0049
702-845-5716
hhbh4004@hotmail.com
www.athome.com/jonikeefer

FIVE NAMES TO BE ADDED TO THE VIETNAM VETERANS MEMORIAL

Washington, D.C.— The names of five American servicemen will be inscribed on the black granite walls of the Vietnam Veterans Memorial, and the status designations will be changed for eight others whose names are already on The Wall, announced Jan C. Scruggs, founder and president of the Vietnam Veterans Memorial Fund (VVMF).

A press event was held at 10 a.m. on May 8 to honor one of the five servicemen: Army Spec. Charles J. Sabatier, whose name is being added to Panel 40E, Line 72. His widow, Peggy Griffin, will be a featured speaker at the event, to discuss her husband's life and service. Sabatier was severely wounded during the Tet Offensive in 1968 when a bullet entered his spinal column and left him paralyzed. His death 2009 was deemed to be a result of this condition.

During the ceremony, Secretary of Transportation Ray LaHood talked about the achievements Sabatier made during his lifetime as a disabled American. Last July, he was posthumously awarded the 2010 Universal Accessible Transportation Award by the Department of Transportation (DOT).

"After the sacrifice Charlie Sabatier made for his country in 1968, any ordinary person might have thought he had given enough," said Secretary LaHood. "But Charlie was no ordinary person, and his tireless advocacy for those in wheelchairs helped to assure them the rights that belong to all Americans – the right to dignity, to independence, to security, and to opportunity."

When Sabatier's achievements were commemorated by DOT last year, Secretary LaHood presented the award to Sabatier's widow, Peggy Griffin, and their three children. During the May 8 ceremony at the Vietnam Veterans Memorial, Griffin also shared memories about her husband's life and service. JC Cummings, AIA, the architect of record for the Vietnam Veterans Memorial, and VVMF President Jan C. Scruggs also offered remarks.

Work to add names and change designations

began May 5 and will proceed through May 12. Because of rain expected on Sunday, May 8, Sabatier's name will be added on Saturday, May 7, between 10:30 a.m. and 11:00 a.m. and was unveiled during the press event.

When names are added, the highly technical procedure requires meticulous work to match the stroke and depth of the surrounding names to within one-thousandth of an inch. The physical work of adding the names and changing designations will be performed by James Lee of the Colorado-based company Engrave Write.

"We will add the names as close as possible to their dates of casualty, so these servicemen can remain in the company of those they served with," said Scruggs.

The five names being added this year meet the Department of Defense (DOD) criteria for addition to The Wall: all of the men died as a result of wounds sustained in the combat zone during the Vietnam War.

Names Being Added to The Wall

SPC Charles J. Sabatier, U.S. Army

Galveston, Texas

July 19, 1945 – June 11, 2009

Date of Casualty: Feb. 3, 1968

Wall Location: Panel 40E, Line 72

Spec. Sabatier was severely wounded in combat during the Tet Offensive. A bullet severed his spinal cord and left him paralyzed. His death in 2009 was a result of his wound and paralysis.

SPC Charles Robert Vest, U.S. Army

Lynchburg, Ohio

Jan. 14, 1943 – Oct. 7, 1974

Date of Casualty: July 26, 1967

Wall Location: Panel 24E, Line 30

Spec. Vest was mortally wounded in combat during the Vietnam War. However, he remained in a coma for seven years before he passed away in a nursing home in Ft. Thomas, Ky.

Sgt. Henry L. Aderholt, U.S. Army

Birmingham, Ala.

May 20, 1947 – Dec. 12, 1972

Date of Casualty: Feb. 14, 1970

Wall Location: Panel 12W, Line 83

Sgt. Aderholt was a door gunner who was wound-

ed in action on Feb. 14, 1970 and died of those wounds on Dec. 12, 1972.

ETR2 Richard Lewis Daniels, U.S. Navy

Washougal, Wash.

Sept. 6, 1947 – March 1, 1971

Date of Casualty: March 1, 1971

Wall Location: Panel 4W, Line 108

ETR2 Daniels died as a result of gunshot wounds at Dong Tam, South Vietnam, while on board an APL-30 Navy barracks barge.

BT3 Peter Otto Holcomb, U.S. Navy

Grandy, Minn.

Jan. 26, 1946 – March 13, 1966

Date of Casualty: March 13, 1966

Wall Location: Panel 15E, Line 60

BT3 Holcomb died as a result of an accident aboard the U.S.S. Mahan.

Status Changes

Beside each name on the Memorial is a symbol designating status. The diamond symbol denotes confirmed death. The cross represents missing in action. When a service member's remains are returned or accounted for, the diamond is superimposed over the cross. In addition to the five names being added this year, eight designation changes will be made as well. They include:

- Sgt. 1st Class Douglas Edward Dahill of Lima, Ohio, Panel 27W, Line 99
- Army CW3 George Andrews Howes of Knox, Ind., Panel 14W, Line 23
- Army Master Sgt. Charles Vernon Newton of Canadian, Texas, Panel 27W, Line 102
- Marine Corps Sgt. Samuel Eugene Hewitt of Walkerton, Ind., Panel 6E, Line 41
- Air Force Maj. Thomas John Beyer of Fargo, N.D., Panel 50W, Line 34
- Air Force Col. James Eugene Dennany of Mattawan, Mich., Panel 16W, Line 63
- Air Force Maj. Richard Gene Elzinga of Shedd, Ore., Panel 12W, Line 45
- Air Force Maj. Robert Leon Tucci of Detroit, Mich., Panel 16W, Line 68

Adding Names

These changes will bring the total number of names on the Vietnam Veterans Memorial to

58,272 men and women who were killed or remain missing in action.

The five new names will become "official" when they were read aloud during the annual Memorial Day Ceremony at The Wall that took place on Monday, May 30, at 1:00 p.m.

The Department of Defense sets the criteria for and makes decisions about whose names are eligible for inscription on The Wall. The Vietnam Veterans Memorial Fund pays for the name additions and status changes, and works with the National Park Service to ensure long-term preservation and maintenance of The Wall.

Photos of the five men whose names are being added this weekend, as well as stories about their lives, are being collected from their loved ones to be used in the Education Center at The Wall, which is being built in Washington, D.C. near the Lincoln and Vietnam Veterans Memorials. The Education Center will be a living, interactive learning facility that will teach the values, tell the stories and show the faces of those who served. It will also showcase the remembrances left in tribute at The Wall and celebrate the rich legacy of service in this country. For information about this latest VVMF initiative, visit www.buildthecenter.org.

Dedicated on Nov. 13, 1982, the Vietnam Veterans Memorial was built to honor all who served with the U.S. armed forces during the Vietnam War. It has become known as an international symbol of healing and is the most-visited memorial on the National Mall.

Established in 1979, the Vietnam Veterans Memorial Fund is dedicated to preserving the legacy of the Vietnam Veterans Memorial in Washington, D.C., promoting healing and educating about the impact of the Vietnam War. Authorized by Congress, its most recent initiative is building the Education Center at The Wall, an underground facility near the Memorial that is designed to add faces to all the names on The Wall and tell their stories. Other Memorial Fund initiatives include educational programs for students and teachers, a traveling Wall replica that honors our nation's veterans and six events held each year at The Wall to honor and remember those we lost during the Vietnam War.



Illegal Immigrants Arrested in Uniform.



Associated Press

SAN DIEGO — At first glance, the white van seemed full of clean-cut Marines in uniform — not necessarily an unusual sight near the Border Patrol's desert checkpoint along Interstate 8.

But a plainclothes Border Patrol agent who had served in the Marine Corps wasn't fooled, especially when the driver didn't know the birthday of the Marine Corps — something every Marine is taught.

Another agent later noticed that passenger Jose Guadalupe Ceja Jr., a suspected smuggler, didn't seem to understand English, and he and the driver both had nametags reading "Lopez."

A closer look revealed 13 of the people were actually illegal Mexican immigrants and two were suspected U.S. smugglers trying to make it through the checkpoint in camouflage fatigues.

It was a shocking new tactic even for migrant smugglers known to go to great lengths — from stuffing illegal immigrants into the trunks of cars to transporting them in vehicles painted to look TV news trucks and Border Patrol vans — to dodge authorities patrolling the border.

Mexican smugglers often don that country's military uniforms to try to get their illegal loads past authorities. In a 2006 incident that strained U.S.-Mexico relations, traffickers dressed as Mexican soldiers crossed the Rio Grande and were seen helping suspected drug smugglers elude U.S. law enforcement during a chase.

But the use of Marine disguises appears to be one of the first cases of smugglers and immigrants posing as U.S. military.

Former Marine Capt. David Danelo, a senior fellow at Foreign Policy Research Institute in Philadelphia who has authored a book about the U.S.-Mexico border, says smugglers had the unfortunate luck of running into well-trained Border Patrol agents with military experience.

"Should we punish these guys by sending them

through four years of basic training?" he joked about the suspects. "The troubling reality and the real question here is, has this ever succeeded before? That's an answer we just don't know."

Indeed, the brazenness raised a host of troubling, still unanswered questions: How did they get the uniforms? Were the uniforms only to trick immigration authorities or did the immigrants have more serious, military intentions?

The Naval Criminal Investigative Service — the investigative arm of the Navy, which includes the Marine Corps — has teamed up with the Border Patrol to find out.

"If people are pretending to be Marines for criminal reasons, we'll want to know why," said Ed Buice, spokesman for the Navy's investigative arm, known as NCIS.

Buice, however, said he couldn't discuss details of the investigation.

"I'm sure they were hoping agents would just see military people in a white van with government plates and just wave them through," Border Patrol spokesman Michael Jimenez said.

The immigrants and smugglers weren't that lucky.

A criminal complaint filed in U.S. District Court in San Diego said the van with a government plate caught the eye of a Border Patrol agent identified only as S. Smith who was driving an unmarked vehicle down the interstate on the night of March 14.

The van with the words "U.S. Government, For official use only" on the license plate seemed suspicious. What's more, one of the numbers reflected light differently when Smith's headlights shined on it.

Smith sped up and passed the van to get a better look: The driver was wearing a military uniform and he could see others in the back wearing Marine Corps caps.

Smith called his colleagues at the nearest checkpoint and told them to do a close inspection of the van when it arrived. He followed and asked the driver during the inspection where they were headed. "Joint Service Base" was the answer.

