



The
Perimeter Guard
Vietnam Veterans of America
Chapter 17



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In Memory of Our Fallen



And To All That Served.

VVA Chapter 17 *Perimeter Guard*

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CHAPTER 17

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9:00 AM

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Newsletter
Policy

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Message From The Chapter President.



Region 9 Director Report By Dick Southern, Director

Greetings from Chapter 17. By the time you receive this edition of the Perimeter Guard, Chapter 17 will have participated in the annual Las Vegas Intertribal Veterans Pow Wow. The event has been moved from the Veterans Day weekend to one week prior. This will allow the Chapter members to participate in Veterans Day events without having to choose between two worthy events.

This is the beginning of the holiday season and the start of several events for the chapter. After Veterans Day, there is the Turkey Drive and Toy Drive sponsored by 97.1 the Point, and the Thanksgiving Day homeless feed sponsored by the Hardrock Cafe. These events will keep us hopping like a "cat on a hot tin roof." And, as always, our December Chapter meeting will be our pot luck Christmas party.

In January we plan to hold our annual open house and awards meeting. It is an opportunity to grow our membership and honor those who have helped our chapter during the past year.

In an effort to make VVA the premier veterans organization, I continue to serve on the VVA National Constitution Committee. Most VVA members only see the Constitution Committee at the biannual National Convention. What they don't see are the many constitutional issues brought to our committee for review, comments, and actions. If you have never served on a National Committee, I highly recommend doing so.

I will close for now by saying, "Happy Holidays to All, and to All a Good Night."

Tom George

I have just returned from the October National Board of Directors meeting in Silver Spring, MD. Your State Council President, Darrol Brown, along with Terry Hubert and Tom George attended the meeting and they can fill you in on the details of the meeting at your State Council meeting.

VVA now has a Veterans Benefits Director in place. Jim Vale, a lawyer from Washington State. He was introduced at the meeting and will be starting to tackle the job with the help of a couple of new additions to the Veterans Benefits Department at National.

I must apologize for not being able to make your October State Council meeting, but I had commitments in California that weekend. I will be sure to make your next one.

I am planning ahead with the August 2011 VVA National convention coming to the Silver Legacy in Reno and I have scheduled the Region 8/9 Pre-Convention Conference for June 11, 2011, at the Silver Legacy Casino in Reno. This traditional event gives delegates to the convention and those interested in the convention activities a chance to hear the amendments and resolutions that will be presented at the convention and to hear some of the candidates for the National Board of Directors. Mark your calendars now for the date and I will have the information out to you very soon.

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



Diabetes Now Tops Vietnam Vets' Claims.



By Mike Baker
The Associated Press

RALEIGH, N.C. — By his own reckoning, a Navy electrician spent just eight hours in Vietnam, during a layover on his flight back to the U.S. in 1966. He bought some cigarettes and snapped a few photos.

The jaunt didn't make for much of a war story, and there is no record it ever happened. But the man successfully argued that he may have been exposed to Agent Orange during his stopover and that it might have caused his diabetes — even though decades of research into the defoliant have failed to find more than a possibility that it causes the disease.

Because of worries about Agent Orange, about 270,000 Vietnam veterans — more than one-quarter of the 1 million receiving disability checks — are getting compensation for diabetes, according to Department of Veterans Affairs records obtained by The Associated Press through the Freedom of Information Act.

More Vietnam veterans are being compensated for diabetes than for any other malady, including post-traumatic stress disorder, hearing loss or general wounds.

Tens of thousands of other claims for common ailments of age — erectile dysfunction among them — are getting paid as well because of a possible link to Agent Orange.

And the taxpayers may soon be responsible for even more: The VA said Monday that it will add heart disease, Parkinson's disease and certain types of leukemia to the list of conditions that might be connected to Agent Orange. The agency estimates that the new rules, which will go into effect in two months unless Congress intervenes, will cost \$42 billion over the next 10 years.

Lawmakers and federal officials who have reservations about the spending are loath to criticize a program that helps servicemen. They have largely ignored a 2008 report in which a group of scientists said the decision to grant benefits to so many on such little evidence was "quite extreme."

"There needs to be a discussion about the costs, about how to avoid false positives while also trying to be sure the system bends over backwards to be fair to the veterans," said Jonathan M. Samet, a public health expert who led that study and now serves as director of the Institute for Global Health at the University of Southern California.

The VA uses a complex formula when awarding benefits and does not track how much is spent for a specific ailment, but AP calculations based on the records suggest that Vietnam veterans with diabetes should receive at least \$850 million each year. That does not include the hefty costs of retroactive payments or additional costs for health care. The agency spends \$34 billion a year on disability benefits for all wars.

Dr. Victoria Anne Cassano, director of radiation and physical exposures at the Veterans Health Administration, part of the VA, pointed to the wording of the 1991 federal law on Agent Orange that said officials should find a positive link to diseases "if the credible evidence for the association is equal to or outweighs the credible evidence against the association."

It's a low bar. But Cassano said the law requires the VA to act without consideration of cost. She also said it is the best way to ensure that deserving veterans don't get lost in the shuffle.

"Does it make you take a deep breath? Does it give you pause? Yes," she said. "But you still do what you think is the right thing to do."

Agent Orange was a dioxin-laden defoliant that was sprayed over jungles to strip the Viet Cong of cover. American forces often got a soaking, too, and Agent Orange was later conclusively linked to several horrific health ailments, including cancers. So Congress and the VA set up a system to automatically award benefits to veterans who needed only to prove that they were in Vietnam at any time during a 13-year period and later got one of the illnesses connected to Agent Orange.

But the VA, interpreting that 1991 law and studies that indicated potential associations, has over time added ailments that have no strong scientific link to Agent Orange. The nonprofit Institute of Medicine's biennial scientific analysis of available research, to which the VA looks for guidance, has repeatedly found only the possibility of a link

between Agent Orange and diabetes, and that even a chance of a correlation is outweighed by factors such as family history, physical inactivity and obesity.

“Whatever the relationship between dioxin or Agent Orange and diabetes, it’s a very small piece of the puzzle,” said Dr. David Tollerud, an environmental health professor at the University of Louisville. He led an Institute of Medicine committee that first reported in 2000 on a possible link between diabetes and Agent Orange.

Tollerud’s committee concluded that evidence was limited and that chance or other factors could not be ruled out. Yet the VA in 2001 put diabetes on the list of ailments that get automatic approval for benefits.

One large study released since then, costing \$143 million and published in 2005 after 25 years of research, surveyed the airmen responsible for loading and dumping Agent Orange during Operation Ranch Hand, as the spraying missions were called. The final round of testing actually showed the incidence of diabetes among those participants was slightly lower than among pilots who did not take part — 18.2 percent versus 19.3 percent.

Some 23 percent of Americans 60 and older have diabetes, according to the Centers for Disease Control and Prevention.

“It’s nothing more than a bunch of BS,” said Jack Spey, who flew hundreds of Ranch Hand missions during more than three years in Southeast Asia.

Spey, who lives in Hurricane, Utah, and organizes a Ranch Hands reunion every year, said cockpits were constantly covered in Agent Orange. Leaking nozzles dripped on workers who walked under the wings. Punctured lines would spray solution on pilots as they flew. In a bit of machismo, some like Spey said they took swigs of Agent Orange to prove they could handle it.

Spey said he is not drawing any VA benefits and believes veterans face little more than the ailments of age.

While Spey said policymakers have gone too far in granting benefits, Navy veteran Jonathan Haas believes they have not gone far enough. He petitioned the VA for years for recognition of a diabetes link to Agent Orange, saying he saw large clouds of chemicals drift over the waters off

Vietnam and engulf his ship. He unsuccessfully challenged the VA rule that provided automatic compensation for diabetes only for those who set foot in Vietnam or worked on the country’s inland waterways.

The VA eventually granted him 100 percent disability — he is now drawing \$36,000 a year, according to VA records — in part for diabetes after medical records from his service indicated that his condition had developed before he left the military. Other Navy veterans, he said, are not as lucky.

“They’re getting screwed,” said Haas, a 72-year-old who blames diabetes for his blindness, kidney failure and difficulty standing.

Some members of Congress are pushing to include those veterans who served off the coast of Vietnam — which would add an estimated 800,000 people to the 2.6 million who served there on land. Cassano, the VA official, said the agency is looking at it.

The case of the Navy electrician who spent eight hours in Vietnam is detailed in the documents obtained by the AP. As with most public portions of VA claims records, the man’s name is omitted.

The government’s benefit-of-the-doubt policy contrasts with its stand toward Vietnam. The U.S. has approved several million dollars in recent years to help Vietnam clean up Agent Orange. But it has declined to provide health and financial support to Vietnamese people affected by the herbicide, with the American ambassador in Hanoi saying there is insufficient evidence that it causes health problems.

Disability benefits are a lot like workers’ compensation, providing income to veterans who incurred ailments from their active-duty service. The benefits can last a lifetime even if the veteran holds a full-time job. The benefits often transfer to surviving family members when a veteran dies of the disability. They are paid in addition to any medical, education and pension coverage that veterans receive.

Many veterans have a combination of ailments that are crunched in a formula to determine their benefits. This makes it difficult to determine how much is being spent solely on diabetes.

Most veterans get a 20 percent disability rating for diabetes, which amounts to about \$3,000 per

year if it is their only ailment. Others get up to 100 percent. If each of the 270,000 Vietnam veterans got the minimum compensation for their diabetes, it would add up to \$850 million every year.

Congress gave the VA the ability to deem ailments “presumptive” — automatically awarded — because of exposure to Agent Orange. The VA did that for five illnesses for which the Institute of Medicine found “sufficient evidence of an association,” such as leukemia, non-Hodgkin’s lymphoma and soft-tissue cancers. Those illnesses have risen dramatically in both Vietnam and the U.S. since the war.

The list of “presumptive” medical problems has grown to include seven ailments with only a “limited or suggestive” link to Agent Orange — a link that scientists said could be influenced by other factors, such as chance or bias in scientific studies. Those include diabetes along with prostate cancer and lung cancer.

Anthony Principi, a Vietnam veteran and former VA secretary who added diabetes to the list, said he struggled with the decision.

“I did the best I could with the information that was given to me. I wish there was more information that I could have had,” he said. Principi said he expected a surge of diabetes claims but is still surprised by the numbers.

The evidence of a link between Agent Orange and heart disease or Parkinson’s is inconclusive, according to the Institute of Medicine. But the VA is moving ahead with plans to add both illnesses to the list of presumptive conditions.

The VA estimated earlier this year that heart disease compensation alone will cost taxpayers more than \$30 billion over the next decade. About 17 percent of Americans ages 65 to 74 have heart disease, according to the CDC.

Virginia Sen. Jim Webb, a Democrat and Vietnam combat veteran, questioned the decision to spend billions for heart disease coverage. In a letter to VA Secretary Eric Shinseki this year, the lawmaker said Congress intended that benefits would be automatically granted “for relatively rare conditions.”

“Over time, however, presumptions have expanded to include common diseases of aging,” Webb wrote.

Compensation can also be awarded for ailments secondary to the covered condition. Type 2

diabetes, for example, can bring a host of complications, such as high blood pressure, erectile dysfunction or cataracts.

Erectile dysfunction is now the seventh-most-compensated disability for Vietnam veterans, with more than 80,000 getting benefits for it last year, and an AP review of hundreds of case summaries found that many of the claims stemmed from veterans with diabetes linked to Agent Orange.

Spey, the Ranch Hand veteran, blames politicians who are unwilling to reject the claims of aging veterans.

“We’re all going to die some day,” he said.

Northern Nevada Veterans Memorial Cemetery

Awarded VA Grant.

Funds Needed for Expansion and Improvement.

FERNLEY, NEVADA - The Department of Veterans Affairs (VA) announced that they have awarded a \$499,900 grant to the Northern Nevada Memorial Cemetery in Fernley.

This grant will help fund the construction of full casketed gravesites, cremains burial areas, visitor parking, landscaping, irrigation, and supporting infrastructure.

The project will develop approximately 3 acres to include 451 standard burial plots and 1,619 in-ground cremains sites. The Nevada Office of Veterans Services (NOVS) sought the additional funds to meet the growing demand for the northern Nevada cemetery. NOVS Executive Director, Tim Tetz, commented, “it is our responsibility to ensure that our veterans have a final resting place.