Smith didn't buy it, especially after seeing one of the numbers on the license plate of the van had been changed from a 0 to an 8.

Another agent, identified only by his last name Robinson, also a former Marine, noticed other

anomalies: Some of the group were wearing desert camouflage uniforms and others were wearing urban camouflage uniforms.

He asked Ceja directly if he was a Marine, and he admitted he was not, according to the complaint.

Agents later tracked down Guadalupe Garcia, another smuggling suspect, who was apparently scouting out agents, at a checkpoint outside Jacumba, Calif., according to the complaint. Marine Corps insignias were found under a passenger seat in his car, authorities said.

Arturo Leyva, another suspect, told authorities he had been asked to smuggle drugs by a man he met at a bar in the border town of Calexico but had backed out, the complaint said. Authorities say he later ran into the man at a bar across the border in Mexicali and agreed to smuggle immigrants.

He was given a cell phone and called on March 14. He was told a taxi would be taking him from his home in El Centro to Calexico.

From there, the men and immigrants went to a trailer park, where a man arrived with a military style duffle bag full of uniforms, the complaint states. The man coached Ceja on how to talk to the Border Patrol and say they were coming from Yuma Air Force base.

It was unclear where the uniforms had been obtained. Marine Capt. Brian Block at the Pentagon said the official attire is the property of servicemembers who buy it when they enter the military and it's up to the individual to keep track of it after they are discharged.

Block said the services strongly encourage military members to maintain control of their uniforms for security reasons, but he acknowledges not everyone heeds the advice.

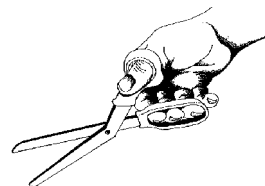
"You can go into just about any Army-Navy store and pick up old camies if you want to, especially in the San Diego area, where there is a lot of military," he said. "But if you don't have a military ID card, you can't walk onto a base."

Leyva's attorney, Douglas Brown, said his client and the two other U.S. citizens arrested have entered a preliminary plea of not guilty. Ceja's attorney, Martin Molina, declined to comment. Garcia's attorney, Brandon Leblanc, said he could not comment on the case.

It is not known if any of them have a military

background or any connection to someone in the armed services.

Healthcare Cuts Loom for 130,000 vets



There has been some recent buzz about the House of Representatives proposing more cuts to veterans' benefits. This time, the focus has fallen on VA Healthcare and excluding some veterans over others. Here is what you need to know about the debate.

The House Budget Committee recently announced plans to cut \$6 billion from VA Healthcare for 1.3 million veterans who are in Priority Group 7 and 8. Roughly 10 percent of these, some 130,000 veterans, will be forced out of the VA system with no available alternatives. Veterans from Group 7 & 8 have either a 0 percent service-connection or no service-connected rating. While this does not mean the veteran is fit as a fiddle, it does imply they do not need the amount of care needed for other vets. These veterans pay co-pay and have incomes over \$32,000 and net-worths under \$80,000, depending on geography. In other words, they aren't dirt poor but certainly not wealthy, either.

The Congressional Budget Office believes the U.S. can save \$62 billion over the next 10 years by removing services for these veterans altogether. According to the agency, 90 percent of the veterans in question have access to some form other healthcare other than VA funded. However, the CBO does not comment on whether the alternative healthcare is affordable.

Interestingly, the news has received mixed reviews from veterans. Some support the cuts under the presumption that these veterans in question don't deserve the services they receive. Others feel the cuts are unnecessary and unfair given the very nature of being a disabled veteran, whether service-connected or not.

Regardless, these cuts will have negative impacts on many disabled veterans who will fall through the cracks of this kind of approach. While 90 percent have access to some other kind of healthcare, that still leaves 130,000 veterans

without any kind of care at all.

In addition, it cuts care for veterans with injuries undiagnosed by the VA Compensation and Pension system. Throughout history, the VA has been very slow at changing its approvals for unseen disabilities. PTSD did not result in a service-connected disability rating until just over 10 years ago. Vietnam era vets also had a tough 40-year battle getting the VA to recognize the full effects of Agent Orange exposure. Desert Storm veterans are a very recent reminder of unseen injuries from certain unknown exposure. This proposal has implications for future disabled veterans with diseases the VA has yet to diagnose.

Future disabled veterans with yet undiagnosed diseases and modest incomes will no longer be able to lean on the VA for treatment of injuries they receive from service that are not diagnosed. If they're lucky, these new veterans will be able to find insurance that will cover pre-existing diseases without policy payout limits. Hopefully their premiums won't cost more than the wage they make from working. Ironically, had they never enlisted, there would be no risk getting sick to begin with.

What I did not read was that the \$6 billion cut from care would somehow stay within the system. It won't. The veterans at risk of being cut only comprise \$4.5 billion of the budget dollars on the chopping block. And it's not as if that money will go back into the system to help pay for new doctors and facility improvements. Currently, the VA Healthcare system is dramatically bogged down with increasing numbers of veterans returning from the Middle East needing care. Removing \$6 billion from the system will make the situation worse, even without the 1.3 million veterans Congress is looking to cut out. There will likely be "pruning" from within the current pool of doctors and nurses.

Many Veteran Service Organizations are wary about the cuts because of a fear that more cuts down the road will be easier to justify. Once such a dramatic number reduces the critical mass of veterans in the system, larger facilities that are currently operating at full tilt will be able to throttle back. This could result in less equipment and less doctors, as previously noted. The VA system is already doing more with less. Reducing its numbers by artificially cutting demand through this bill

will have some negative impacts to the more disabled veterans currently not at risk of being cut. Simply put, less money equals less care at a lower quality, period.

For some, this may seem like a fair alternative to help curtail the budget deficits resultant from 3 wars and Wall Street bailouts. I just don't see cutting VA Healthcare as being a fair solution for any disabled veteran, regardless of income or disability rating. No matter what side of the coin you fall on, contact your Congressman to tell them where you stand.

Medical buildings to be tobacco free.



By Sue Campbell

As of June 1, 2011, all military medical treatment facilities will become tobacco-free, eliminating designated smoking areas around the exterior of each building.

The Air Force Surgeon General has advised that tobacco use is inconsistent with a fit and healthy force and continued use of tobacco products by airmen results in significant impact to the mission. The Centers for Disease Control have shown lost duty time from smoking in the Air Force amounts to 3,573 full-time equivalents per year — equal to the loss of an Air Force wing.

Air Force fitness data shows increased run times for smokers compared with non-smokers, and health data indicates smoking impairs night vision, reduces physical endurance, and increases the time it takes for wound healing. Tobacco also harms an airman's long-term health and second-hand smoke threatens wingmen, friends, and family.

However, despite these concerns, Air Force tobacco use remains at 23 percent and Lackland Air Force Base is at 17 percent.

"The 359th Medical Group, our component group at Randolph Air Force Base, adopted a tobacco-free policy at their medical treatment facilities in 2006 and their tobacco usage rate dropped from 16.8 to 11.6 percent," said Maj. Gen. Byron Hepburn, 59th Medical Wing commander.

mander at Wilford Hall Medical Center.

“They have saved \$22,397 in smoking-attributable costs and 144 workdays and are an outstanding example for us to follow.”

Wednesday, June 1, 2011 Wilford Hall Medical Center; MacKown, Dunn and Kelly Dental Clinics; Reid and Kelly Family Medicine Clinics; the Blood Donor Center; the Satellite Pharmacy; and the Refractive Eye Surgery Center will all be tobacco-free.

“I recognize, for a percentage of our medical staff and patients, the loss of a designated tobacco use area at these facilities may ultimately drive a lifestyle change — that’s the goal,” Hepburn said.

The Lackland Health and Wellness Center offers various tobacco cessation options including a four-week tobacco cessation class and tobacco “quit lines” sponsored by Wilford Hall, the American Lung Association, the Texas Department of Health Services and the American Cancer Society.

“We in the 59th MDW are dedicated to the health and wellness of all our personnel and our beneficiaries. As members of the Air Force Medical Service, we should lead by example,” Hepburn said.



Postal Service used Vegas replica for Lady Liberty stamp instead of real statue in New York

NEW YORK
Associated Press

The US Postal Service’s Statue of Liberty forever stamp is a wannabe.

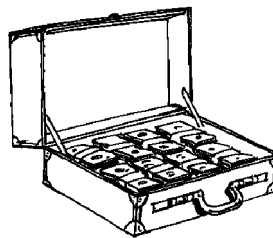
The design is not based on the statue in New York Harbor but on a replica outside the New

York-New York casino hotel in Las Vegas.

Postal officials say they weren’t aware of that until a stamp expert pointed it out. They say the stamp was designed from a photo provided by an agency that licensed it only as “Statue of Liberty.”

However, USPS officials say they like the design and have no plans to pull it out of circulation.

The stamp was issued in December of 2010.



Phony Vets Charity Collected \$2M in VA.

Virginian-Pilot

RICHMOND — A fraudulent charity organization that is under investigation in multiple states collected at least \$2 million from Virginia residents who thought they were donating funds to help military veterans, according to findings by the state’s consumer affairs agency.

The now defunct U.S. Navy Veterans Association raised the money over a five-year period that ended last year, when Virginia and other states launched investigations of the suspect organization, according to information gathered during a probe by the state’s Office of Consumer Affairs.

“Based on what we’ve seen and what we believe, it appears to be a fraudulent group,” said Secretary of Agriculture and Forestry Todd Haymore, who oversees the agency that conducted the investigation.

The case was turned over to the office of Attorney General Ken Cuccinelli, who last year forfeited more than \$55,000 in campaign contributions that he received in 2009 from the self-described director of U.S. Navy Vets. The man, who used the name Bobby Thompson, has eluded authorities since last year. Ohio authorities have charged him with identity fraud.

Cuccinelli decided to donate the funds to veterans organizations in July after Thompson disappeared and lawyers representing the U.S. Navy Veterans Association said they could not find him.

“I know that besides his being roped into these

shenanigans, the whole point of people using veterans to scam other people out of money and then the money not going to veterans groups — he is extremely angry about that,” Cuccinelli spokesman Brian Gottstein said. “And I know he wants to see justice done on this.”

The anti-trust and consumer litigation section in the attorney general’s office will handle the matter, Gottstein said. The office likely would refer the case to a local commonwealth’s attorney if criminal prosecution is warranted, he said.