This grant will go a long way in helping us deliver on the promise we made to our American heroes to lay them to rest in a field of honor.” Tetz appreciates the support of VA Secretary Shinseki, but notes that the grant will not cover all anticipated costs.



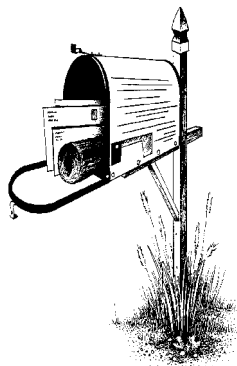
The State has been unable to allocate additional funds to complete the expansion.

Private donors have pledged their support to the project, but additional contributions will likely be needed. A ribbon cutting ceremony will be held at a future date to recognize cemetery supporters.

The only other state veterans cemetery is the Southern Nevada Veterans Memorial cemetery in Boulder City, nearly 450 miles away. The closest national cemetery is the VA's Sacramento Valley National Cemetery in Dixon, California (about 190 miles away), and the closest state cemetery is Northern California Veterans Cemetery in Igo, California (about 240 miles away).

Tricare Promotes Mail-Order Pharmacy Option.

**By Donna Miles
American Forces
Press Service**



WASHINGTON, - As Tricare officials explore ways to control costs while continuing to provide the best health care possible, they're encouraging beneficiaries, especially those taking long-term medications, to get their prescriptions delivered to their doorsteps.

Navy Rear Adm. Christine S. Hunter, deputy director for the Tricare Management Activity, cited increased usage of the health care system's home delivery option as a win-win situation that saves patients, as well as the government, money.

Tricare's almost 9.7 million beneficiaries filled 10.5 million prescriptions through home delivery in 2009, officials noted. That's up from just over 9 million in 2007, but still represents only about 8 percent of the 130 million prescriptions filled in 2009.

Thirty-seven percent of those prescriptions — just over 48 million — were filled at military medical facilities, which is the least expensive delivery method for the Defense Department, and patients

pay no copayment, Hunter said.

But getting prescriptions filled at a military facility isn't always convenient for beneficiaries, who are increasingly turning to retail pharmacies within the Tricare network.

Last year, beneficiaries filled more than half of their prescriptions — 71.4 million — at retail pharmacies. This is the fastest-growing of the Tricare delivery options, officials noted, up from more than 67 million retail pharmacy-provided prescriptions in 2008 and just under 63 million in 2007.

While retail pharmacies may be convenient and often the best choice for patients needing short-term medications, Hunter noted that they're also the most expensive, all around.

Beneficiaries pay the same co-payment for a 30-day supply of medication at the corner drugstore that they'd pay for a 90-day supply delivered through Tricare's home-delivery option.

"So the cost to them is one-third" using home delivery, Hunter said. "That's a real incentive there."

Mail order is the hands-down best choice even for those who value convenience over cost, she said. "I don't know how it gets more convenient than in your own mailbox at your house, not having to go anywhere to get your prescription," she said.

Tricare can mail order prescriptions almost anywhere in the world, including deployment sites where specific medications may not be available. The only exceptions are extremely hot climates that may affect some temperature-sensitive drugs.

In addition, beneficiaries who sign up for home delivery can get automatic refills — a big plus for anyone taking medications for a chronic, long-term condition.

"We'll send you an email saying, 'It looks like your refill is due. Unless you say you don't need it for some reason, we are going to ship it,'" Hunter said.

That eliminates last-minute dashes to the drugstore when a prescription runs out, or worse, gaps before patients resume taking the drugs they need.

"The key to staying healthy and using medications to help you manage your health is to take them," Hunter said. "And if you don't have them, you can't take them."

Regardless of where beneficiaries get their medications, they're protected by a safety feature built into the Tricare pharmacy program, Hunter said. The patient data transaction service monitors the medications every Tricare beneficiary receives to flag potential adverse drug interactions or allergic reactions.

"Both the military services and Tricare are very focused on prevention and keeping people healthy," Hunter said. "All of these programs are designed to support patients partnering with us to stay healthy."

Partnering is a new emphasis in health care, she said, with patients playing an increasingly key role in their health.

"We are really moving toward partnering for health, and giving you the information and the services you need to be active and healthy for as long as possible," Hunter said.

Man receives Purple Heart 40 years after injuries in Vietnam.

**TIM CROFT
Florida Freedom
Newspapers**



PORT St. JOE - Jordan Williams had a question for his grandfather.

What medals, Williams asked, had his grandfather received for his military service in Vietnam. Jordan's father, Paul, is in Iraq and the boy was curious about his grandfather's military service.

And as it happened, Jordan's question came while his grandfather, Irey E. Weeks of Honeyville, a retired brick mason, was helping with some work on the Port St. Joe home of Gen. James Simmons (Ret.).

The answer to Jordan's question came on Friday, August 27th.

In a ceremony at Port St. Joe City Hall, Simmons formally presented Weeks with the Purple Heart, Combat Infantryman Badge, Army Commendation Medal, National Defense Service Medal and Vietnam Service Medal with two

Bronze Stars.

In addition, Weeks was also entitled to the Valorous Unit Award, Republic of Vietnam Gallantry Cross with Palm and the Republic of Vietnam Civil Action Honor Medal.

"It's been a long time," Weeks said. "I hadn't really thought about it over the years, but with my grandchildren I wanted them to know and have something.

"All I wanted was something for my grandchildren. I'm very proud. Give General Simmons all the credit."

Rewind to May 4, 1970 and Vietnam.

Specialist Weeks's unit, U.S. Army Company E, 5th Battalion, 7th U.S. Cavalry, 1st Cavalry Division was involved in a firefight against North Vietnamese forces.

Weeks sustained a serious gunshot wound to the head and most of his unit believed him dead. The field surgeons saved his life but it was touch and go for months afterward.

Ultimately Weeks was evacuated stateside to Walter Reed Hospital, paralyzed and unable to speak. There were months of rehabilitation but Weeks made a recovery that, Simmons said, amazed even the medical team.

Eventually Weeks was put in outpatient status and retired from the Army – but without the medals he had earned in service to his country.

"We who have been involved in a large-scale conflict come to know that human mistakes happen," Simmons said. "In this case it was understandable given Irey's wounds. They did not think he would live. The men in his unit believed he was dead.

"But somewhere along the line they should have caught it It is very hard for many of us to understand why it has taken so long to honor Irey's sacrifice. But any system that has human actions is prone to mistakes. Today we are correcting one that was made some 40 years ago."

Weeks returned to Gulf County, married, raised a family and became an accomplished brick mason. As Simmons noted, many in Gulf County appreciated Weeks's skills as he was involved in the construction of their homes.

"He is what I would describe a quiet professional," Simmons said, "and a family man whose handshake is much more dependable than a contract."

Fast forward to Jordan's question to his grandfather, Weeks's query to Simmons and the general picked up the baton.

He got in touch with James Kennedy, the county's Veterans Services Officer, who secured Weeks's service records.

Simmons believed those records would show Weeks had been awarded the appropriate commendations and in the course of the evacuation of Vietnam by U.S. forces in the mid-1970's the medals had been lost.

But the records showed Weeks had never even been awarded anything for his service.

As it happened, Simmons served in Iraq with Gen. Peter Chriarelli, vice chief of staff of the U.S. Army and a former commander of the First Cavalry Division based out of Fort Hood.

Two soldiers from that Division at Fort Hood traveled to serve on the color guard for Friday's ceremony.

Simmons and Chriarelli were also neighbors at one time at Fort Hood before Simmons retired and relocated to Port St. Joe.

Working together, Kennedy, Simmons, Chriarelli and his staff worked through Weeks's service records and determined the medals he was due.

"As it turned out Mr. Weeks was entitled to more than the Purple Heart," Simmons said, noting that the Purple Heart is the oldest military service medal in the country's history, established by George Washington in 1782, and was the only military medal prior to the Civil War.

Army officials signed off on the awarding of the commendations to Weeks and Friday's ceremony was the culmination.

"I wonder how many other guys are in the same situation," Kennedy said. "This is a long time coming. I'm so thankful we could correct this mistake.

"I would encourage any veterans who believe they may be in the same situation to contact my office. We will help."

As his family and friends snapped photos of Weeks with his medals, with the general and with Weeks's children and grandchildren, his wife Faye proudly took in the entire scene.

"My grandson had asked my husband questions about his medals," she said. "(Weeks) just asked the general how does he go about getting

his medals.

"He didn't want any attention. We didn't expect all of this. We didn't want the limelight. But we are so proud."



Education Center to Enhance Vietnam Veterans Memorial.

**By Donna Miles
American Forces
Press Service**

WASHINGTON, - A major fundraising effort is under way to build an underground education center next to the Vietnam Veterans Memorial here that'll place faces and stories with the names etched in the smooth, black granite known simply as, "The Wall."

As it keeps their memories alive, Powell said the center also will "pay tribute to all generations of GIs who answer the call to serve."

The education center, as envisioned by Jan Scruggs, founder and president of the Memorial Fund, will provide interactive exhibits and primary source materials to help visitors better understand the profound impact of the Vietnam War on servicemembers' families, their communities and hometowns and the nation. Planned exhibits include a "Wall of Faces," to feature photos of those lost in Vietnam and a gallery of the more than 100,000 items left in tribute at the memorial's wall since 1982.

Retired Army Gen. Barry A. McCaffrey, VVMF's advisory board chairman, said the center will ensure that the memory of those who made the ultimate sacrifice in Vietnam lives on.

"This moving underground facility will pay tribute to our veterans and will educate the public about these honorable men and women who gave

their lives for their country," he said.

Scruggs expressed hope that the center will help visitors to understand the importance of the Vietnam Memorial Wall and the role it continues to play in healing the physical, emotional and societal wounds left by the war.

Construction of the center will cost \$85 million, all to be raised through private donations. So far, nearly \$25 million in pledges has been raised, with donations from corporations, organizations, veterans groups and individuals. Major donors include: Time-Warner Inc.; the Heisley Family Foundation; Veterans of Foreign Wars; Peter M. and Julianna Hawn Holt; Lockheed Martin Corp.; Boeing Company; FedEx Corp.; and the Tawani Foundation.

Peter Holt, owner of the San Antonio Spurs National Basketball Association team, promised his fellow Texans to match up to \$1 million in their donations. "Raise a million and I'll match it," he challenged.

The History Channel recently announced a \$10,000 contribution to the campaign as it also helps the Vietnam Veterans Memorial Fund get teaching materials about the Vietnam War into America's classrooms. The History Channel is helping VVMF distribute "Hometown Heroes," an educational guide designed to help teachers and students identify Vietnam veterans and family members within their communities.

"Education is at the core of VVMF's mission," Scruggs said. "Everything we do, from teacher training to building an education center on the National Mall, is geared toward fostering a deeper knowledge of the Vietnam War and those who served."

Scruggs expressed his appreciation for the generous monetary support received so far, adding he's confident that it will continue until reaching the \$85 million mark.

"As people begin to learn about the education center, we know they will find ways to help us build it," he said. "It's an opportunity to tell the stories behind every name on 'The Wall,' and to honor all of those who have served and those who will serve this great country in the future."

Artist Selected for Las Vegas Veterans Memorial.



LAS VEGAS, -

The development of the Las Vegas Veterans Memorial moved another step closer to completion with the selection of internationally-recognized artist and sculptor Douwe Blumberg to design the memorial. Blumberg, who was a finalist for the Ground Zero memorial in New York City, was chosen from four finalists narrowed from more than 200 artists from across the country who responded to the national request for artist qualifications.

The Las Vegas Arts Commission, which shepherded the national search, unanimously approved the final choice selected by the Las Vegas Veterans Memorial artist selection committee. Representatives of the Las Vegas Veterans Memorial Foundation presented Blumberg's selection and initial design concept to the Las Vegas City Council during today's City Council meeting.

The Las Vegas Veterans Memorial Foundation is working in conjunction with the city of Las Vegas which supports the memorial project and donated the land for it. The site will be Huntridge Circle Park in the heart of the city at Maryland Parkway near Charleston Boulevard. The foundation also is working with local veterans organizations, Las Vegas Arts Commission, and neighborhood residents and homeowners associations.

"This is a great day for veterans, their families and the entire community in making this memorial a reality," said Mayor Pro Tem Gary Reese, whose ward encompasses the memorial site. "Douwe Blumberg's background and concept make him the perfect choice to create the lasting and meaningful world-class tribute our veterans and community deserve."