Haymore provided few additional details about the consumer affairs agency’s findings, citing concerns about jeopardizing the investigation. He said Virginia’s office worked with six other states that are investigating the suspect charity, citing Ohio, Michigan, Florida, New Mexico, Hawaii and Missouri.

The state agency launched its investigation in May after news reports raised questions about the charity’s fundraising practices and its use of funds. Haymore said that one employee in the Office of Consumer Affairs was dedicated solely to the investigation from July, and another spent about 25 percent of his time on the case.

Investigators examined all of the organization’s activities in Virginia, including its efforts last year to gain an exemption from filing annual registration statements to comply with the state’s charitable solicitation law.

The General Assembly approved the exemption last year and Gov. Bob McDonnell signed it into law before becoming aware that the Florida-based organization was under scrutiny in other states. The House of Delegates will act today on legislation to repeal the exemption. The Senate already has passed the bill.

Investigators found no evidence of wrongdoing by any state elected officials, Haymore said. Thompson contributed \$67,500 to Virginia politicians in 2009. Nearly all of the recipients donated the funds to charities after questions surfaced about the legitimacy of U.S. Navy Vets.

Haymore said state investigators had “no cooperation or communication with principals involved with the U.S. Navy Veterans Association.”

“There just wasn’t any cooperation, I think is the best way to say it,” said Haymore, who declined to identify the individuals investigators were pursuing. “They were nowhere to be found

or, probably in some cases, not even who they appear to be — at least in black and white on paper.”

The address for the U.S. Navy Vets Virginia chapter is a drop box at a UPS store just outside Richmond.

When the St. Petersburg Times of Florida conducted an exhaustive investigation of the U.S. Navy Vets last year, Thompson was the only listed state or national director reporters could find. He moved out of his rented Tampa duplex shortly after reporters questioned him.

Ohio authorities have issued a nationwide arrest warrant for Thompson, accusing him of using a stolen identity to execute an elaborate fundraising scam that generated tens of millions of dollars.

While the search for Thompson continues, Ohio authorities are pressing forward with the prosecution of Blanca Contreras, charged with participating in the scam as the acting treasurer of U.S. Navy Vets.

Unable to post a \$2 million bond, Contreras is being held in the Cuyahoga County Jail in Cleveland on charges of theft, money laundering and operating a corrupt enterprise.

Her trial is scheduled to start June 22.

When Contreras and Thompson were indicted on identical charges in October, officials said the duo took more than \$1 million in contributions meant for members of the armed forces. Later court documents said the amount was closer to \$100 million.

At a hearing in Cuyahoga County’s Court of Common Pleas, Judge Kathleen Ann Sutula agreed to postpone Contreras’ trial from March 21 until June because a new assistant attorney general has been assigned to the case.

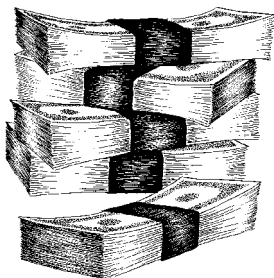
Contreras, 38, of Tampa is being represented by the public defender’s office.

Think About This.....

I was taught to respect my elders .It's just getting harder to find them.

I can't remember the last time I wasn't at least kind of tired.

Due to Agent Orange, veteran awarded \$459,700



GARY HUFFENBERGER
Staff Writer

A local Vietnam War veteran has been awarded a \$459,700 benefit because of their exposure to the herbicide Agent Orange during the war and the later onset of ischemic heart disease.

The U.S. Department of Veterans Affairs (VA) completed a rating decision in April, making an evaluation of 100 percent, effective November 1994, for the Clinton County veteran. A 100 percent rating is the highest disability rating, according to Ray Souder, executive director of the Clinton County Veterans Service Office.

The veteran wishes to remain anonymous.

According to the U.S. Department of Veterans Affairs' Web site, more than 19 million gallons of various herbicide combinations were used by the U.S. military during the Vietnam War.

Agent Orange was the combination of herbicides the U.S. military used most often, said the Web site.

Historians say the strategic effects of the herbicidal warfare in Vietnam included defoliating forested and rural land, depriving guerrillas of cover, hurting the ability of peasants to support themselves in the countryside and inducing them to flee to the U.S. dominated cities, thereby depriving the guerrillas of their rural support base and food supply.

The VA has recognized certain cancers, Type 2 diabetes and other medical problems as associated with exposure to Agent Orange and other herbicides during the war in Vietnam.

Ischemic heart disease is a disease characterized by a reduced supply of blood to the heart, leading to chest pain, said the VA's Web site.

The VA's regulation recognizing ischemic heart disease as related to exposure to herbicides took effect in late October 2010.

The Clinton County veteran originally filed a claim in November 1994, according to a news

release from the Clinton County Veterans Service Office.

In January 2011, the veteran contacted the Clinton County (Ohio) Veterans Service Office for claim assistance. Clinton County Veterans Service Officer "Mac" McKibben began assisting the veteran by gathering medical evidence in support of the veteran's claim and completing the necessary documentation.

Vietnam War veterans exposed to herbicides do not have to prove a connection between their ischemic heart disease and military service to be eligible to receive VA benefits.

That's because the numbers of Vietnam veterans who have the medical condition "are so overwhelming" compared to the general population that the VA presumes ischemic heart disease in Vietnam veterans resulted from exposure to herbicides like Agent Orange, Souder said.

Ischemic heart disease is a common cause of congestive heart failure, said Souder.

The Clinton County (Ohio) Veterans Service Office represents and assists veterans, their spouses, their dependent children and surviving widows in presenting claims or obtaining entitlements or benefits from the U.S. Department of Veterans Affairs.

Souder said if any military veteran needs claim assistance, they should call their local office and make an appointment with a Veterans Service officer.

According to the Vietnamese Ministry of Foreign Affairs, the U.S. herbicidal warfare in that country resulted in 400,000 people killed or maimed, and 500,000 children born with birth defects.

Mr. & Mrs Mike Giancola



On May 7th, at the chapter hall, Mike Giancola and Joni Keefe were married. Mike, the Sgt-at-arms of Chapter 17 and Nevada State Council and Joni the secretary of the chapter and State Council were joined by family and 80 of their closest friends in a Hawaiian style wedding and luau.

Military and Civilian Worlds Meet at Airport.



By Moni Basu
CNN

Atlanta, Georgia (CNN) — Sara Koniar puts down her lunch, jumps to her feet and joins her hands together in thundering applause as men and women in uniform file past her at the Atlanta airport.

The soldiers and sailors wear game faces that hide anxiety and backpacks that weigh down shoulders. They must be heading back to war, Koniar says.

The Franklin, Wisconsin, resident rarely comes face to face with a soldier. She doesn't have relatives serving. Nor does she live in a military town.

Here, at Hartsfield-Jackson International Airport, Koniar seizes her opportunity to show appreciation.

"They deserve it for everything they are doing," she says.

Koniar is hardly alone in that sentiment, though millions of Americans find themselves detached from the lives of service men and women.

Fewer than 1% of Americans serve in the military today, compared to 4% who served in Vietnam or 12% in World War II.

Despite the wars in Afghanistan and Iraq, most Americans are not likely to know the agony of separation or the uncertainty of the battlefield, the disconnect so severe that it prompted Navy Adm. Mike Mullen, the chairman of the Joint Chiefs of Staff, to recently say: "Someday, the American people may no longer know us."

But the airport is different, and it has become a forum of sorts for Americans to interact with the military.

Thousands of Americans remain deployed overseas and when they return home for leave, they come through two airports: Everyone going west of the Mississippi flies to Dallas and those with homes east of the river travel through Atlanta.

Over the years, an airport etiquette has emerged that says: You may not like the war, but

do like the warrior.

Take Bobby Segal of Concord, New Hampshire. He, like Koniar, rarely meets soldiers in his hometown. But on this spring day, when the sun is bursting through the Atlanta airport atrium, Segal pauses as he walks by two soldiers seated at a counter of the Atlanta Bread Company.

"Thank you for your service," he says, heading to the security line. It's the very least he can do.

Sgt. First Class Chad Walker nods. It's great to get a pat on the shoulder, he says.

Next to him, Spc. Crystal Sims is still savoring a breakfast of biscuits, gravy and bacon from Paschal's southern food. When she got out her wallet to pay, the man behind the register told her to put it away. A security guard at the airport had already taken care of it.

Only 21 and on her first deployment to Afghanistan, Sims felt special.

When Navy Petty Officer 2nd Class Calson Bynoe boarded a Delta flight from Norfolk, Virginia, to Atlanta, the flight attendants announced the presence of several sailors. The passengers clapped.

"It was pretty cool, exhilarating, really," he says.

Since the Iraq war began in 2003, most U.S. airlines have gone out of their way to honor the military.

Master Sgt. Kenneth Jernigan was upgraded to first class on his Delta flight from Syracuse, New York.

AirTran counter agent Terry Brown says military members never pay for checking in bags or for overweight luggage on that airline.

"I think we all know the risks they take," he says, looking out at the different uniforms in the airport atrium. He should know, he served in the Navy during the tail end of Vietnam.

On any given day, about 700 soldiers, sailors, airmen and Marines walk the halls of the Atlanta airport, says Mary Lou Austin, head of the USO in Georgia.

On this particular afternoon, two flights are heading to Kuwait and the airport atrium is speckled with camouflage.

Dean Estoll of Arlington, Texas, always takes the time to chat with soldiers at the airport.

Over a heaping plate of Chinese food, Estoll talks to an Army sergeant about how he will get back to his base in Afghanistan. Estoll did not

know about the chartered jets that fly from Atlanta to Kuwait City.

"We're all so busy with what we do," he says. "The war is out of sight, out of mind. We're not the ones over there dodging bullets."

Shyam Joshi is only 10 but excited to see tough soldiers like the ones he has only seen on television. He springs up from his seat and claps.

"They fight for our country," he says. "I hope they defeat the bad guys."

A USO volunteer leads the soldiers as they march toward a processing center for their paperwork. Sometimes, the volunteer encourages people to clap. Other times, it's spontaneous.

After so many years of Americans at war, sometimes it's quiet and people don't even look twice.

A few soldiers say they worry that if the war in Afghanistan drags on, they will one day become invisible. Or worse, despised, like Vietnam veterans who were flown back home in the middle of the night to avoid airport crowds.

Catrina Knight returned from the first Gulf war without public recognition. She claps hard as arriving soldiers emerge from the underground terminal train.