Blumberg's design concept features haunting sculptures representing every American armed conflict in front of granite memorial walls with nar-



rative quotations surrounding a centerpiece bronze modern vignette and family group.

"Douwe Blumberg's concept truly reflects his understanding of memorial design; veterans' sacrifice, service and issues; and, equally as important, the distinct and special characteristics of Huntridge Park and the surrounding neighborhoods," said Rob McCoy, chairman of the Las Vegas Arts Commission. "We were fortunate to have great artists to choose from, but Douwe's concept stood apart."

Blumberg's passionate support of the nation's military and lifetime study of military history has made him a sought-after sculptor of military-themed works with more than 200 public and private commissions in place throughout the country. He designed the U.S. Army Special Forces Monument at Ft. Bragg, N.C. and the New Jersey Fallen Soldiers Monument at historic Picatinny Arsenal. He is a graduate of the USC Idyllwild School of the Arts and Music.

"My vision is to create a world-class monument in Las Vegas that will provide a powerful and lasting experience for the visitor while evoking a deep sense of gratitude, respect and appreciation for those heroes who have so faithfully preserved our freedom - past, present and future," said Blumberg. "The piece is intended to be timeless. It will be as meaningful to the World War II veteran as it is to his grandchild, and his yet-unborn great-great grandchild."

Following final design review and plan completion, construction of the memorial is expected to begin in summer 2011 with completion later that year. The Las Vegas Veterans Memorial Foundation will donate the memorial to the city as a public art project.

"We're excited to move forward and work with Douwe Blumberg in creating this long overdue veterans memorial," said Michael Millett, president of American Shooters and founder of the Las Vegas Veterans Memorial Foundation. "Las Vegas is the largest metropolitan area in the country without such a memorial, and Nevada had done more than its fair share to answer the call in our country's current conflicts."

The Las Vegas Veterans Memorial Foundation has taken the lead on development and funding for the memorial expected to cost between \$800,000 and \$1.2 million. One hundred percent

of funding for the construction of the project will be made through private funding and donations. Participation opportunities include corporate sponsorships, individual and corporate donations, personal and family memorial opportunities, and sponsorship and participation with the American Heroes Challenge, the multi-stage firearms and tactics competition taking place at the Clark Country Shooting Park on Nov. 6-7. For information, visit www.lasvegsveteransmemorial.com.

Guard Officer Exposed as SEAL Fraud.



Sun-Sentinel

MIAMI — With the distinctive Trident insignia pinned to his uniform and a copy of the SEALs credo on his office wall, Florida National Guard 2nd Lt. Douglas Sofranko was known at the Ballard Armory as a onetime Navy Frogman, a proud member of one of the world's most elite and toughest combat forces.

But Sofranko, 33, a Coral Springs resident, was living a lie. He is not a former SEAL, having washed out of the grueling training 14 years ago.

"It was just stupid of me," said Sofranko, whose resignation of his commission and from the National Guard was effective immediately. "I know how I feel about people who falsify military careers, so this was just really stupid."

Sofranko's resignation comes as most of his fellow South Florida-based Soldiers in the 1st Battalion of the Guard's 124th Infantry Regiment are away on a year-long mission to Iraq. Sofranko was ineligible for deployment because he had not finished an officer's leadership course.

He was assigned to the rear detachment office, on active duty supervising supply clerks and training staff, and doing a good job, according to National Guard officials.

"It is an unfortunate situation that he got into that type of trouble," said Lt. Col. Peter Kaye, commander of the Guard's 53rd Brigade Combat Team. "He started a tall tale. But once confronted with it, he was forthright."

Fabricating histories of military service, and embellishing stories about exploits in battle, is not new. Over the years many people have been caught lying about what they did in World War II or the Vietnam War.

Faking a career with the legendary SEALs takes particular hubris. In the 16 to 18 months required to become a SEAL, candidates are put through punishing physical and mental training that includes distance swimming, underwater demolition and sleep deprivation.

Yet many people do boast of being SEALs when they are not.

"We average one to two calls a week about someone making claims of being a Navy SEAL," said Lt. Cate Wallace, of the Naval Special Warfare Command. "The bulk of the claims are unsubstantiated."

Added Wallace: "I can't believe people think they can get away with it. The SEALs are a tight-knit group. They look out for each other."

The unraveling of Sofranko's deceit began several months ago when other members of his Guard unit became suspicious.

Eventually, those suspicions reached reporter Mark D. Faram, a staff writer for Military Times. His story included an admission from Sofranko that he had lied, and sparked the National Guard investigation.

Citing privacy laws, Guard officials said they could not disclose what type of discharge — honorable, general under honorable conditions, or bad conduct — Sofranko received.

After joining the Navy, Sofranko did begin the Basic Underwater Demolition/SEAL course with class 209 in Coronado, Calif., in August 1996. But he was dismissed weeks later, he said, when he failed to pass the underwater swim course. His class graduated without him in February 1997.

After leaving the Navy in 1999, Sofranko enlisted in the Pennsylvania National Guard the following year. Two years later, Sofranko received a general discharge under honorable conditions for unsatisfactory participation, meaning he missed too many drills and other training periods.

"He showed up to drills here and there," said Sgt. Matt Jones, a spokesman for the Pennsylvania National Guard who reviewed Sofranko's performance records during the year

and 10 months he was enlisted there. "He did not have what we call a good year."

But Sofranko's military ambitions endured. In April 2007, after moving to Broward County and despite his poor record in Pennsylvania, he applied for a waiver to join the Florida National Guard.

"These waivers are granted routinely," said Lt. Col. Sterling Heymen, the Florida Guard's top personnel officer. "Young people make mistakes."

Once in the Guard, Sofranko applied for the Officer Candidates Program. He completed the training, and was commissioned a second lieutenant on Aug. 17, 2009.

Because he had not completed the leadership phase of his officer training, however, he was not eligible to deploy in February with the 1st Battalion to Kuwait, where they are providing security for convoys running in and out of Iraq. More than 2,500 Florida Guardsmen, including more than 600 members of the 1st Battalion, are in or near Iraq. They are due to come home in December.

Asked why he claimed to be a SEAL when he wasn't, Sofranko said, "I don't know. It just started as a little comment, but instead of correcting it, it just kept going."

Sofranko said he has been in contact with several Guard Soldiers and apologized for his actions. "Most have really been supportive," he said. "Most wanted to forgive me."

Sofranko and his wife have two children, ages 14 and 10. His biggest worry now, he said, "is, what are my kids going to think?"



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Military Medicine Embraces Disney's Customer-Focus.



By Donna Miles
American Forces
Press Service

WASHINGTON, - Two years ago, still stinging from a 2007 scandal that rocked Walter Reed Army Medical Center to its foundation, the Army turned to a seemingly unlikely partner to instill throughout the institution a mindset of putting patients first.

Then-Col. Patricia D. Horoho, now a major general leading the Army Nurse Corps, recognized that the same principles that had made the Disney Corporation so successful could apply to the Walter Reed Health Care System she had stepped in to command, so she turned to the Disney Institute, the corporation's external training arm, for insights into how to transform the Army's health-care culture.

Mandatory sessions for every Walter Reed employee, led by Disney trainers, emphasized every person's role in providing patients and their families the best possible hospital experience.

"One day of training with Disney isn't going to change our hospital," Horoho said as that training was under way. "Disney is one piece of a whole systemwide process we're trying to change."

But the initiative proved so successful that when the Disney contract expired, Army Medical Command hired a former Disney employee for an additional five-year stint to build on the groundwork.

The goal, explained Frederick Larson, who now serves in Walter Reed's care, service and cultural transformation office, is to extend those lessons — throughout the joint task force overseeing all military health care in the Washington national capital region, and ultimately, to the entire Army medicine community.

Earlier, an auditorium full of medical professionals gathered at the National Naval Medical Center here, watching images of Donald Duck,

Snow White and Mickey Mouse flash on the overhead screen as Larson described the formula that's made Disney theme parks the gold standard for customer service.

"At Disney, every single person, from the executive suite to the guy who cuts the lawn, is in the business of creating a magical experience, of creating happiness," he told the audience, some in uniform or civilian clothes, others in lab coats or hospital scrubs.

They succeed, Larson said, because they all keep their focus on the customer — the guest or vacationing family.

"It's the center of everything the organization does," he told American Forces Press Service after the presentation. "It drives the business decisions that are made, the operational decisions, the safety standard. It covers every single element, right down to how the salt shakers should look."

That same customer focus and attention to detail can go a long way toward transforming the way the military medical community treats its patients and their families, he said.

"When you instill at the organizational level, in each and every individual, the notion that 'It is my responsibility to provide care and service,' 'It is my responsibility to understand what that patient, what that family needs,' the natural outcome is providing a more relevant, caring service experience," Larson said.

He shared Disney's recipe for success with his Bethesda audience, emphasizing that they apply equally in patient care: understand your mission and who you serve, set standards and design processes to consistently meet them, and continually evaluate what you're doing and make changes when they're needed.

Too often, groups of people within large organizations — the military included — develop a "silo mentality," Larson explained after the presentation. They may do a great job within their own narrow scope of responsibilities, but don't fully understand their role as members of the larger organizational team.

"I tell people, each of us experiences this hospital at about 15 percent each and every day," he said. "But our patients experience this hospital at 100 percent. So it is vitally important that we all think in terms of what it feels like to experience

this hospital as a patient, so we can actively develop those cooperative and collaborative relationships that benefit the people we are here to serve.”

Larson used a show-business analogy to underscore the importance of every person within the health care system — from the appointments clerk to the receptionist to the operating room nurse and surgeon — in formulating a patient’s hospital experience.

Each person is an “actor” within a “greater show,” he said, and needs to understand their connection to the other players as they all work together according to a well-rehearsed script. “If we apply that theatrical metaphor to the way we render care and service, we inevitably create a better care experience and a better care outcome,” he said.

Larson admitted he sometimes runs into skeptics who scoff at the concept of turning military medicine into a “Mickey Mouse operation.” But he’s impressed by how quickly they become believers. “Once they hear the material and the rationale and theory behind it, they realize that this all makes sense,” he said.

So much sense, in fact, that Larson is working with the Army’s surgeon general, Lt. Gen. (Dr.) Eric Schoomaker, to take some of the best practices being realized through the program beyond the Washington Beltway.

Larson anticipates a major outreach initiative within the next 12 months, “at least through the Army system, and maybe further.”

“We’re working on it right now,” he said. “A number of folks are working very hard right now to articulate those best practices and get them pushed out.”

As he focuses on that effort, Larson said, he still gets regular phone calls from former co-workers from his 20 years with Disney, expressing amazement that he “walked away from the best job in the world and joined the Army.”

Larson quickly clarifies that he’s a civilian employee, not a soldier, but said he’s never once looked back.

“It was the best job in the world, but frankly, this has turned out to be an even better job,” he said. “Every night, you go home dead tired, but with the sense that you have accomplished something, that you have made a difference in people’s lives.

It’s very real; it’s very tangible. There is no ambiguity whatsoever.”

Obama Reaffirms Commitment to Veteran Care.



**By Army Sgt. 1st Class
Michael J. Carden
American Forces
Press Service**

WASHINGTON, - Caring for veterans is a moral obligation, President Barack Obama said today in a speech at the Disabled American Veterans National Convention in Atlanta.

“Every American who has ever worn the uniform must know this: your country is going to take care of you when you come home,” Obama said. “Our nation’s commitment to our veterans – to you and your families – is a sacred trust.”

The president lauded Veterans Affairs Secretary Eric K. Shinseki for “building a 21st century VA,” calling the administration’s commitment to the veteran community “historic.”

“We need to keep our military strong, our country safe and our veterans secure,” the president said, noting VA’s \$15 billion budget increase last year, the largest hike in 30 years. The additional budget is improving health care benefits for Vietnam War veterans suffering from Agent Orange-related illnesses. Gulf War veterans also now receive care for chemical exposure during Desert Storm.

Obama also noted the elimination of co-payments for “catastrophically” disabled veterans as well as proposed legislation that would allow severely disabled retirees to draw military retirement and VA disability benefits.

“It’s the right thing to do,” the president said. “We’ve drastically improved health care across the board.”

Other VA initiatives include efforts to create a single lifetime electronic medical record that veterans will be able to download from the VA website. This makes it easier for veterans to share

their records outside the VA health system.