"I think people have changed," she says. "They have become more receptive. I never had anyone clap for me."

Maybe, she says, it's all the media coverage of the war, not just about what is happening on the battlefield but also the aftermath at home. Reports of horrific injuries, post-traumatic stress disorder and crumbling families have helped raise awareness of a soldier's plight.

"I don't think politics has anything to do with it anymore," Knight says. "When you put on a uniform, that says you're willing to sacrifice."

People get that these days, she says. And it's nowhere more apparent than at the airport, where arduous journeys begin for America's warriors.

In January, the millionth soldier on leave passed through Atlanta since the USO's airport program for them began in 2004.

Nobody at the USO wants to reach the next milestone. They just want the war to end.

Austin says she still gets phone calls from curious people.

"What are all these soldiers doing here?" they ask. "I thought we were drawing down."

"Let's face it," Austin says. "The Army and the Marines have gone to war. The rest of America has not."

In cities and towns all across America, especially in the midst of an economic meltdown, war is not a subject that gives pause. For Austin, that's why the Atlanta airport is special.

"We're not a military town," she says, "except for Hartsfield-Jackson."

VIETNAM MEMORIAL FUNDS RUNNING ON EMPTY

WORCESTER — In a corner of the scenic valley cutting through Green Hill Park, a chiseled granite marker along a stone wall proclaims: "Massachusetts Vietnam Veterans Memorial."

But after two years without maintenance and upkeep funding from the state, local Vietnam veterans are starting to worry that the 4-acre state memorial and grounds could fall into disrepair or become the city's financial responsibility by default.

This fiscal year and last, state budget cuts eliminated the \$25,000 annual maintenance funding for the state memorial. The memorial committee's board of directors has enlisted Worcester's legislative delegation to push to have the money reinstated for next fiscal year.

The maintenance money previously had been tacked on to the state Department of Veterans' Services budget by local lawmakers, but in the last two lean fiscal years the memorial funding fell victim to the governor's discretionary budget cuts.

"We had to look all across the commonwealth for ways to reduce and save money," state Secretary of Veterans' Services Coleman Nee said. "While we love the memorial out there, when we have to prioritize, we have to give priority to the veterans we have to support right now."

Massive, rough-edged slabs of granite rising from the landscaped grounds of the memorial bear words that young GIs wrote home from Vietnam in letters as well as the names of all 1,547 Massachusetts veterans killed in the war.

The mostly complete memorial was dedicated in June 2002 and finished several years later. The

Legislature originally paid the city \$10,000 a year to maintain the state memorial in fiscal years 2004 through 2007. That amount was increased to \$25,000 for one fiscal year, then cut to \$12,500 the following year and then slashed to zero in fiscal 2010 and 2011.

"We finally got it finished the way we wanted it to be. Now we just want to keep it up," said Philip P. Madaio, 64, of Auburn, a former Army sergeant who served as an infantryman near Saigon in 1966 and 1967. "It's not like we're asking for fifty million bucks. It's only \$25,000."

Mr. Madaio was wounded just a few weeks into his combat tour when an incoming mortar shell exploded nearby, scouring his neck with jagged shrapnel.

"There's a lot of my friends up there, guys I played football against," Mr. Madaio said, looking over a duck pond toward the memorial's somber Place of Names.

"They should have been schoolteachers and firemen like everybody else," added Francis J. Elliott, 69, of Worcester, who served in the Navy on the aircraft carrier USS Midway in the waters off Vietnam in 1961.

Mr. Madaio, Mr. Elliott and fellow member of the group Vietnam Veterans for the Community, Robert P. DeBoer, 62, of Sutton, who served with the Army on an air base near Saigon, said the only thing keeping the memorial presentable now is the dedication of volunteers and work paid for by the cash-strapped city's parks department.

City Manager Michael V. O'Brien figures he spends roughly \$60,000 a year in labor, materials and supplies to maintain the memorial, including expenses such as \$2,000 in fertilizer and \$4,000 for mulch.

While his budget isn't in any better shape than the state's, Mr. O'Brien said he would find the money to keep the memorial in good repair and its grounds manicured.

"I know the state understands the importance of the memorial and is working to restore those funds. In the meantime, our priority is to make sure this memorial is maintained to reflect our respect," the city manager said. "Budgets are strained, but we can't use that as an excuse to walk away."

Mr. Nee, the state secretary of veterans' services, noted that the state released \$191,800

from an environmental bond bill to finish the memorial two years ago.

He said that, while money is tight now, his department has no intention of abandoning a memorial he was involved in creating.



As they walked around the memorial in the early morning, the local Vietnam veterans pointed out graffiti and signs of vandalism that cost money to fix. In the Place of Names, a circular patio with tall granite slabs inscribed with the names of men and women killed in Vietnam, Mr. DeBoer noticed a large flood light bulb lying on the snow in the woods nearby.

"Where did that come from?" Mr. Madaio wondered.

The men looked up and saw a lamp post with a shattered decorative globe at the top.

Mr. DeBoer found a flat stone near the flood light bulb that had been pried out of the wall and, presumably, flung up to smash the light.

If the state doesn't reinstate maintenance funding, and the city can't continue to bear the cost of upkeep on what after all is a state memorial, Mr. Elliott said, "This place would turn into a pit."



***DID YOU
RECEIVE A
PURPLE
HEART?***

**If so, you are invited to
become a member of the
Military Order of the Purple Heart**

**If you were presented with a Purple Heart or if you
were wounded in combat and feel you should have
received a Purple Heart, please call us!**

**Help us to provide service to our local veterans and
their families!**

**(meetings are held on the 4th Saturday morning of
each month at the Vietnam Veterans Chapter hall
located at 6424 W. Cheyenne Ave.)**

For more information, call;

Richard Small, (702) 513-0215

VA to Issue Debit Cards



The Department of Veterans Affairs (through the Treasury Department) will offer beneficiaries without bank accounts the option to enroll in the Direct Express debit card program with Comerica Bank. Direct Express payments will be directly deposited into that account and made accessible through a debit card.

Personal funds cannot be transferred into this account as it can only be used to receive Federal benefits.

Direct Express cardholders have 24/7 access to their money at automated teller machines and are able to make purchases at any retailer that accepts MasterCard.

Bank Settles Military Foreclosure Claims



Stars and Stripes
by Bill Murphy Jr.

Banking giant JP Morgan Chase & Co., which admitted earlier this year that it had improperly overcharged thousands of military families on their mortgages and foreclosed on the homes of servicemembers in Iraq and Afghanistan, will pay \$26 million to settle the class action lawsuit that brought the activity to light.

Marine Capt. Jonathan Rowles and his wife, Julia, filed the suit, which accused Chase of ignoring the protections they were due under a federal law known as the Servicemembers Civil Relief Act.

"We are sorry and regret the mistakes our firm made on mortgages for members of the military, and we'd like to thank Capt. and Mrs. Rowles for helping us address them," Chase's chief administrative officer, Frank Bisignano, said in a statement announcing the deal. "We hold ourselves accountable and responsible for these mistakes,

and fixing them is just the beginning of a new way forward with the military and veteran community as we make serving them a core part of how we operate our business every day."

"My family and I thank Chase for resolving this matter," Capt. Rowles said in the same statement. "It is our hope that this settlement will result in greater attention by the entire financial services industry to the nation's laws that protect our military families."

Under the law, members of the military on active duty are entitled to reduced interest rates on some loans, along with protection from foreclosures and evictions, and other benefits.

Besides the cash settlement, Chase said that in cases where it foreclosed on military homes in violation of the law, it will not only rescind the sales, but will also forgive all of the servicemembers' remaining mortgage debt.

Rowles, who is still on active duty, will become an adviser to Chase on veterans' issues as well, the company said.



Cell Phone Numbers Go Public

REMINDER..... all cell phone numbers are being released to telemarketing companies and you will start to receive sales calls. **YOU WILL BE CHARGED FOR THESE CALLS.**

To prevent this, call the following number from your cell phone: 888-382-1222.

It is the National DO NOT CALL list It will only take a minute of your time.. It blocks your number for five (5) years. You must call from the cell phone number you want to have blocked. You cannot call from a different phone number.

HELP OTHERS BY PASSING THIS ON ... It takes about 20 seconds.

What ????????

Obituaries would be a lot more interesting if they told you how the person died.

Mental Disorders Linked to Drug, Alcohol Abuse in U.S. Vets



Highest rates of substance abuse found among those with bipolar disorder or schizophrenia

By Robert Preidt
HealthDay news image

(HealthDay News) — U.S. veterans with mental health disorders have high rates of substance abuse, new research shows.

In the study, researchers analyzed U.S. Department of Veterans Affairs data to determine the rates of substance-use disorders among veterans who served in Iraq and Afghanistan who were diagnosed with post-traumatic stress disorder or other mental health disorders, including bipolar disorder and schizophrenia.

The research team identified 1,001,996 U.S. veterans who were diagnosed with one of six specific mental disorders and found that rates of substance abuse among these veterans ranged from 21 percent to 35 percent.

The highest rates of substance abuse occurred among those with bipolar disorder or schizophrenia, according to the report published in the May-June issue of the *American Journal of Addictions*.

“Our findings may be useful in program planning and for understanding the needs of veterans of different eras,” study leader Dr. Ismene Petrakis, of Yale University School of Medicine, said in a journal news release.

“For example, in determining the needs of veterans from the current conflicts, it seems that those with serious mental illness are particularly in need of services to address a [coexisting] substance-use disorder,” Petrakis wrote.

New disability evaluation system goes worldwide



By Chuck Vinch
Staff writer

The Pentagon and Veterans Affairs Departments are “moving aggressively” to put in place a new, faster, simpler disability evaluation system for wounded warriors at 141 military installations in the U.S. and abroad.

A three-year test proved the new system to be “faster, fairer and more efficient” than the system it replaces, Clifford Stanley, undersecretary of defense for personnel and readiness, told Congress in mid-March.

The new system was designed to eliminate the duplicative and often confusing elements of the separate disability processes previously operated by VA and the military. It employs a model that features a streamlined exam process using VA protocols and a single disability rating to be issued by VA.

One of the principal goals of the new system is to ease service members’ transition to veteran status so they can quickly access VA benefits and compensation.

The test program was launched in November 2007 at the three major military treatment facilities in the national capital region — Walter Reed Army Medical Center in the District of Columbia, the National Naval Medical Center in nearby Bethesda, Md., and the Malcolm Grow Medical Center at Andrews Air Force Base, Md.

Over the next two years, it expanded to more than two dozen installations and worked so well that senior Pentagon and VA officials decided in July to draw up plans to permanently implement it worldwide as the Integrated Disability Evaluation System. That planning process began in October, and the official transition from the test program to IDES took place on Dec. 31.

Today, IDES is operational at 54 military installations, with more than two dozen others scheduled to come on line within the next few weeks, Pentagon officials said. The goal is to have all 141



major military medical facilities in the U.S. and abroad using IDES by the end of September, Stanley said.

As in the test program, IDES centers on the idea that wounded, injured or ill service members should get a single set of physical disability exams conducted according to VA protocols, have their disability ratings prepared by VA, and have their cases simultaneously processed by both the Pentagon and VA to reduce the wait time for delivery of disability benefits.

Using VA's disability ratings protocols, DoD determines a member's fitness for duty and compensates for unfitting conditions incurred in the line of duty, while VA compensates for all disabilities incurred or aggravated during military service that merit a disability rating of 10 percent or higher.

To minimize lag time in benefits during the transition from military to VA care, IDES requires both the Pentagon and VA to complete their disability determinations before a service member is separated from active duty, Stanley said.

As of March 6, a total of 19,382 service members have gone through the IDES process, with 6,082 completing the program by medical separation, retirement, or return to duty and 12,818 remaining enrolled, Stanley said.

"Taking care of our wounded, ill and injured service members is one of the highest priorities of the [Defense] Department, the service secretaries and the service chiefs," he said. "Reforming unnecessary bureaucratic processes is crucial to ensuring service members receive, in a timely manner, the care and benefits to which they are entitled."

While IDES is a "major improvement" over the legacy disability evaluation system, Stanley said Pentagon and VA officials continue to explore new potential improvements to shorten the overall length of the process from its current goal of 295 days.

"In addition, the departments are also looking closely at stages of the disability evaluation system that are outside of timeliness tolerances, and developing options to bring these stages within goal," he said. "We are committed to working closely with Congress in exploring new initiatives that can further advance the efficiency and effectiveness of the disability evaluation process."

Locations where IDES was in use as of March 28

Alabama: Maxwell Air Force Base

Alaska: Eielson Air Force Base; Elmendorf Air Force Base; Fort Richardson, Fort Wainwright

California: Beale Air Force Base; Camp Pendleton; Edwards Air Force Base; Los Angeles Air Force Base; Marine Corps Air Station Twentynine Palms; Naval Air Station Lemoore; Naval Medical Center San Diego; Travis Air Force Base; Vandenberg Air Force Base

Colorado: Fort Carson

District of Columbia: Walter Reed Army Medical Center

Florida: MacDill Air Force Base; Naval Air Station Jacksonville; Naval Medical Center Jacksonville; Patrick Air Force Base

Georgia: Fort Benning, Fort Stewart, Moody Air Force Base; Robins Air Force Base

Hawaii: Hickam Air Force Base; Naval Station Pearl Harbor; Tripler Army Medical Center

Idaho: Mountain Home Air Force Base

Kansas: Fort Riley

Louisiana: Fort Polk

Maryland: Andrews Air Force Base; Fort Meade; Bethesda National Naval Medical Center

Nevada: Nellis Air Force Base

New York: Fort Drum

North Carolina: Camp Lejeune, Fort Bragg, Marine Corps Air Station Cherry Point; Pope Air Force Base; Seymour Johnson Air Force Base

Oklahoma: Vance Air Force Base

South Carolina: Charleston Air Force Base; Naval Weapons Station Charleston; Marine Corps Air

Station Beaufort; Shaw Air Force Base

Texas: Brooke Army Medical Center, Fort Hood

Virginia: Fort Belvoir; Langley Air Force Base; Marine Corps Base Quantico; Naval Medical Center Portsmouth

Washington: Fairchild Air Force Base; Fort Lewis; McChord Air Force Base; Naval Air Station Whidbey Island; Naval Medical Center Bremerton

Locations slated to begin using IDES by May 1st

Alabama: Fort Rucker

Arizona: Davis-Monthan Air Force Base; Luke Air Force Base

Colorado: Buckley Air Force Base; Peterson Air Force Base; U.S. Air Force Academy

Georgia: Fort Gordon

Montana: Malmstrom Air Force Base

New Mexico: Cannon Air Force Base, Holloman Air Force Base; Kirtland Air Force Base

South Carolina: Fort Jackson

Texas: Dyess Air Force Base; Goodfellow Air Force Base; Lackland Air Force Base; Laughlin Air Force Base; Naval Air Station Corpus Christi; Randolph Air Force Base; Sheppard Air Force Base

Utah: Hill Air Force Base

Virginia: Fort Eustis, Fort Lee

Wyoming: F.E. Warren Air Force Base

Obama seeks \$7.2 billion for PTSD/TBI treatment



By Bob Brewin

President Obama's fiscal 2012 budget proposes \$7.2 billion in funding to research and treat the invisible wounds of war: post-traumatic stress disorder and traumatic brain injury.

The Veterans Affairs Department said it plans to spend \$6 billion in 2012 to enhance its ability to provide the best possible specialized care for those with PTSD, TBI and other mental health needs.

This is a \$765 million, or 14.6 percent, increase over VA's entire proposed 2011 budget for mental health, which, in addition to PTSD and TBI treatment, covers substance abuse treatment, mental health care for the homeless and inpatient treatment.

VA officials said the 2012 PTSD/TBI budget also will support collaborative programs with the Defense Department, including outreach to veterans, as well as new but unspecified types of treatment. It promises to lay the groundwork for psychological treatment "for many years to come."

Defense proposed to spend \$677 million to treat PTSD and TBI in 2012 and another \$415 million for research, for a total of just under \$1.2 billion. Defense had requested \$1.1 billion for PTSD/TBI treatment and research in its 2011 budget.

Both Defense and VA are awaiting congressional approval of their 2011 budgets by early March, when a continuing resolution that funds the entire federal government expires.



Think About This.....
Nothing sucks more than that moment during an argument when you realize you're wrong.
Bad decisions make good stories.

Some Benefit Increases Likely in 2012.

According to the Bureau of Labor Statistics the Consumer Price Index for April is up 0.8 percent over the March CPI. This is important for military retirees, and those drawing VA benefits, because the CPI is used to determine the annual cost-of-living-adjustment (COLA) and rate adjustments to VA Disability and Compensation, Vets Pension programs, and other VA rates for the following year.

The Military Officers Association of America reports that the April 2011 CPI is up 2.9 percent from the 2008 CPI, which means veterans and survivors may see an increase in compensation and pension benefits in 2012, the first since 2008.

Soldiers with mental illness more often get PTSD



NEW YORK (Reuters Health) - Preexisting mental health problems could be setting soldiers up for posttraumatic stress disorder, or PTSD, when they return from the battlefield, U.S. Navy researchers said.

They found those with depression, panic disorder or another psychiatric illness were more than twice as likely to develop the condition as their mentally stable peers.

“More vulnerable members of the deployed population might be identified and benefit from interventions targeted to prevent or to ensure early identification and treatment of postdeployment PTSD,” Dr. Donald Sandweiss of the Naval Health Research Center in San Diego, California, and colleagues write.

Earlier studies have come to different conclusions, but their methods were less reliable than those used in the current one, the researchers add.

Between seven to eight percent of the general population eventually develops PTSD, according to the National Center for PTSD at the U.S. Department of Veterans Affairs.

The psychological toll — including flashbacks, “numbing” toward other people, and drug problems — can be extremely hard to deal with and may destroy relationships or cause trouble on the job.

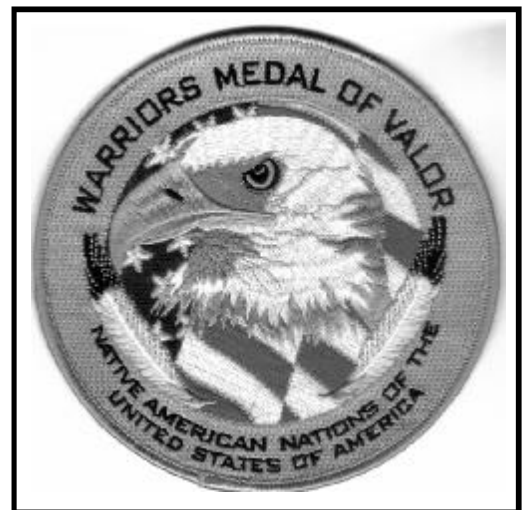
While PTSD can be treated effectively with talk therapy, the military has also begun focusing on whether the problem might be prevented in the first place — for instance by identifying those at high risk and preparing them psychologically for conflict.

In the new study, published in the Archives of General Psychiatry, more than 22,000 soldiers completed a health questionnaire before they were deployed to Iraq or Afghanistan, and again after they returned.

Just over three percent had some mental illness, including PTSD, at the outset.

Upon returning, however, eight percent had symptoms of PTSD. Those who had mental illness other than PTSD before deployment had more than twice the odds of developing the condition after they got home.

Physical injuries during deployment were also tied to a higher risk, although much less so than preexisting mental health problems.



The Warriors Medal of Valor patch is now available for purchase from chapter 17. They come in two sizes, 5 “ and 10”. The 5” will sell for \$10 and the 10” will sell for \$20. These patches will be available in the company store during the regular chapter meetings

DOD Issues Purple Heart Standards for Brain Injury

By Jim Garamone
American Forces
Press Service

WASHINGTON, – U.S. service members have long been eligible to receive the Purple Heart Medal for the signature wounds of the current wars — mild traumatic brain injuries and concussions — but now there is more clarity on how medical criteria for the award are applied, Defense Department officials said yesterday.

The criteria for the Purple Heart award state that the injury must have been caused by enemy action or in action against the enemy and has to be of a degree requiring treatment by a medical officer.

But it may be difficult to determine when a mild traumatic brain injury or a concussive injury that does not result in a loss of consciousness is severe enough to require treatment by a medical officer. “This is why we created this baseline standard,” DOD spokeswoman Eileen Lainez said.

DOD allows the award of the Purple Heart even if a service member was not treated by a medical officer, as long as a medical officer certifies that the injury would have required treatment by a medical officer had one been available.

DOD officials said that as the science of traumatic brain injuries becomes better understood, guidance for award of the medal will evolve.