VA is also tackling records and claim application backlogs by hiring thousands of claim processors. VA officials are working to remove paper from the claims process, which they believe will end the backlog once and for all, Obama said.

Obama also recognized VA efforts to end homelessness among veterans and improve veteran employment opportunities. "We're not going to be satisfied until every veteran who has fought for American has a home in America," he said.

Shinseki has spoken candidly many times during his tenure as VA secretary about his desire to end veteran homelessness. VA has initiatives with the Housing and Urban Development Department as well as new programs to treat drug addiction and psychological issues before homelessness can become an issue.

Initiatives such as the Post-9/11 GI Bill and job-placement programs also may help in keeping veterans off the streets, Obama said, noting directives he's given for the federal government to make hiring veterans a priority.

"Every business in America needs to know our vets have the training, they've got the skills, and they're ready to work," Obama said. "Our country is stronger when we tap the incredible talents of our veterans."

Obama also spoke about improved care for wounded warriors and disabled veterans.

"We're continuing to direct unprecedented support to our wounded warriors in uniform — more treatment centers, more case managers and delivering the absolute best care available," he said. "For those who can, we want to help them get back to where they want to be — with their units. And that includes servicemembers with a disability, who still have so much to offer our military."

Still, the president acknowledged, much work remains for VA and his administration to further improve veteran care. Servicemembers and veterans, Obama said, have taught Americans to remain vigilant and resilient in the face of challenges.

"You are the very essence of America — the values that sustain us as people and the virtues our nation needs most right now," he said.

Attention All 1st Cav Troopers!!!!



"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 Maraya Evans (maraya.evans@gmail.com), the vice president is Ken Gallagher (abnrngrnam71@hotmail.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!** "



"ALL GAVE SOME, SOME GAVE ALL"

By Scott Smith

"On Saturday, 9/11—2010—exactly nine years after a fateful day, more than 200 military veterans of all services, university officials, media and members of the general public joined UNLV President Neal Smatresk, Congresswomen Shelley Berkley and Dina Titus, past president of the UNLV Student Veterans Organization Michael Dakduk, and current UNLV SVO president Tony Montenegro in dedicating a monument on the UNLV campus.

“The placement of the veterans’ monument—the traditional boots, rifle and helmet—is to honor Las Vegas and UNLV service members who served in our Nation’s wars and conflicts...with special homage paid to those who gave their lives.



“ The event’s program honored those veterans’ organizations that contributed financially to the project which was entirely privately funded. The contribution of Vietnam Veterans of America Chapter 17 was especially appreciated. Virgie Hibbler represented all of us at the event.”

With best wishes, Scott

General Calls for Better Suicide Prevention Efforts

**By Elaine Wilson
American Forces
Press Service**

ALEXANDRIA, Va., - The military must address the stress wearing down the force and work to end the stigma surrounding mental health care to combat rising suicide rates, the chair of the Department of Defense Task Force on the Prevention of Suicide said today.

“Suicide prevention is a huge challenge in the military,” Army Maj. Gen. (Dr.) Philip Volpe said. “There’s stress on our family members and stress on our servicemembers. This is a unique time. Nowhere before in our history did people have to deploy over and over again.”

Volpe stressed the need for better military suicide prevention efforts and outlined his task force’s recommendations for doing so during the Tragedy Assistance Program for Survivors Suicide Survivor Seminar and Good Grief Camp here, which drew more than 200 family members from across the nation. The issue touched home for many. Nearly all lost a military loved one to suicide, some as recently as a week ago.

Suicide rates have nearly doubled in the mili-

tary in the past five years, Volpe noted. And the Army’s rates have exceeded the civilian population since 2005, with 606 suicides between 2005 and 2009.

The DOD’s congressionally mandated suicide prevention task force spent the past year delving into the military’s suicide prevention programs in an effort to improve them, Volpe said. The findings and recommendations were submitted to Defense Secretary Robert M. Gates for review in August. Gates will then submit the results to Congress by Nov. 24.

Among its findings, the task force noted a need to address the stressors of nearly a decade of war, Volpe said, particularly related to the high operations tempo. This applies not only to deployed servicemembers, but to servicemembers supporting operations back home as well. A high operations tempo can prevent servicemembers from creating the bonds they need to pull them through difficult times, he explained. The general cited dwell time, or the time between deployments, as an example.

Military leaders expend a good bit of energy discussing the need for more dwell time, the general noted, but fail to talk about the quality of that time, which ultimately is more important than the length.

“Servicemembers deploy for a year, then come back and their schedule is filled with events,” he said. “They never get reconnected again to family, to friends. They never get a chance to live through some of their experiences.

“We’re just going and going like an engine without any repair,” he added.

The task force also discovered a broken crisis-response system. “There’s a whole bunch of hotlines, numbers, but when someone is in crisis, who do you call?” Volpe said. “And what response will you get?”

The task force found a significant variation in response and levels of training within these resources. Some hotlines, he said, refer people to another hotline or resource. As a result, the person in need gets lost in the process.

The task force recommends a 911 equivalent for suicide crisis, Volpe said. People know what to expect when someone has a heart attack, but not when there’s a suicide. The military needs one hotline with highly trained people who can take

appropriate action.

The task force spent considerable time studying the stigma that prevents servicemembers from seeking help, the general said. The task force found that multiple initiatives are needed to combat it. One solution is to develop anonymous sources where servicemembers can seek help without fear of career repercussion. But leaders must be aware of the drawbacks to that solution, the general said.

When someone remains anonymous, information isn't shared with leaders, Volpe explained. They may see a servicemember's performance declining and try to take action without knowing that the member is seeking behavioral health care.

"While we need to create anonymous sources so people under stress get help, we also need to attack the stigma," Volpe said. "The message needs to be: You can be the best warrior in the world but you're still a human being. And calling in for help is no different than if you call in for help for other reasons.

"It's OK to seek assistance and assistance works," he continued. "Those are the things we have to focus on."

Volpe also called for better training for behavioral health providers and chaplains. "Just because you have a degree on the wall doesn't make you good at understanding suicidal behavior and ways to prevent suicide," he said. "We really need to boost [training] up. There's a lack of understanding of suicidal behavior in our health care system."

A lack of training also exists across the services, Volpe noted. The services are conducting training, but it's not as effective or inclusive as it could be. Mostly, suicide prevention training is conducted with PowerPoint presentations annually so servicemembers can mark the training off a checklist. Volpe called that method inadequate.

The general called for skills-based training, likening it to weapons training. The military would never teach soldiers how to fire a weapon by PowerPoint, he said, and the same applies to suicide prevention. Training needs to include practical lessons in understanding where to go for help and how to raise the issues of concern.

Volpe said there's also a great need for family member training, a comment met by enthusiastic

applause from the audience. Family members often say they knew something was wrong with their loved one, but couldn't pinpoint the problem. They didn't know where to go for help or if their actions would help or hinder, he said.

Family members need training on suicide signs and avenues of help, and this training needs to encompass more than just the spouse, but the parents, siblings, other family and friends as well. "Families are usually the first indicators, first detectors of something not being the same, not being right," he said. "It makes sense for families be included in a comprehensive suicide prevention program."

Volpe concluded by citing a need for better suicide after care, or "postvention," not just for families, but for servicemembers who have lost a battle buddy. Loss puts all loved ones at risk for destructive behaviors, including suicide, he noted.

Suicide prevention isn't about identifying weaknesses but creating strengths, Volpe said.

"We learned early on that we're not only saving the lives of soldiers, sailors, airmen and Marines, but we're making this a better, more ready military by addressing suicide prevention," he said. "We're strengthening the force."

Volpe also thanked the audience for their input into the task force's report at last year's survivor seminar. "What we learned there provided us a guiding light for the remainder of our work," he said.

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Humorous Graffiti
If life is a waste of time, and time is a waste of life, then let's all get wasted together and have the time of our lives.

Deceased Marine exposed to Agent Orange and Benzene.



by Robert O'Dowd

(IRVINE, CA) - A Marine veteran's widow was awarded compensation for the death of her husband from progressive small lymphocytic lymphoma and chronic lymphocytic leukemia (CLL) caused by exposure to burnings at landfills on former Marine Corps Air Station El Toro, California.

The four landfills on the base burned solid waste, oil, paint residues, flammable fluids, jet fluid, industrial solvents, aviation gasoline and other liquids into the air. An April 1991 CDC (Center for Disease Control) report confirmed the burning of hazardous materials at base landfills, according to the VA,

The Marine was stationed at El Toro from August 1968 to April 1971 during which time he worked as an air freight man and drove a truck. According to the VA, he wore a gas mask and protective shoes during this time.

Activities at the base generated harmful waste and paint residues, hydraulic fluids, batteries and other waste into the soil and grounds from several past operations.

The VA reported that the Marine has been exposed to air pollution from the burnings at El Toro's landfills and that it was more likely than not that "the Veteran's leukemia and lymphoma were caused from this in-service chemical exposure at El Toro MCAS during his transport of hazardous materials and his exposure to pollution from landfill burnings." The Marine died in April 2008.

A July 2004 opinion from VA physician noted that he had been treating the veteran for CLL, a form of non-Hodgkin's lymphoma. The physician opined that this cancer was related to the Marine's exposure to benzene and to Agent Orange.

The Marine did not serve in Vietnam and while there's no official government reports of Agent

Orange contamination at El Toro, California Department of Toxic Substances Control Envirostor database shows dioxin (2,3,7,8-TCDD) as a contaminant of concern for the base.

EPA reported 2,3,7,8 TCDD is "formed as an unintentional by-product of incomplete combustion. It may be released to the environment during the combustion of fossil fuels and wood, and during the incineration of municipal and industrial wastes."

Based on the EPA report, it's very likely that dioxin (2,3,7,8-TCDD) may have been found in soil samples from the landfills and crash crew burn pits.

Agent Orange is a 50-50 mix of two chemicals, 2,4,D and 2,4,5,T. The combined product was mixed with kerosene or diesel fuel and dispersed by aircraft, vehicle, and hand spraying, according to the Vietnam Veterans' website.

The use of dioxin (2,4,5,T) was reported to this writer from two Marine veterans of MAG-11 (Marine Air Group-11). These Marine veterans reported that they sprayed this toxic chemical around the fence lines and other areas to control the growth of vegetation. One of the Marine veterans is a prostate cancer survivor. Prostate cancer is one of the illnesses associated with exposure to dioxin. These men are now attempting to locate other MAG-11 veterans who sprayed dioxin at El Toro. Any Marine veteran with knowledge of the use of dioxin at El Toro can email me at rodowd@live.com. Your identity will be kept confidential.

VA CLAIM APPROVED

A VA claim filed by the Marine's widow for service connection as the cause of death of her husband was denied by the Veterans Affairs (VA) Regional Office (RO) in Waco, Texas. However, the VA Board of Veterans' Appeal on May 10, 2010, ruled in favor of the widow. The VA Veterans' Board of Appeals found that the Marine was exposed to benzene, alkalating agents, aromatic amines, solvents used in chemicals, plastic, rubber, exposure to petroleum products, paint, agricultural chemicals and chemical exposures while on the base. All are known causes of leukemia.

The VA Board of Veterans Appeal found that the immediate cause of the Marine's death was respiratory insufficiency, progressive small lym-

phocytic lymphoma and chronic lymphocytic leukemia (CLL). Other significant conditions which contributed to the his death included chronic kidney disease, chronic anemia, diabetes, Agent Orange exposure, posttraumatic stress disorder (PTSD), hemiparesis and arthritis aneurysm by history.

The Marine's widow was awarded Dependent Indemnity Compensation (DIC) on the basis of service connection as the cause of her husband's death. The organic solvent contamination of soil and groundwater at El Toro is shared by many military bases. Millions of dollars were spent in remediation by the Navy. However, like other veterans, no El Toro veteran was notified of the health effects of exposure to organic solvents, toxic metals, and radionuclide. El Toro veterans can access useful information about the base's contamination at a 3rd Marine Aircraft Wing, MCAS El Toro veterans' website.

NAACP endorsement of the VHC.

More good news.....

To All, I am proud to announce that, thanks to the efforts of James Maddox and Joe Wynn with the assistance of Rick Weidman, Tom Berger and Dr. Tom Hall, the National Association for the Advancement of Colored People at their annual National Convention passed a resolution supporting the work of the Veterans Health Council. This resolution will take effect upon ratification by their Board of Directors in October.

VVA looks forward to working with the NAACP in getting the word out to veterans and their families about the effects of military service on their long-term health.

John Rowan, President & CEO
Vietnam Veterans of America



Arlington National Cemetery discovers 3 service members have been buried in wrong graves.



By PAULINE JELINEK,
Associated Press Writer

WASHINGTON (Associated Press) —Arlington National Cemetery has discovered three people buried in the wrong graves.

The Army said that officials opened three burial sites last month and found that the remains in each had been interred in mismarked graves.

The discovery follows an investigation into bookkeeping problems and burial mix-ups at Arlington, one of the nation's most hallowed sites.

At the request of his father, the grave and casket of Marine Pfc. Heath Warner of Canton, Ohio, was opened on Wednesday, Sept. 15th. That grave was found to hold the remains of Warner, who was killed in Iraq in 2006.

Army spokesman Gary Tallman says he's not aware of any other family requests for exhumations.

Officials say up to 6,600 graves might be unmarked or mislabeled on cemetery maps.

Bits of Wisdom

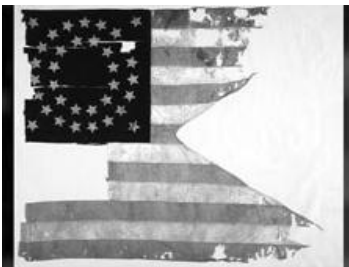
Love is grand; divorce is a hundred grand.

Don't be irreplaceable. If you can't be replaced, you can't be promoted.

If you lend someone \$20.00 and never see that person again, it was probably worth it.

A closed mouth gathers no foot.

Custer's last flag: Banner carried at Little Bighorn to be sold.



By Chris Kokenes
CNN

The swallow-tail flag of the Battle of Little Bighorn was sold to the Detroit Institute for the Arts in 1895 for \$54.

New York (CNN) — A flag that accompanied Lt. Col. George Armstrong Custer and his 7th Cavalry into their final battle 134 years ago will be put up for auction, the auction house that will handle the sale.

Custer led more than 200 other other soldiers into battle against thousands of Lakota and Northern Cheyenne warriors on June 25, 1876, at the Little Bighorn River in what is now Montana. None of the U.S. soldiers survived the battle.

The flag that will be sold in October is tattered and fragile, measures 27½ by 33 inches and may be stained with blood. It was found three days after the Battle of Little Bighorn — or the Battle of Greasy Grass Creek, as the victors called it — beneath the body of one of Custer's men killed in the battle.

Sgt. Ferdinand Culbertson, a member of the burial detail assigned to retrieve the remains of the 7th Cavalry, found the Cavalry guidon, or swallow-tail flag, that was used by cavalry companies. The design reduced wind drag as the soldiers advanced.

"It's not a piece of decoration," said Sotheby's vice chairman, David Redden. "It's a sacred relic. People died for this flag. This flag is really important as it symbolizes one of the great and mythological battles in American history."

Another flag from the battle site was found months later in an Indian village seized by U.S. troops and is now owned by the National Park Service, but Redden said it is in very poor condi-

tion.

Custer's last battle was part of the United States government's 1876-77 campaign to retake the Black Hills region, ceded in perpetuity by an 1868 treaty to the Lakota. But when gold was discovered in the area, the army was sent to push the aboriginal Americans to a reservation set up for them.

The 7th Cavalry surprised the Lakota and Cheyenne, camped on the river banks, but Custer vastly underestimated their number and was crushed.

Sitting Bull and Crazy Horse were among the Lakota leaders who took part in the battle.

The Detroit Institute for the Arts acquired the flag in 1895 for \$54 but has decided to part with it and use the proceeds for future art acquisitions.

The Institute's director, Graham Beal, says the flag won't be missed as it was often on loan to other institutions, most recently at the Little Bighorn Battlefield National Monument in Montana.

"The sale will help with future acquisitions," said Beal. "With the proceeds we will get art for the collection. Even though we are in Detroit, we have one of the great universal collections including Baroque, African and early modern collections. We are right up there with Chicago, Cleveland and Philadelphia.

Author Nathaniel Philbrick, whose book "The Last Stand: Custer, Sitting Bull and the Battle of the Little Big Horn" was released in May, said the significance of shabby flag is enormous.

"It's not only symbolic, but it's also just a terrific artifact," he said. "It's pretty intact and given what it went through, it's amazing."

John Doerner, chief historian at the Little Bighorn Battlefield National Monument, said he believes the flag is stained with the blood of a fallen soldier and that the banner belongs to the American people.

"It was an act of courage and bravery," said Doerner, a 20-year veteran of the National Parks Service.

"To lose the colors was really something that a soldier would give their lives [to prevent]," he said.

Doerner is helping oversee events for the battle's anniversary at the national monument, where visitors will hear symposiums and view re-enactments. He is hopeful that a benefactor will pur-

chase the flag and loan it to a national museum.

Redden said expectations are good that the Custer flag sale price might exceed Sotheby's \$2 million to \$5 million estimate, but the hope is that the sale will come close to the \$12.3 million paid for a Revolutionary Battle flag in 2006, a record for any military relic at auction.

Puerto Rican Troops, Families Need New Birth Certificates.

By Elaine Wilson
American Forces
Press Service



WASHINGTON, - Servicemembers and their families who were born in Puerto Rico will need to obtain a new birth certificate starting July 1, although the Defense Department will honor the certificate they used to establish their identity and to enroll for military benefits prior to that date, a defense official said.

The Puerto Rican government, in cooperation with the departments of State and Homeland Security, has enacted a new law that invalidates all Puerto Rico birth certificates issued on or before June 30. The law, which takes effect July 1, is intended to combat the fraudulent use of Puerto Rico birth certificates to obtain U.S. passports, Social Security benefits and other federal services, according to the Puerto Rico Federal Affairs Administration.

Within the Defense Department, officials will accept only the new, certified birth certificate for initial enrollment into the Defense Eligibility Enrollment Reporting System as of July 1, said Heidi Boyd, senior policy analyst for Defense Department ID card policy. DEERS is the department's database of servicemembers, their family members and others who are eligible for military benefits, including the Tricare military health plan.

However, the birth certificate used by servicemembers and their families to enroll in DEERS prior to July 1 will remain valid and they will remain enrolled, Boyd said.

"Identity is very important for [the Defense

Department], and we need as much as we can to establish identity," she said. "But we're not going to take someone's benefits away. We're going to make sure everyone gets the coverage and entitlements they're supposed to get through this process."

Still, Boyd recommends that servicemembers, their families, Defense Department civilians and contractors born in Puerto Rico apply for a new birth certificate for identification purposes, including ID card renewal.

"People with an old birth certificate should do the best they can to get a new one as quickly as possible," she advised. "And we'll do everything we can to make sure the process is easy for them and benefits are not disrupted."

People can apply for a new certificate online at <http://pr.gov>, or through the mail by completing an application available at <http://www.salud.gov.pr/Programas/RegistroDemografico/Documents/Birth%20Certificate%20Application.pdf>.

While people can apply now, the government won't start issuing the new birth certificates until July 1, Boyd noted.

The Defense Department also is working with the Puerto Rican government to establish an expedited mail-in system for military members, according to Christopher Arendt, deputy director of accession policy. This system, he added, still is in the planning stages, and people should continue to apply online until it's launched.

After July 1, people who have applied for but haven't yet received the new birth certificate and require DEERS enrollment or an ID card issuance or renewal can obtain a temporary 90-day card through their military service branch, Boyd said. She also encouraged servicemembers and their families to keep alternate documents, such as a passport or driver's license, on hand to establish identity and eligibility.

About Sums I t Up.

You know you are getting old when everything either dries up or leaks.

I love cooking with wine. Sometimes I even put it in the food.

Quality-of-Life Raise for Disabled Vets Fades.



Tom Philpott

Disabled veterans were thrilled in 2007 when the Veterans Disability Benefits Commission asked Congress to enact an immediate “quality of life” increase to disability payments from the Department of Veterans Affairs.

The special increase, said VDBC commissioners, should be across the board, benefiting all veterans with service-connected health conditions, and it should be as large as 25 percent for the most severely disabled.

The commission argued that current disability pay compensates for average loss in lifetime earnings but fails to provide any added monetary award for diminished quality of life.

Quality of life “is addressed in a limited fashion” by Special Monthly Compensation (SMC) payable for loss of limbs or use of limbs, said the commission. But it called for development of a “systematic methodology” for evaluating and compensating for the impact of disability on quality of life. Meanwhile, Congress should allow an interim increase of up to 25 percent.

What happened to that idea?

It fell flat, said retired Lt. Gen. Terry Scott, a former Army Ranger who chaired the VDBC.

“The terms ‘across the board’ and ‘up to 25 percent’ were not well received anywhere outside the veterans community,” Scott explained during an interview Monday in Washington D.C.

His own position on an across-the-board increase for diminished quality of life also has changed, Scott said. That’s significant because he not only had chaired the VDBC through years of hearings and study but Scott now chairs the Advisory Committee on Disability Compensation.

That panel was created by Congress in 2008, part of the Veterans’ Benefits Improvement which directed that the VA secretary modernize the disability compensation system and address its mammoth backlog of claims.

Scott’s fallback position to an across-the-board

raise, which the advisory committee also seems to embrace, is to pay something extra to recognize loss in quality of life only for the most seriously disabled veterans. That could be done by expanding the SMC portion of VA disability pay or by adopting a similarly rigid model for compensating for “non-economic loss.”

“Where I have retrenched, based on this committee’s studies and the things we’ve done, [is to] pretty much agree that the additive monetary benefit for quality of life should be based on really severe disability.”

The “good thing” about using the SMC model, Scott said, “is that it is very tightly prescribed. There is not a lot of latitude to deal with. You fit inside the parameters of one of those categories or you do not...It is not subject to a lot of subjectivity [or] any sort of gamesmanship.”

Feedback from VA and Congress “was that a targeted approach for those suffering from severe disability, and a very clear ‘non-economic’ or quality-of-life loss [payment] is a sellable proposition,” Scott said.

The 11-member advisory committee is a lower-profile entity than was the VDBC. It has met 20 times since fall of 2008 with responsibility both to advise and to pressure the VA secretary on steps, schedules and priorities for modernizing VA’s Schedule for Ratings Disabilities (VASRD).

VA claim adjudicators have used the VASRD for more than 60 years to set disability ratings, which in turn determine the size of monthly disability payments. Critics have long argued it needs to be reformed to take into account modern medical knowledge and technical advances.

VA officials last year developed a master plan for overhauling the VASRD over six years. Scott’s committee, which includes medical and scientific experts, is monitoring that effort closely.

“The principal goal of the committee is to continue to over watch the plan, making sure it is not abandoned in favor of some other priority. In other words, we are probably going to be their hair shirt in terms of saying, ‘Okay, we’ve seen your plan. You said you’re going to do this in 2010 and this in 2011. Tell us where you are.’”

Scott applauded VA’s work so far to upgrade the VASRD including changes in the way traumatic brain injury and burn scars are rated. The master plan, he said, includes a schedule to

review disability ratings across all 15 body systems.

“If they are able to execute that plan, I think it will aid veterans, present and future” and reduce the backlog of claims, Scott said. An up-to-date VASRD will simplify the medical review process, simplify claim forms, and cut down on the time adjudicators need to reach a rating decision.

By law, the advisory committee must deliver a report to the VA secretary and to Congress every two years on the effectiveness of disability compensation programs and progress on VASRD reform. The first biennial report was delivered to VA Secretary Eric Shinseki in late July.

Among its recommendations are proposed procedures for VA to follow to review and revise the rating schedule. But the report also notes a lukewarm reaction by VA officials to the committee’s suggestion to broaden the purpose of Special Monthly Compensation to allow some veterans to see pay enhancements for loss in quality of life.

As the secretary noted back to the committee, the phrase “quality of life” does not appear in any statute or regulation on disability pay so any bump in pay on those grounds would have to be approved Congress.

The advisory committee proposes to clear that hurdle by referring only to added pay for “non-economic loss” rather than quality of life loss. So the committee promises a future recommendation to clarify how SMC might be adjusted to address non-economic loss for some severely disabled vets.

Vets With Stress Disorder More Likely to Develop Dementia.