“The services are not able to speculate as to how many service members may have received a mild TBI or concussion but did not seek or receive medical treatment,” Lainez said. “Therefore, each military department will establish its retroactive review procedures in the near future to ensure deserving service members are appropriately recognized.” Retroactive reviews would cover injuries suffered since Sept. 11, 2001, she added.

The Marine Corps has issued clarifying guidance to ensure commanders in the field understand when the Purple Heart is appropriate for concussions.

Army officials are preparing to issue their guidance and ask soldiers to wait until submission requirements are published through command

channels and on the Human Resources Command website at <http://www.hrc.army.mil> before submitting or resubmitting nominations for the Purple Heart Medal for concussion injuries.

Once the Army publishes its requirements, officials said, soldiers should resubmit requests through their chains of command.

Army veterans should resubmit to the U.S. Army Human Resources Command at: Commander, USA HRC, ATTN: Awards and Decorations Branch (AHRC-PDP-A), 1600 Spearhead Division Ave., Fort Knox, KY 40122. Vets also can call 1-888-276-9472 or email hrc.tagd.awards@conus.army.mil.



“The Nevada chapter of the 1st Cavalry Division Association meets at 10:00 a.m. on the first Saturday of each month at American Legion Post 8 located at 733 Veterans Memorial Drive, Las Vegas 89101.

The chapter president is Ken Gallagher (abnrngrnam71@hotmail.com), the vice president is Virgie Hibbler (vvastatecouncil@aol.com), the treasurer is Bill Anton (polar_bear_01@fastmail.fm), and the secretary is George Hitzman (the-hitman@outdrs.net).

Troopers from all eras are welcome.

“FIRST TEAM! “

Say What ?????

There will always be death and taxes; however, death doesn't get worse every year.

It's frustrating when you know all the answers, but nobody bothers to ask you the questions.

DOD Must Help Solve Federal Debt Crisis



By Jim Garamone
American Forces
Press Service

WASHINGTON, - The Defense Department has to be part of the solution for the country's debt crisis, the chairman of the Joint Chiefs of Staff said.

Navy Adm. Mike Mullen has called the federal debt "the biggest single threat to national security."

It is simple math, the admiral told a Government Executive Magazine leadership forum at the National Press Club. "The worse the financial situation is in the country, the greater the likelihood that resources for national security will go down," he said.

Since the attacks of Sept. 11, 2001, the Defense Department budget has almost doubled. Having this ready spigot of money "hasn't forced us to make the hard choices," Mullen said.

"It hasn't forced us to prioritize," he explained. "It hasn't forced us to do the analysis. And it hasn't forced us to limit ourselves and get to a point or deciding, in a very turbulent world, what we're going to do and what we're not going to do."

Defense spending needs to be on the table, the chairman said, noting that it is his job to articulate national security requirements. The country is in a particularly difficult situation, he said, in regard to Air Force modernization.

"We are running out of life in those assets that we bought in the '80s during the Reagan administration," he said.

The national security environment is changing, Mullen said, and often changes. The chairman told the audience that six months ago, he would not have predicted that he would be concerned about Japan and Libya. But now a NATO operation is under way to protect the Libyan people from Moammar Gadhafi's regime, and an earthquake and tsunami disaster sent almost 20,000 U.S. service members and 18 ships to the coast

of Japan to assist in the aftermath.

"The demands continue," he said. "We've got to be measured about what we're going to do and what we're not going to do."

The chairman said he is worried about ill-advised personnel cuts "hollowing out" the military.

"However we get to our future, it must be whole," he said. "We talk about cuts in personnel. When I was head of the Navy, personnel was 60 percent of my budget every year. I need every single person I have, but I don't need one more."

Although eliminating force structure can save a lot of money, Mullen said, the country must evaluate that against overall requirements.

Health care costs for the Defense Department, Mullen said, are another concern. In fiscal 2001, health care costs were \$19 billion. Today, those costs are pegged at \$51 billion, and they are projected to rise to \$64 billion in 2015.

"That's not sustainable," he said. "We all have to sharpen our pencils and make sure that every dollar we spend is spent well. We need to be good stewards of the dollars the American taxpayers give us, and we're going to have to do the hard work to get that right."

Post-traumatic Stress Disorder (PTSD) App Helps Thousands



WASHINGTON - The PTSD Coach smartphone application (app), launched in April by the Department of Veterans Affairs (VA) and the Department of Defense (DoD), has already helped more than 5,000 users connect with important mental health information and resources.

"This new tool is about helping Veterans and Servicemembers when and where they need it," said Secretary of Veterans Affairs Eric K. Shinseki. "We are encouraged so many have already downloaded this resource and hope many more will utilize this convenient tool to access VA services."

Since its launch, the PTSD Coach app has been downloaded by thousands of individuals.

While 96 percent of the users so far are located in the United States, the app has also been downloaded in 25 other countries. The app lets users track their PTSD symptoms, links them with public and personalized sources of support, provides accurate information about PTSD, and teaches helpful strategies for managing PTSD symptoms on the go.

Currently, the PTSD Coach app has received perfect customer review scores on the iTunes App Store. Comments from Veterans and family members are overwhelmingly positive and one user describes the app as “a must for every spouse who has a family member with PTSD.” Professionals have sent positive reviews, suggestions and offers to collaborate on research evaluating the PTSD Coach app.

The app has also already proven to be a useful tool for the staff at the Veterans Crisis Line. Within the first two hours of the app’s official launch, the Crisis Line staff were contacted by a distressed Veteran who reported being instructed by the app to call the crisis line and was subsequently given an appointment at the local VA medical center. Crisis Line staff have begun to regularly recommend this resource to callers.

The app is one of the first in a series of jointly-designed resources by the VA National Center for PTSD and DoD’s National Center for Telehealth and Technology to help Servicemembers and Veterans manage their readjustment challenges and get anonymous assistance. Given the popularity of mobile devices, VA and DoD hope to reach tens of thousands of Veterans, Servicemembers, and their family members with the new suite of apps.

Information on the PTSD Coach app is on the VA’s National Center for PTSD Website: <http://www.ptsd.va.gov/public/pages/PTSDCoach.asp>. More apps from DoD’s National Center for Telehealth and Technology can be found at: <http://www.t2health.org/apps>.



PTSD and the law

Symptoms of PTSD can range from mild to severe. At times the symptoms may make it more likely that the sufferer will get in trouble with others, or with the law. Although thoughts, level of arousal, and feelings may be affected by PTSD, there is no evidence that even severe PTSD in anyway causes criminal behavior (see Criminal behavior and PTSD).

At the same time, recent legal cases have considered combat stress as a mitigating factor at sentencing. PTSD can affect the way a person sees, thinks, or responds to people and situations. Trauma survivors with PTSD may be more prone to feeling threatened in situations, even when this is not warranted.

Anyone who experiences trauma, including those who deal with PTSD, can get care (see Where to Get Help for PTSD). Effective treatment can reduce symptoms. This may decrease the chances of getting in trouble with the law. For U.S. Veterans who experienced trauma in service to our country, resources exist to help ensure that needed care is provided.

Resources for justice-involved Veterans

There is help for Veterans with PTSD who may get in trouble with the law. Programs from VA and others give justice-involved Vets the chance to get treatment rather than face time in jail if they are dealing with mental health issues. State legislatures support Veterans by directing courts to address the mental health status of Veterans in their courts. In many communities, police and other law enforcement are trained to handle mental health crises and to ask if a person is a Veteran. The focus is on treatment, rather than on incarceration.

Veterans Justice Outreach (VJO) Program

Each VA Medical Center has a Veterans Justice Outreach specialist. VJO’s help justice-involved Veterans suffering from PTSD or other



mental health issues avoid unnecessary punishment and jail time.

VJO's help Veterans get access to VHA mental health and other VA services and benefits. They work with public defenders, providers, community and Veterans organizations, the courts, and others to find ways to help justice-involved Veterans rather than punish them.

Find VJO Contacts at your local VA Medical Center.

Veterans Treatment Courts

In many communities courts are set up to help Keep Veterans with PTSD out of the Justice System. These courts help get Veterans who are in need of mental health or substance abuse treatment the treatment and tools for readjustment that they need. Only Veterans charged with non-violent crimes may go to treatment court.

Veterans Treatment Courts form partnerships with VA and other Veteran's organizations. If a Veteran is arrested, eligibility for Veterans Treatment Court and for VA benefits is determined.

VA Health Care for Reentry Veterans Services and Resources

To prevent homelessness and other problems associated with leaving prison, this program helps provide information to Veterans while they are incarcerated so they may plan for re-entry themselves.

For Providers and Researchers

Changes in cognition, heightened arousal, and a range of emotional issues may increase the likelihood that persons with PTSD will get in trouble with others or with the law. The new issue of the PTSD Research Quarterly: PTSD and the Law: An update (PDF) and Criminal Behavior and PTSD: An Analysis provide you with more detail on this issue.

Community Support for those with PTSD

Education and increased awareness can help prevent incarceration of persons who are dealing with mental health issues. Law enforcement offi-

cial, college counselors, employers and coworkers can learn more about common reactions following war and other trauma, including Understanding PTSD.

Helping Veterans

To help Veterans with PTSD in the Justice System there are programs to help Veterans who are dealing with mental health issues get care instead of being incarcerated; programs including the Veterans Justice Outreach Program and Veterans Treatment Courts, outlined above.

VHA Services for Justice-Involved Veterans

A letter for the community (April 30, 2009) from the VA Under Secretary for Health: "Information and Recommendations for Services Provided by VHA Facilities to Veterans in the Criminal Justice System" describing VA's role for these individuals. VA Extends Post-Incarceration Health Care

Measure Would Help Reduce Repeat Offenses

WASHINGTON - VA will extend health care to eligible Veterans in halfway houses and other temporary, post-incarceration housing under a new program aimed at cutting back on repeat offenses. Under the new rules, VA would now be allowed to provide health care to Veterans in halfway houses and other temporary, post-incarceration housing. Studies found that good health care in the first months of community reentry played a key role in easing readjustment and reducing recidivism.



Stolen Valor Act Unconstitutional

McClatchy-Tribune
Information Services

PASADENA — The Stolen Valor Act, under which former water board member Xavier Alvarez was fined and ordered to perform community service in 2007, was upheld as being unconstitutional.