***Those with PTSD at greater risk than peers
with combat injuries but no stress disorder,
study found***

By Robert Preidt

(HealthDay News) — Military veterans with post-traumatic stress disorder, or PTSD, are more likely to develop dementia than those without the disorder, according to researchers at a Veterans

Affairs medical center in Texas.

The results were significant even after accounting for other risk factors for dementia such as diabetes, high blood pressure, heart disease and stroke.

The researchers noted that further investigation is needed to learn the reasons behind their findings, published in the September issue of the Journal of the American Geriatrics Society.

“Although we cannot at this time determine the cause for this increased risk, it is essential to determine whether the risk of dementia can be reduced by effectively treating PTSD. This could have enormous implications for veterans now returning from Iraq and Afghanistan,” senior author Dr. Mark Kunik, a psychiatrist at the Michael E. DeBakey VA Medical Center in Houston, said in a journal news release.

He and his colleagues studied 10,481 veterans, aged 65 and older, who had been seen at least twice at the medical center between 1997 and 1999. Outpatient data from the patients was gathered until 2008.

Overall, 36.4 percent of the veterans had PTSD. Dementia occurred in 11.1 percent of patients who had PTSD but had not been injured during combat, and in 7.2 percent of those who had PTSD and had suffered combat injuries, the investigators found. Dementia rates for veterans without PTSD were 4.5 percent for those without combat injuries and 5.9 percent for those who’d suffered combat injuries.

The study authors suggested that there could be a number of explanations for the findings: cognitive impairment in PTSD may be an early marker of dementia; having PTSD may increase the risk of developing dementia; or PTSD and dementia may have some common characteristics.

The findings about veterans may have wider significance, noted the author of an accompanying editorial.

“Confirmation of a causal link between PTSD and cognitive impairment in late life would have enormous global implications in a world facing a rising societal burden of dementia, a shrinking workforce to sustain its economies, and the difficulties of containing human violence,” wrote Dr. Soo Borson of the University of Washington Medical Center in Seattle. “Soldiers and other U.S. war veterans are just one of many groups

exposed to deeply traumatizing experiences with lifetime effect.”



U.S. Citizenship
and Immigration
Services

U.S. Veteran Deportation After U.S. Military Service.

David Lord
PVNN

When it comes to immigrant veterans, the US fails. Too often, when immigrant veterans return from service, they're only given one thing: detention, often times leading to deportation.

The deportation of U.S. Veterans after they have served in the American Military is a subject that has had very few headlines in the American Press. I was skeptical of the validity of a claim when contacted by a reader, who asked that I get involved in spreading the information by shedding light in my column. I know that my time for preparation of an in-depth article of this situation is not possible with the current limited information, so I will present what I have learned and ask those interested to contact me by email with information they may add to better inform readers.

I know what a hot topic the U.S. Immigration policies (or lack thereof) after the passage of the new law in Arizona to authorize the Police to confirm their right to be in the US. The subject that I am addressing is not of the plight of the un-documented foreign born individuals. They number in the millions, they are seeking harbor or economic relief in the US, their presence and struggle is not what I am telling you about.

I am speaking of the foreign born immigrants that are legally in the U.S. and are either currently serving or have served in the US Military. A law known as The 1st Enrollment Act was passed by Congress during The Civil War requires immigrants to subject themselves to the U.S. Military Draft. This law was signed by President Abraham Lincoln on March 3, 1863.

To this day, all immigrants holding a green card in the U.S.A. are themselves subject to military service. Many Americans do not know this law exist, but ever since the Revolutionary War, immigrants have fought and died in our wars even before they gained their citizenship. It was not until 1996, when Congress changed the law, that anyone who has served in the military has been deported, according to Craig Shagin, an attorney defending veterans against deportation.

When a person living in United States of America puts on a uniform and defends our Nation, especially during a time of War, they deserve better. Imagine the agony of someone who has faced the enemy in Iraq, Afghanistan or anywhere else we fight our perpetual wars of this day and age. They swear their allegiance to our Country and our cause, suffer the wounds both physical and mental that are inherent when defending our Nation. Then, upon completion of Military Service, having received an Honorable Discharge, they have not earned Citizenship from the United States.

We should treat them as equal U.S. Citizens, both in the courts and by the public law. How can we as a nation use them to defend us and then treat them as foreign nationals when they take off the uniform?

It happened as a result of the passage by Congress in 1996 of the Immigrations Nationality Act, which broadened the scope under which a green card holder could be subject to deportation. The strictness of the law gives no recourse or consideration for having served within our military and treats the veteran as any other foreign national.

They may have been wounded, they may be missing an arm or a leg, they may need expensive treatment and care for exposure to depleted uranium, munitions used in Iraq, or suffer from agent orange exposure - doesn't matter - they will be deported and may never apply for Citizenship again.

It is strange that if deported they will be eligible for burial in a National Cemetery on foreign soil, the coffin draped in the American Flag, then folded in the triangle familiar to veterans and handed to the Widow and/or Orphans... "From the President of the United States and the people of a grateful Nation we honor name (Paco Hernandez)

for his service in the branch (Army, Navy, Air Force, Coast Guard, Marine Corps) of the United States with this American Flag.

The website, <http://banishedveterans.info/index.html> has several stories and links that may be of interest to readers.

There are more than 30,000 non-citizens currently serving in the US army.

Why do you think some U.S. war veterans return home celebrated while others are deported, homeless, jailed, or dead?

Vets are a cross-section of America with the not-so-simple addition of a year or more of incredibly tense, if not violent, experiences far from home. There are many factors at work: how difficult their experience was, how understanding and supportive their family is when they return, whether they have a career to go back to, what their visa status is, whether they are wrestling with some moral dilemma, and much more. The bottom line for each vet's return home can be radically different, from family reunion, to psychotherapy, to artificial limbs, to falling in love. But one universal part of the mix is the career safety net.

According to the Veterans Administration's Veteran's Affairs Department as of February 2010 there are 23 million living U.S. vets, of whom 1.8 million are women. The vast majority have transitioned successfully and do well thanks not only to their own ingenuity and luck, but also to their families and sometimes to government support.

About 3.1 million vets receive disability compensation; 280,000 of whom are rated fully disabled. And about 380,000 vets get VA support for Post-Traumatic Stress Disorder. The National Coalition for Homeless Veterans writes that, according to government sources about 23% of the homeless are vets, and 15% of these are post-Vietnam vets. On the tragic pattern of veteran suicide, see this story from the Associated Press on Fort Campbell, which suffered 21 soldier suicides just in 2009

alone. According to Raw Story, 18 vets kill themselves every day and 20% of the 30,000 suicides in the U.S. are by vets.

I've seen how most veterans and others who worked in war zones have no worries coming back whole and being sweet with

the family and then, separately when necessary, taking time to work through hard memories in a game of football, paintball, prayer, counseling, or rowdy but safe misbehavior.

However, there are a few really tricky turns that can throw a returning vet off their game. The broadest challenge is career and financial stability. What if you did everything right, did the right thing in defense of your country, were tough, smart, and overcame the odds, but then you received orders that your visa to the U.S. will expire and if you don't get a work visa you'll be deported? Or if you arrive back during an economic downturn, and as you try to find a new job with your combat CV your family gives you a hard time about the delay, and refuses support? Or maybe you're ready and able to work, but are forced, due to losing a leg, to change careers from something physical to something computer-based?

David Lord is a V.A. accredited Veterans Service Officer living full time as a resident of Mexico. David is retired from U.S.M.C. for a gunshot wound, his unit received the Presidential Unit Citation at Khe Sanh Combat Base. He was a rifleman with the 1/26th, 5th Marine Division in 1968 during the 77 day Siege at Khe Sahn, then awarded The Purple Heart for a gunshot wound in Quang Tri Province. Today, David helps veterans and their dependants with VA benefits in Mexico. For more information, email him at david.lord@yahoo.com.



The Warriors Medal of Valor patch is now available for purchase from the chapter 17 company store. They come in two sizes, 5" and 10".

The 5" patch is \$10 and the 10" patch is \$15.

Suicide Survivors Find Comfort With TAPS.



**By Elaine Wilson
American Forces
Press Service**

ALEXANDRIA, Va., - Miranda Kruse sits in a hotel lobby here, sharing her story as dozens of her friends pass by. She waves at some and jumps up to warmly hug others, carefully guarding a plate of sandwiches for her three children, who were off playing with friends.

It's hard to believe that just a few years ago, Kruse could barely leave her house, gripped by a loneliness and depression triggered by her husband's suicide that nearly swallowed her in darkness.

"Loneliness is so horrible after a suicide," she said, her eyes welling up with tears. "There's such a stigma and everyone wants to point a finger."

It wasn't until she attended her first Tragedy Assistance Program for Survivors seminar that she truly emerged from the darkness, she said. TAPS is a nonprofit organization dedicated to helping the survivors of fallen military loved ones.

"TAPS got me back on my feet," she said. "They understand what you're going through. We may cry and get emotional, but they understand."

Kruse is among the more than 200 family members who traveled here from across the nation last weekend to attend the 2nd Annual TAPS Suicide Survivor Seminar and Good Grief Camp. Participants range from parent to spouse, sibling to battle buddy, but all lost a military loved one to suicide, some as recently as a week ago.

It has been nearly five years since Kruse's loss, but the emotion still seems raw for her as she recalled her husband's decline. It was only about a year into their relationship that Kruse first recognized something was very wrong with her future husband, Navy Chief Petty Officer Jerald Kruse.

It began with his severe insomnia, then progressed into nervous rocking and incessant nail biting. One night she heard him yelling and cursing at someone in the bathroom. But when she opened the door, he was alone.

Kruse urged him to get counseling, but he hesitated, afraid of the stigma of seeking military mental health care. He eventually agreed, although reluctantly, and was told to cut back on caffeine. They switched to another counselor, who said it might be attention deficit hyperactivity disorder, a diagnosis they dismissed after some research.

They went to one last counseling visit on Aug. 5, 2005, and Kruse begged him to reveal the true depth of his troubles as he went in to talk to the counselor alone. After the appointment, he broke down in tears.

"What happened?" she asked him. "They don't have answers," he replied. "I'm done with this."

Five months later, on New Year's Day in 2006, Kruse went out in the evening for a while. When she returned, she found her husband in the backyard. He had shot himself.

Kruse slipped into a sea of depression and isolation until, years later, she found the support and acceptance she so desperately needed at a TAPS seminar, similar to the one she was attending now.

"Suicide survivors are desperate for a place where they can get some help and connect with others experiencing the same thing," said Kim Ruocco, director of suicide education and support for TAPS. "It's powerful to be able to find people who can look you in the eye and just get it. They truly understand."

Ruocco knows personally how important these connections can be. Her husband, Marine Corps Maj. John Ruocco, an accomplished AH-1 Cobra helicopter pilot and father of two, killed himself in January 2005. Like Kruse, she and her children turned to TAPS for help.

TAPS seminars build up the support systems that aid people through their grief so they can start to live again, Ruocco said.

"We want people to remember the love, the journey they had, and not just focus on how their loved one died. Suicide is what it is; we may never fully accept it, but you can go on to love again and live a productive life."

The close relationship between survivors was evident at the seminar's opening ceremony. The hotel ballroom was packed with family members and newfound friends, some quietly talking of loved ones and others busy catching up after a year-long separation. Most proudly wore bright red shirts bearing the TAPS logo on front and back.

"This is our safe place, this is our home, our reunion, our chance to be together," Bonnie Carroll, TAPS founder, said in her opening remarks.

TAPS, Carroll continued, is "a place where we can look across the room and with that knowing glance understand we have support."

Ruocco echoed Carroll's remarks. "It's a sigh of relief," she said. "Families face so many uncomfortable questions. People assume, because he was military, that he was killed in war and ask, 'Was he in Iraq? In combat?' This is a place where the questions aren't probing."

The bonds formed at seminars run deep, Ruocco said, and sometimes offer breakthroughs to people wracked by isolation and loneliness following a suicide.

"At last year's seminar, I talked with a mother who had been grieving her son's death for four years," she said. "She had been mostly by herself, reclusive, in a small town. She didn't want to admit he had died by suicide. She was suffering from hiding this secret.

"But after the seminar, she came to me and said, 'I can't wait to go home and start to live,'" she continued. "She'd just barely been surviving. But here she felt the switch. She can start living again. There's life and love after."

To make a big impact in a short time, the seminar is jam-packed with group sessions and peer groups with mental health providers, as well as specialized sessions dealing with topics such as sibling loss and trauma and stress reaction.

While the experts have much to impart, the true intent of these seminars is to encourage people in different stages of loss to share their stories, and offer hope to others as a result, Ruocco said.

Younger children attended the Good Grief Camp, which involves play that fosters the sharing of feelings. Older children also attend "circles,"

where they talk about loved ones and write letters or fill memory boxes. The camp concludes with a group balloon release. Each balloon contains a written message to a loved one.

"It's most powerful, being with other kids who have been in the same place — not ashamed or shy — there's no judgment," Ruocco said. "School is difficult enough but then they have the added stigma. Here they can talk about their issues with their peers. They feel safe."

Survivors of suicide experience a grief that's unlike any other, noted Dr. Frank Campbell, a renowned suicide expert and seminar speaker. The element of trauma coupled with a societal stigma can make for a tough recovery, he said.

"The biggest challenge is the stigma attached to suicide," he explained. "People don't know what to say — there's shame and confusion — and they want details that are painful for the family member to comprehend."

Military families have an added difficulty, Campbell said. They not only must confront the loss of a loved one, he said, but also the loss of a deeply personal support system. They often pack up and move, Campbell explained, leaving behind their closest friends and supporters.

This all happens amidst the confusion of loss, he said.

"People wonder why it happened, what could they have done, are my fingerprints on this body? That doesn't occur with most deaths. It gets very complex," Campbell said.

Compounding the matter, most survivors don't find help for an average of four and a half years, Campbell said. But TAPS has found a way to reach families much sooner. Hundreds of military families now are getting help within days or months, rather than years. "This doesn't happen on a national level," he said.

"People need this opportunity to vent," Campbell said, referring to the seminars. "This is a toxin that if left untouched will eat you alive."

Judy Swenson calls the seminars her "lifeline." She turned to TAPS after the death of her son five years ago.

Army Spc. David P. Swenson Jr. loved the Army, Swenson said, but had recently transferred

Survivors of a suicide experience a grief that's unlike any other.

to a new unit on Fort Hood, Texas, and sorely missed the battle buddies in his old one. He disappeared one night and his squad leader called Swenson to see if she could track him down. She found him at his sister-in-law's house. He told his mother that he hadn't slept in three days and wanted to return to his former unit so he could deploy with them in November.

Swenson spoke to him of his responsibilities and how important it was to fulfill them. "One of the hardest things — and there are many things that are hard — is my son begged me, 'Please don't make me go back,' but we raised him to do what's right," she said, wiping away tears. "He had a job to do so I made him go back that night."

The soldier drove back to post, took all of the decals off his truck so his father could have it, then called a close friend. He threatened to harm himself so his friend called the police. The police were enroute when Swenson's son shot himself in the head.

He left a 6-year-old son, Timmy, behind. Swenson and her husband had been caring for him, and after their son's death, worked to adopt him. The adoption was finalized last week, she said.

"I waited 10 years to have him," Swenson said of her son. "I thought I'd never be a mom again, but now I'm a mom again. I'm joyous, but with a big cloud overhead."

Timmy struggled for years with his father's death, refusing to believe it was a suicide. "He didn't think it was humanly possible for a parent to kill himself if they have children," Swenson explained.

He finally accepted the truth while attending last year's TAPS suicide survivor seminar in San Diego, she said.

"It hit him like a bucket of ice water," Swenson said. "He came to the realization that maybe Daddy killed himself. TAPS got through to him and helped him through it."

TAPS is their family now, she said.

"TAPS is where I can talk about Davy," she said. "People care; they didn't know him, but they care. It's not just lip service — it's heart. There's nothing like it anywhere."



Tax on Prosthetics nixed.



The Disabled American Veterans (DAV) is pleased to announce that President Barack Obama's administration has vowed that veterans and servicemembers would continue to receive prosthetic devices from the Department of Veterans Affairs or TRICARE at no cost.

The White House announcement dispelled unfounded rumors that disabled veterans and servicemembers would face a new tax on prosthetic limbs and other vital medical services under the Affordable Care Act.

While the health care law does impose a new tax on big medical device manufactures, the tax will not be passed on to veterans and servicemembers.

"The President's statement should help put to rest unfounded rumors that have been spread among our nation's disabled veterans and servicemembers," said DAV National Commander Roberto "Bobby" Barrera. "Our veterans and servicemembers were suddenly struck by these rumors, and many feared that our government was abandoning them to pay for their own disability." Prices and reimbursements for medical devices will continue to be negotiated between manufacturers and insurance companies, retail establishments and, in the case of the federal government, for veterans and servicemembers.

The full cost of prosthetic devices for veterans will continue to be borne by the government.

[Source: DAV msg.13 Jul 2010 ++]

Zen Sarcasm

There are two theories to arguing with women. Neither one works.

Some days you're the bug; some days you're the windshield.

Killer Sailor May Get Vet Benefits.

October 04, 2010
Boston Herald



BOSTON — Twenty months ago, Navy Sailor Darren Mackie, 22, killed his ex-girlfriend, Navy Sailor Caitlin Elizabeth Trask, 20, with a single bullet to the back of the head.

Her parents are still waiting for the Navy to dishonorably discharge him.

On Sept. 30 a frustrated Sen. John Kerry, D-Mass., sent a letter asking Defense Secretary Robert Gates to investigate.

“The notion that an active duty Sailor could shoot and kill another Sailor but avoid a dishonorable discharge,” said Kerry in a statement, “is beyond comprehension.”

And no one seems to disagree except, incredibly, the Navy to which Caitlin devoted her young life. The Navy’s position: Mackie is serving a 10-year term for involuntary manslaughter. Justice has been served.

But Don and Mary Trask, who raised Caitlin in North Andover, remain flummoxed.

“How can you kill somebody and not get dishonorably discharged?” asked Mary Trask.

“Even the secretary of the Navy has agreed this was mishandled,” she said. “So if it was mishandled, why not fix it? We don’t think it’s too much to ask.”

As a little girl Caitlin Trask saw the movie “Top Gun,” and her career path was set. She begged the family to go to Washington, D.C., and see the sights. She dreamed of becoming a Marine. But when she only grew to 4-feet-11-inches, she opted for the Navy, joined right out of high school and rose quickly through the ranks. She had been serving in the Mediterranean and Persian Gulf with 5,000 others on the massive aircraft carrier the USS Dwight D. Eisenhower.

She adored it, her father said. She was tough and driven and “would’ve done anything for the Navy.” He remembered how a car dealer wanted him to co-sign her loan when she bought a Mazda three years ago. “She told him, ‘I work for the U.S. Navy. If that’s not enough for you, then I’ll go

someplace else.” The dealer relented fast.

Caitlin Trask died in uniform when she went to Mackie’s Navy apartment to pick up belongings. She sent him a text message at 2:33 p.m. to ask him to let her inside the locked gates. By 3 p.m., she’d been shot. Mackie first claimed he’d tripped, then that he’d been cleaning the gun, then that he’d been fooling around and didn’t know the gun was loaded.

The Trasks believe that Mackie was angry about the breakup and shot Caitlin intentionally. Originally charged with second-degree murder, Mackie pled down to manslaughter, which was difficult enough for the Trasks. Then the Navy started stalling on the discharge. When Mackie is released from prison, he will be eligible for veteran’s benefits.

Don and Mary Trask sent out 32 registered letters to politicians, including President Obama. They have been met with empathy, but inaction. Now their hopes rest in Kerry, an ex-Navy man himself.

Yesterday they did what they do as often as they can afford it: They visited Arlington and reminisced beside their daughter’s grave, 33 Eisenhower Drive - a sign, they believe. Caitlin served on the Eisenhower, and Don Trask has always sat in the third seat of the third pew at Mass.

Don Trask said Caitlin always wanted to be buried at Arlington. It’s a long way, he said, but maybe the distance is a blessing.

“If she was buried here,” he said, “my wife and I would spend all our time with her at her grave.”



Veterans Agency Made Secret Deal Over Benefits

By David Evans

The VA allowed Prudential to issue retained-asset accounts for 10 years while the contract required lump-sum payouts to vet's family is "more evidence that the VA was asleep at the wheel for a decade," says Sullivan, who was a project manager and analyst at the VA from 2000 to 2006.

The U.S. Department of Veterans Affairs failed to inform 6 million soldiers and their families of an agreement enabling Prudential Financial Inc. to withhold lump-sum payments of life insurance benefits for survivors of fallen service members, according to records made public through a Freedom of Information request.

The amendment to Prudential's contract is the first document to show how VA officials sanctioned a payment practice that has spurred investigations by lawmakers and regulators. Since 1999, Prudential has used so-called retained-asset accounts, which allow the company to withhold lump-sum payments due to survivors and earn investment income on the money for itself.

The Sept. 1, 2009, amendment to Prudential's contract with the VA ratified another unpublicized deal that had been struck between the insurer and the government 10 years earlier — one that was never put into writing, Bloomberg Markets magazine reports in its November issue. This verbal agreement in 1999 provoked concern among top insurance officials of the agency, the documents released in the FOIA request show.

For a decade, until the contract was formally changed, Prudential wasn't fulfilling its obligations to survivors of fallen service members, says Brendan Bridgeland, an insurance lawyer who runs the non-profit Center for Insurance Research in Cambridge, Massachusetts.

'Violated Terms'

"It's very clear they violated the original terms of the contract," says Bridgeland, who is retained by the National Association of Insurance Commissioners to represent consumers.

"Every veteran I've spoken with is appalled at the brazen war profiteering by Prudential," says

Paul Sullivan, who served in the 1991 Gulf War as an Army cavalry scout and is now executive director of Veterans for Common Sense, a nonprofit advocacy group based in Washington. "Now vets are upset at the VA's inability to stop Prudential's bad behavior."

That the VA allowed Prudential to issue retained-asset accounts for 10 years while the contract required lump-sum payouts is "more evidence that the VA was asleep at the wheel for a decade," says Sullivan, who was a project manager and analyst at the VA from 2000 to 2006.

"When grieving families check the box that they want a lump sum, they should get it. We remain disappointed and irate at the VA's failure to provide advocacy for veterans," he says.

State and U.S. Probes

Since July 28, when Bloomberg Markets first reported that Prudential sent checkbooks instead of checks to survivors requesting lump-sum payouts, state and federal officials have demanded the retained-asset system be investigated and reformed. The VA itself launched a probe of its life insurance program the day the first story was published.

The next day, New York Attorney General Andrew Cuomo launched what he called a "major fraud investigation" of Prudential and other life insurers over their use of retained-asset accounts. Since then, Cuomo's office has issued subpoenas to Prudential and at least 12 more insurance companies.

The insurance departments in Georgia and New York have also opened probes. The U.S. House Oversight and Reform Committee plans to hold hearings into Prudential's use of retained-asset accounts to pay money owed to fallen soldiers' survivors.

'News to Me'

U.S. Secretary of Defense Robert Gates — who was in office when the 2009 agreement was signed — said when the VA started its probe that he had been unaware that survivors were being sent retained-asset accounts.

"Until today I actually believed that the families of our fallen heroes got a check for the full amount of their benefits," Gates said at the time. "This came as news to me."

As a result of the VA probe, the agency announced that it will change its insurance pro-

gram, allowing survivors to request and receive lump-sum checks.

Under Prudential's original 1965 contract with the VA and a 2007 revised contract — both of which were released as part of the FOIA response — the insurer is required to send lump-sum payouts to survivors requesting them. The contract covers 6 million active service members, their families and veterans.

The checkbooks Prudential sends to survivors are tied to what the insurer calls its Alliance Account. The checkbooks are made up of drafts, or IOUs, and aren't insured by the Federal Deposit Insurance Corp. Prudential invests the survivors' money in its general corporate account, where it can earn the insurer as much as eight times as much as it currently pays in interest to beneficiaries.

Bond Income

Prudential held \$662 million of survivors' money in its corporate general account as of June 30, according to information provided by the VA. Prudential's general account earned 4.2 percent in 2009, mostly from bond investments, according to regulatory filings. The company has paid survivors holding Alliance Accounts 0.5 percent in 2010.

Families that were supposed to receive lump-sum payments under the terms of the contract before it was amended in 2009 may be able to successfully sue Prudential for lost interest, insurance lawyer Bridgeland says.

"Survivors would have a very strong claim for interest earned by Prudential on their money," he says.