The 9th U.S. Circuit Court of Appeals upheld an earlier ruling determining that a law barring people from lying about their military heroics was a violation of free speech.

The earlier ruling, which was made by three of the court's members in August, invalidated the 2006 act by Congress.

Alvarez, a Pomona resident and then a member of the Three Valleys Municipal Water District board, pleaded guilty in July 2008 to falsely saying he had won the Medal of Honor. He was fined \$5,000 and sentenced to three years of probation, which required community service.

Alvarez is currently at Centinela State Prison in Imperial County for defrauding the water district after being convicted of registering an ex-wife for health benefits with the district in 2007.

Jonathan Libby, Alvarez's public defender, said, "It affirms what I believe to be the right decision," and noted that Chief Judge Alex Kozinski's written opinion was "quite compelling."

"I think Judge Kozinski took a much broader perspective than the original decision," Libby said, adding the judge found "complete First Amendment protection" for lying about oneself.

The public defender said he is expecting the case to be appealed to the U.S. Supreme Court.

"If the Supreme Court decides to review it, they'll come up with same decision as the 9th Circuit did," Libby said.

A military veteran who had attended many of Alvarez's court appearances was upset.

"It's terrible," said Juan Rodriguez, 79, a Korean War veteran from Pomona. "What are these people doing, you know? I talked to a lot of guys in the American Legion. What is wrong with our Constitution?"



Libby said he did not know whether Alvarez had paid his fine for the conviction but the former water board member had completed his community service.

Michael Shapiro, a professor of law at USC, said his original opinion of the case had not changed "but positions have gotten reinforced."

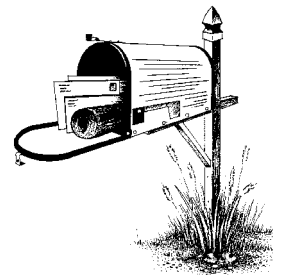
Shapiro's earlier position was that Judge Jay S. Bybee took out of context previous court cases and also argued incorrectly that untrue statements fall outside First Amendment protection.

He said he felt the Supreme Court would not want to take the case.

"I don't think the court is anxious to say yes or no," Shapiro said. "It's not the most sensitive case in the world. But if the court takes it, what is least likely to happen is that the court leaves it as is."

U.S. Justice Department spokesman Dean Boyd declined to comment on whether government lawyers will appeal the decision.

Social Security stopping mailed annual earnings statements to workers, hoping to save millions.



By **STEPHEN OHLEMACHER**
Associated Press

Those yearly statements that Social Security mails out _ here's what you'd get if you retired at 62, at 66, at 70 _ will soon stop arriving in workers' mailboxes. It's an effort to save money and steer more people to the agency's website.

The government is working to provide the statements online by the end of the year, if it can resolve security issues, Social Security Commissioner Michael Astrue said. If that fails, the agency will resume the paper statements, which cost \$70 million a year to mail, he said.

"We'll provide it, we expect, one way or another, before the end of the calendar year," Astrue told The Associated Press. "We're just right now trying to figure out the most cost-effective and

convenient way to provide that to the American public.”

The statements, mailed to 150 million people each year, project future benefit payments, helping workers plan for retirement.

The decision to suspend the mailings was unrelated to the talk of a possible partial government shutdown. It was, however, related to the agency’s operating budget, which has essentially been frozen at 2010 levels _ minus about \$350 million in economic stimulus money the agency had been using to handle claims.

Advocates for older Americans say they are sympathetic about the agency’s budget problems, but several said an online option is insufficient, especially for people who may not have computer skills or access to computers.

“As far as the information being available online, that’s not going to help a lot of people we work with,” said Max Richtman, executive vice president of the National Committee to Preserve Social Security and Medicare.

“This was a concrete piece of paper, a document that workers would receive that would give them confidence in the program,” Richtman said. “Otherwise, they hear a lot of the debate in Washington. It’s going to be there; it’s not going to be there.”

Claims for retirement and disability benefits are up significantly since the nation’s economy soured in 2008. About 2.7 million people applied for retirement benefits last year, a 17 percent increase from 2008, according to agency statistics. About 3.2 million people applied for disability benefits last year, a 23 percent increase.

Since the 1980s, Social Security statements have been mailed each year to workers older than 25. They include a history of taxable earnings for each year _ so people can check for mistakes _ as well as the total amount of Social Security and Medicare taxes paid over the lifetime of the worker.

The statements provide estimates of monthly benefits, based on current earnings and when a worker plans to retire. Workers can claim early retirement benefits starting at age 62. Full benefits are available at age 66, a threshold that is gradually increasing to 67 for people born in 1960 or later.

The statements are mailed throughout the year,

so many people have already received them this year. Tens of millions have not.

The agency does offer a benefits estimator on its website that Astrue said can be even more helpful than the annual Social Security statements. Workers can enter their Social Security numbers on the website and get estimates of future benefits, depending on when they plan to retire.

“You can go online and you can get a very accurate estimate of your likely retirement benefits,” Astrue said. Press. “You can run scenarios.”

The website, however, does not provide the detailed earnings and payroll tax history that workers had been receiving in the mail each year.

Mary Johnson, a policy analyst at The Senior Citizens League, said the detailed paper statements help workers ensure they are getting credit for their proper earnings each year.

“When we get these we realize just how modest our benefit will be, and the need for savings, and to work as long as we are able to,” Johnson said in an email.

Ending the statements is part of a trend in government to conduct more of its business electronically. Social Security already mails out few paper checks. About 88 percent of beneficiaries have their payments deposited directly into bank accounts.

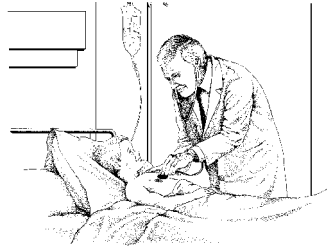
Social Security has been beefing up its website in recent years, offering more services and information online as millions of computer-savvy baby boomers reach retirement age. The agency launched a new public campaign this week featuring two celebrities that baby boomers will find familiar: actors Patty Duke and George Takei.

Takei starred in the original “Star Trek” TV show, and the campaign features ads playing on a “Star Trek” theme, with Duke and Takei emphasizing how easy it is to apply for benefits online.

About 41 percent of applications for retirement benefits come in online, Astrue said. About 44 percent of Medicare applications are done online. In all, the agency’s website attracts about 11 million visitors each month.



Some hospitals open senior ERs, fledgling trend to improve care of aging patients



Many hospitals run emergency rooms just for children. Now a few are opening ERs specially designed for seniors, without all the confusion and clamor and with a little more comfort.

It's a fledgling trend, but expected to increase as the population rapidly grays. The question is whether they'll truly improve care.

"Older people are not just wrinkly adults. They have totally different needs," says Dr. David John, who chairs the geriatric medicine division of the American College of Emergency Physicians.

Modern ERs are best equipped to handle crises like gunshot wounds or car crashes, not the lengthy detective work it can take to unravel the multiple ailments that older people tend to show up with, John says.

Those older patients may not even have the same symptoms as younger people. They're less likely to report chest pain with a heart attack, for instance, complaining instead of vague symptoms such as dizziness or nausea. Urinary tract infections sometimes cause enough confusion to be mistaken for dementia.

And a study published in January called delirium and dementia an "invisible hazard" for many older patients because ERs don't routinely check for not-too-obvious cognitive problems _ yet such patients can't accurately describe their symptoms or understand what they're supposed to do at home.

Seniors already make 17 million ER visits a year, and 1 in 5 Americans will be 65 or older by 2030.

St. Joseph's Regional Medical Center in Paterson, N.J., started a 14-bed Senior Emergency Center two years ago, and plans to open a larger one in the fall, said emergency medicine chairman Dr. Mark Rosenberg.

"It's still hustle and bustle, but it's a couple notches down from the craziness of the main emergency department," he says.

The idea behind senior ERs: Put older patients in an area that's a bit calmer for team-based care to not just treat the problem that brought them to the hospital, but to uncover underlying problems _ from depression to dementia to a home full of tripping hazards that might bring them back.

Rosenberg has documented a big drop in the number of seniors who make return visits since his center began day-after-discharge calls to monitor how they're doing.

There's no official count, but at least a dozen self-designated senior ERs have opened around the country since the first in Silver Spring, Md., in 2008. The one in Maryland and eight in Michigan are operated by Catholic health system Trinity Health of Novi, Mich., which plans to open two in Iowa later this year, followed by more in other states.

How does it work? Seniors still enter through the main ER, where triage nurses decide if they have an immediately life-threatening condition. Those patients stay in the regular ER with all its bells and whistles. But other seniors get the option of heading for these new special zones.

"It's a very nurturing environment," says nurse practitioner Michelle Moccia, who heads the senior ER at Trinity's St. Mary Mercy Hospital in Livonia, Mich.

There, doors instead of curtains separate beds, tamping down the noise that can increase anxiety, confusion and difficulty communicating.

Nurses carry "pocket talkers," small amplifiers that hook to headphones so they don't have to yell if a patient's hard of hearing.

Mattresses are thicker, and patients who don't need to lay flat can opt for cushy reclining chairs instead; Moccia says people feel better when they can stay upright. Nonskid floors guard against falls. Forms are printed in larger type, to help patients read their care instructions when it's time to go home. Pharmacists automatically check if patients' routine medications could cause dangerous interactions. A geriatric social worker is on hand to arrange for Meals on Wheels or other resources.

"In the senior unit, they're just a lot more gentle," says Betty Barry, 87, of White Lake, Mich.,

who recently went to another of Trinity's senior ERs while suffering debilitating hip pain.

But Moccia says the real change comes because nurses and doctors undergo training to dig deeper into patients' lives. While they're awaiting test results or treatments, every senior gets checked for signs of depression, dementia or delirium.

An example: A diabetic was treated for low blood sugar in a regular ER. A few weeks later she was back, but the newly opened senior ER uncovered that dementia was making her mess up her insulin dose, repeatedly triggering the problem, says Dr. Bill Thomas, a geriatrician at the University of Maryland Baltimore County who is advising Trinity Health Novi's senior ER program.

It doesn't take opening a separate ER to improve older patients' care, says New Jersey's Rosenberg, who calls better overall geriatric awareness and training the real key. Still, he says his center saw a 15 percent rise in patients last year.

"Those hospitals that have the money and space and the luxury to do something like that are going to get a definite advantage down the road," predicts John at the American College of Emergency Physicians, who says his own Boston hospital didn't have the money to try it.