Prudential spokesman Bob DeFillippo says his company is following the terms of its agreement with the VA.

"Prudential is in compliance with its contract with the Department of Veterans' Affairs," he says.

DeFillippo declined to comment on whether Prudential was in compliance with its contract between 1999 and September 2009 or to answer any other questions. Prudential chairman and Chief Executive Officer John Strangfeld declined to comment for this story.

Useful Service

In July, DeFillippo said Prudential's retained-asset account was a useful service for bereaved relatives of soldiers. "For some families, the

account is the difference between earning interest on a large amount of money and letting it sit idle," he said. Survivors can withdraw some or all of their money at any time, he said.

Veterans Affairs Chief of Staff John Gingrich says the agency approved use of the Alliance Account because it wanted to help survivors.

"We needed to give an option to individuals that allowed them more flexibility and time to react to the tragic family situation," Gingrich says.

Verbal Agreement

VA spokeswoman Katie Roberts declined to say when Veterans Affairs Secretary Eric Shinseki, who was appointed by President Barack Obama in January 2009, learned of the existence of the 1999 verbal agreement and the 2009 amendment. She also declined to make Shinseki available for comment.

The VA official who verbally agreed in 1999 to allow Prudential to change the terms of the 1965 contract and begin offering retained-asset accounts was Thomas Lastowka, the VA's director for insurance, according to Dennis Foley, a VA attorney. Prudential began sending Alliance Account kits to soldiers' beneficiaries in June 1999.

Foley says the VA and Prudential would have been better off if they had put their 1999 agreement in writing.

"Could that have been done better?" Foley asks. "Probably. Best practice would have been to legally memorialize it at the time."

Foley says the 1999 changes to the 1965 contract were valid, even if they weren't in writing, because they were made by mutual agreement by people empowered to make such decisions.

"It was changed by somebody who was authorized to change it," he says.

Contract Terms

The language of both the 1965 contract and the 2009 amendment make clear that Newark, New Jersey-based Prudential was required to adhere to the original terms until 2009, regardless of any handshake agreements in 1999, insurance lawyer Bridgeland says.

The 1965 contract says any alterations must be made in writing.

"No change in the Group Policy shall be valid unless evidenced by an amendment thereto," it says. "No Agent is authorized to alter or amend

the Group Policy.”

The VA and Prudential signed a revised contract in 2007, saying it was “amended in its entirety.” That contract, with the exact same words as the 1965 agreement, required that Prudential pay survivors with lump sums.

The 2007 revision included the same procedures in the 1965 agreement requiring any changes be made in writing. It contained no mention of the retained-asset system, or of the verbal agreement struck in 1999.

2009 Amendment

It wasn’t until Sept. 24, 2009, that the changes agreed to by VA official Lastowka and Prudential in 1999 were put into writing. The 2009 amendment allowing Prudential to hold onto death benefit payouts was made retroactive to Sept. 1, 2009, not back to 1999.

By putting in writing a change that was verbally adopted 10 years earlier, the VA is effectively trying to backdate the amendment, says Jeffrey Stempel, an insurance law professor at the William S. Boyd School of Law at the University of Nevada, Las Vegas, who wrote ‘Stempel on Insurance Contracts’ (Aspen Publishers, 2009).

“They’re trying to reinvent history,” Stempel says. “You really can’t do that. This is a blatant giveaway by the VA with nothing for the agency or the people in uniform.”

Nine of every 10 survivors ask Prudential for lump-sum payments, the VA says. Prudential sends those families “checkbooks” instead of checks.

‘Disasters Do Happen’

Documents released in the FOIA request show some signs of concern within the VA after Prudential proposed the retained-asset accounts in 1998. Lastowka, the official who allowed Prudential to introduce the Alliance Accounts, said that the insurer’s “checkbook” system wasn’t protected by the FDIC.

“Disasters do happen,” wrote Lastowka, in an e-mail dated June 9, 1999, to Stephen Wurtz, the agency’s deputy assistant director for insurance.

Lastowka said in his e-mail that the lack of FDIC coverage could backfire on survivors.

“Who is responsible if Alliance goes belly up?” Lastowka asked. “I think we have to also be prepared to defend the use of the Alliance Account.”

Lastowka also asked whether Prudential had

adequately disclosed to survivors that the Alliance Accounts weren’t covered by FDIC insurance. “Did Pru alert us to the non-FDIC fact?” he wrote to Wurtz. “Or was it in small print as the notice to beneficiaries?”

Documents turned over by the VA didn’t include a response from Wurtz.

‘Aware of Issues’

Lastowka says his e-mail shows the decision to allow Alliance Accounts was carefully considered.

“This e-mail demonstrates simply that the VA’s Insurance program was aware of issues that might be raised as we implemented the payment method and that we should be prepared to respond to inquiries,” Lastowka says. “We were confident that we were making a decision which would benefit survivors.”

The FOIA documents show that on June 10, 1998, Prudential gave a presentation to the VA. It included 10 pages of key points, saying the Alliance Accounts would benefit survivors because they would provide safety, flexibility in how and when to use their money, competitive interest rates and customer service.

In fine print, at the bottom of one of the pages, was this caveat: “Funds in the Alliance Account are direct obligations of The Prudential Insurance Company of America and are not insured by the Federal Deposit Insurance Corporation.”

Sheila Bair

Twelve years later, the issue of the lack of FDIC protection in retained-asset accounts flared anew.

FDIC Chairman Sheila Bair said in August that consumers could incorrectly conclude that retained-asset accounts were insured by the FDIC.

“The insurance company must take care to avoid implying in any way that these accounts are in fact FDIC-insured,” she wrote in an Aug. 5 letter to state insurance regulators.

Some families of veterans have taken their complaints to court. Five survivors filed a federal fraud lawsuit in Boston on Aug. 30 against Prudential claiming the insurer has earned as much as \$500 million in profits by improperly keeping beneficiaries’ money instead of paying it out in a lump sum.

The suit, Lucey vs. Prudential Insurance Co. of

America, says the insurer fraudulently claims to beneficiaries that the Alliance Account is a lump sum.

'This Ruse'

"Initiation of this ruse does not constitute payment of anything to anyone," the suit says. "The Alliance Account is merely a bookkeeping device used by Prudential to hold on to beneficiaries' money."

Prudential hasn't yet filed a response in court. Spokesman DeFillippo says he can't comment on the case.

"It is important to note that several federal judges have rejected claims against accounts like our Alliance Account, concluding that beneficiaries are in virtually the same position they would be in had the insurer sent them a check," DeFillippo says. He cited the dismissal of a case against MetLife Inc. on Sept. 10.

Insurance contract professor Stempel says that regardless of the outcome of that lawsuit, it's clear that Prudential and the VA wrongly manipulated a federal contract at the expense of military members and their relatives. "At a minimum, survivors ought to be made whole with their missed interest," he says. "The VA really seems to have had the best interests of the insurance company at heart, instead of those of the soldiers and their families.

VA Eases Access to Post-Traumatic Stress Disorder Benefits

Nevada Office of Veterans Services Reviewing all Previously Denied Nevada Claims

RENO, NEVADA - JULY 27, 2010 - On July 12, 2010, the US Department of Veterans Affairs (VA) published final regulations that will make it easier for veterans seeking health care and disability compensation for Post-Traumatic Stress Disorder (PTSD). PTSD is a medically recognized anxiety disorder that can develop from seeing or experiencing an event that involves actual or threatened death or serious injury to which a person responds with intense fear, helplessness, or hor-

ror, not uncommon among war veterans. The VA has reduced the evidence needed if the trauma claimed by a veteran is related to fear of hostile military or terrorist activity and is consistent with the places, types, and circumstances of the veteran's service. They concluded that veterans have an increased risk of PTSD if deployed to a war zone. Previously, claims adjudicators were required to corroborate that a non-combat veteran actually experienced a stressor related to hostile military activity. The VA expects that this will decrease the time it takes for them to decide access to care and claims falling under the revised criteria.

In response to this new ruling, the Nevada Office of Veterans Services (NOVS) began reviewing more than 10,000 claims for Nevada veterans who were previously denied PTSD benefits and might now qualify under the new VA guidelines. NOVS will contact any veterans whose claims are identified as falling within the new criteria to offer assistance in reopening their claims for them. They expect to complete the review in the next few weeks. All veterans who believe they might have PTSD, were previously denied service connection for PTSD, or currently have a pending claim with the VA for PTSD, and want to know if the new rule applies should call the Nevada Office of Veterans Services for assistance at one of the numbers below:

Toll Free Statewide: 866-630-VETS (8387)

Reno: 775-688-1653

Las Vegas: 702-636-3070

Elko: 775-777-1000

Boulder City (Nevada State Veterans Home): 702-332-6784

About Nevada Office of Veteran Services

NOVS was created in 1943 to provide assistance and services to veterans, their family members, and residents of Nevada serving in the Armed Forces of the United States. The Agency has three programs: Veterans Benefit Assistance, Veterans Cemeteries (Boulder City and Fernley), and a Veterans Nursing Home (Boulder City). There are approximately 339,000 veterans residing in Nevada eligible for these services. For more information, call NOVS toll free at 1-866-630-VETS (8387) or visit our website at www.veterans.nv.gov.

VA provides limited benefits for service dogs



BY STACEY R. HOPWOOD

Service dogs are helpful for people with vision, hearing or physical disabilities that make it difficult to do everyday tasks. A service dog might be appropriate for someone with spinal cord injuries, severe brain injuries, diseases of the joints or other mobility issues.

To support an active and independent lifestyle, the Department of Veterans Affairs provides some benefits for guide and service dogs. A guide dog is trained to assist the blind. Service dogs can be trained to help those with severe hearing loss by alerting the individual to a variety of sounds. Service dogs can also help someone with a physical impairment that substantially limits mobility by assisting in the performance of a wide variety of tasks, e.g. opening doors, retrieving dropped items, etc.

Disabled veterans with vision, hearing, or mobility limitations who might benefit from having a service dog at their side are encouraged to apply for VA reimbursement of some dog-related expenses.

If a veteran is approved for the service dog benefit, the VA does not pay for or provide the dog. However in most cases, a disabled veteran incurs no expense to acquire a service dog or training for the dog. A veteran approved for a service dog benefit will receive referrals from the VA to approved non-profit groups that will cover those costs.

Service dog benefits are not part of the VA disability claims process, but are in fact an aspect of VA healthcare. A veteran must be enrolled in the VA healthcare system and must apply for this benefit through the VA Prosthetic and Sensory Aids division.

The VA medical team will perform a complete clinical evaluation to determine how best to assist that veteran. Each guide and service dog request is reviewed and evaluated on a case-by-case

basis. There are no set-in-stone rules that govern approval or disapproval. It is similar to getting a cane or wheelchair, in the regard that the health-care provider must determine if the veteran's disability would be well served by the "aid" — in this case, a service dog.

Veterans will require the assistance of a VA caseworker or physician to initiate this benefit, because the application form is an internal document that can only be used by VA employees. It is not available to veterans service officers like myself, who can help with disability and compensation claims.

You may be wondering as to the point, if VA will not provide the service dog to the veteran. What VA does provide is payment for veterinary care and the equipment — such as a harness — required for optimal use of the dog. Veterinary care includes prescribed medications, office visits for medical procedures, and dental procedures where the dog is sedated.

Vaccinations should be current when the dog is provided to the veteran through an accredited agency, and subsequent vaccinations will be covered by VA. Specially-prescribed food may be covered as well.

Veterinary care does not include over-the-counter medications-to include flea and tick treatments, food, treats, and non-sedated dental care.

VA Publishes Final Regulation on "Presumptive" Illnesses for Gulf War and Iraq, Afghanistan Veterans



WASHINGTON - Secretary of Veterans Affairs Eric K. Shinseki announced the publication of a final regulation in the Federal Register that makes it easier for Veterans to obtain Department of Veterans Affairs (VA) health care and disability compensation for certain diseases associated with service in Southwest Asia (including Iraq) or Afghanistan.

“This is part of historic changes in how VA considers Gulf War Veterans’ illnesses,” said Secretary Shinseki. “By setting up scientifically based presumptions of service connection, we give these deserving Veterans a simple way to obtain the medical and compensation benefits they earned in service to our country.”

The final regulation establishes new presumptions of service connection for nine specific infectious diseases associated with military service in Southwest Asia beginning on or after the start of the first