Swilling coffee may protect men against prostate cancer



Guys who drank six cups a day had least risk, says study that debunks long-ago findings

By Robert Bazell
Chief science and
health correspondent
NBC News

Coffee is good for men, according to research released from the Harvard School of Public Health. Those who who drank the most coffee — regular or decaffeinated — have the least risk for prostate cancer, especially the deadliest forms of the disease, the 12-year study of almost 48,000 male health professionals found.

But, wait! Almost exactly 30 years ago this same lab in a separate study concluded that in men and women coffee increased the risk of pancreatic cancer, which is almost always deadly. That study got widespread publicity, but not long afterward the researchers said: "Oops, we made a mistake." Coffee, they said, has no effect on the risk of pancreatic cancer.

That flip-flop from such a prestigious institution contributed greatly to the public distrust of the science of epidemiology and the widespread perception that "one day they say something is good for us and the next day they say it is bad."

Today's news seems pretty clear. Men who drank the most coffee, six cups or more daily, had a 60 percent lower risk of developing lethal prostate cancer — and 20 percent lower risk of developing any form of the disease, according to the study published in the online edition of the Journal of the National Cancer Institute.

Even lighter consumption — up to three cups daily — was associated with a 30 percent lower risk of lethal prostate cancer.

Because the results were the same whether the coffee was regular or decaffeinated, it's not the jolt of the java that provided the protection,



researchers said. Instead, the benefit is likely linked to other compounds in coffee that act as antioxidants, reduce inflammation and regulate insulin.

The new research studied nearly 50,000 U.S. men who reported their coffee consumption every four years from 1986 to 2008. It backs up previous studies that found coffee consumption was associated with lower risk of a wide range of diseases including Parkinson's, type 2 diabetes and liver cancer.

Taken together, they support the notion that a wicked coffee habit actually may be good for your health.

Complex and changing

So, what happened in the last three decades? For one thing, the science of epidemiology — the study of health-related events or disease, including public health research — has matured a lot since then and researchers have learned not to make too much of findings that may be later disproved.

It is never easy to study human beings who live in a complex, ever-changing environment. Humans are not lab rats where everything can be controlled. Still, even with the limitations, some kinds of epidemiological studies provide far better evidence than others.

According to Dr. Meir Stampfer, now the chief of epidemiology at Harvard School of Public Health and a co-author of today's coffee paper "the main difference between (the new study) and the discredited pancreas finding is that ours is prospective, so there is no issue with recall bias."

What does that mean? The first pancreas cancer trial was what is called a "case control trial." The scientists questioned 369 patients with pancreatic cancer and asked them about their dietary and other habits. Then they asked 644 healthy people the same question. The use of coffee jumped out so much that the authors came to the frightening conclusion that coffee use might account for a substantial proportion of the cases of this disease in the United States.

It sounds scary, but "recall bias" can affect the outcome of a study. People with a terrible disease like pancreatic cancer often wonder why they got it, even though there can be no answer. If they learn that the scientists are interested in coffee as a possibility, they are far more to remember every

cup they ever drank than the normal controls. That's where the bias occurs.

The current research is called a prospective trial, which follows participants over a period of time. For the course of the trial, the volunteers have been filling out forms about their dietary and other habits, including tracking their coffee consumption. So when scientists look at the new results, they can be far more confident.

Of course there's interest in the connection. Prostate cancer is the most frequently diagnosed form of cancer and the second leading cause of cancer death among U.S. men, affecting one in six men during their lifetime. More than 2 million men in the U.S. and 16 million men worldwide are prostate cancer survivors.

Some skepticism may remain, but at the very least the new coffee study shows that men who enjoy their java have nothing to fear and may get some cancer-fighting benefit.

Say That Again !!!!!

There is great need for a sarcasm font.

Map Quest really needs to start their directions on # 5. I'm pretty sure I know how to get out of my neighborhood.

I totally take back all those times I didn't want to nap when I was younger.

Was learning cursive really necessary?



The Time Is Now for the VA To Fix Its Mental-Health System

(Washington, D.C.) Within the past week, a federal appeals court issued a scathing opinion of the VA's mental-health system, noting that it takes an average of four years [emphasis added] for veterans to receive mental-health benefits, said John Rowan, National President of Vietnam Veterans of America (VVA). This is a beleaguered process that demands immediate reform.

In the ruling of a three-judge panel, Judge Stephen Reinhardt of the 9th Circuit Appeals Court in Pasadena, California, wrote, Veterans should [not] be compelled to agonize or perish while the government fails to fulfill its obligations

Although the VA is obligated to provide veterans mental-health services, many veterans with severe depression or Post-traumatic Stress Disorder (PTSD) are forced to wait weeks for mental health referrals For those who commit suicide in the interim, care does not come soon enough.

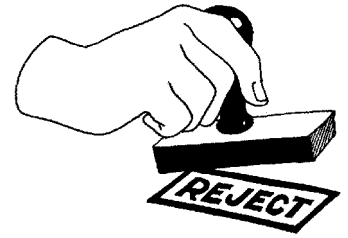
We could not agree more with Judge Reinhardt, Rowan said. Despite what excuses have been proffered by the VA and DoD, we maintain that veterans in need deserve better. While the VA and the Department of Defense have delayed for years on the so-called seamless transition from active duty to veteran status, far too many veterans have fallen through the cracks "or rather the gaping holes "in the system that is supposed to help them.

Even staunch defenders of the Pentagon are displeased with the treatment afforded our veterans, Rowan added. After the hearing on the Federal Recovery Coordination Program last week, the chairwoman of the Subcommittee on Health of the House Veterans Affairs Committee decried the disservice to our wounded warriors and their families who are getting lost between two large bureaucracies.

It's about time we work in concert to fix the system, Rowan said. It's about time for the VA and DoD to stop guarding their fiefdoms and making excuses.

VA Appeal Denied After 30-Year Wait

Ben Krause



Denied. That has to be the scariest word for many disabled veterans after filing a claim for disability benefits. Unfortunately, appealing that denial could take your lifetime.

Recently, five veterans were denied a right to appeal in the Federal Circuit, the highest court before the Supreme Court for these claims. These five veterans filed an appeal back in 1979 based on the Veterans Administration publication regulating Agent Orange (AO) disability compensation. In its opinion, the Circuit said that it lacked the appropriate jurisdiction over the Administrative Agency because no one had jurisdiction over it prior to 1988. In a bit of a loophole, the guideline used by the VA at that time were "unpublished," which aided the VA's claim that there was no oversight when the decision was first made.

The issue the veterans were appalled was the basic denial of the VA of all conditions that resulted from AO exposure other than "chloracne." Chloracne is a type of skin deformity caused by exposure to certain toxic chemicals. This was the position mandated by the VA at that time:

"Except for a skin condition known as chloracne, there are presently no firm data to incriminate herbicides as causative agents of any other known category of disease or chronic symptom. However, a contaminant Dioxin, found in small quantities in defoliants is toxic."

The actual list of disorders resulting from AO exposure ranges from cancer to birth defects to Parkinson's disease. Between 1962 and 1971, the U.S. dumped at least 20 million gallons of Agent Orange type herbicides into Vietnam and surrounding areas. Anyone exposed to the chemicals may have lifelong diseases or disabilities as a result. For that reason, the VA recently developed a more robust approach to treating and compensating these veterans, especially when compared to what was in place in the 1970's. The program and policy includes a specific compensation program directed right at AO exposed vet-

erans.

Thankfully, our country is not nearly as ignorant as it was back then, but the court system seems unable to remedy early denials that were based on information grossly out of touch with scientific realities.

Again, Vietnam era veterans were at least “fortunate” enough to have the VA finally admit that AO caused the injuries and disease it actually causes. But unfortunately for these five veterans, the VA and the U.S. Judiciary are still claiming an inability to right a wrong committed over 30 years ago.

At least the VA currently pays in large part for healthcare benefits while veterans battle with it to make the VA acknowledge that their injuries or diseases are similarly service related. Let’s hope it stays that way.

VA Expands Outreach to American Indians, Hawaiians, Alaska Natives

New Office to Serve as Advocates for Tribal Veterans

WASHINGTON - The Department of Veterans Affairs has announced the creation of a new Office of Tribal Government Relations to ensure the more than 200,000 Veterans who are American Indians, Alaska Natives, Hawaiian Natives or are part of the Alaska Native Corporations receive the VA benefits they have earned.

“There is a long, distinguished tradition of military service among tribal peoples,” said Secretary of Veterans Affairs Eric K. Shinseki. “VA is committed to providing these Veterans with the full range of VA programs, as befits their service to our nation.”

About 200,000 Veterans are represented by the 800 tribal governments officially recognized by the United States. Although VA has long provided benefits to Veterans in tribal lands, the new office will further strengthen and expand that relationship.

Stephanie Elaine Birdwell, an enrolled member of the Cherokee Nation from Oklahoma, has been

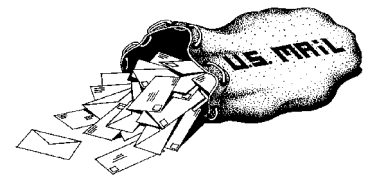
selected as the office’s first director. A former social worker, she has spent nearly 15 years working on tribal issues with the Bureau of Indian Affairs and, most recently, the Bureau of Indian Education.

She will oversee a six-person office responsible for “establishing, maintaining and coordinating a nation-to-nation, federal-tribal relationship,” according to a VA briefing.

The office has a charter that officially extends to Veterans who are American Indians, Alaska Natives, Native Hawaiians and Alaska Native Corporations.

Letter post-marked in Alabama in 1944

delivered to California museum, yet remains unopened



MONTGOMERY, Ala.
(Associated Press)

A World War II-era letter addressed to a woman at a Red Cross hospital in California has been delivered nearly 70 years after its postmark in Alabama, but the mystery of the message remains.

The letter is addressed to Miss R.T. Fletcher, American Red Cross Station Hospital, Camp Roberts, Calif. That building was torn down years ago. Women who worked at the hospital were typically nurses or administrative clerks.

Camp Roberts was closed in 1970, so the letter was delivered to the Camp Roberts Historical Museum. Curator Gary McMaster says he hasn’t opened the letter for privacy reasons.

The envelope is torn where the return address would be located, so it’s not clear who sent it. But the tear reveals a handwritten letter inside.



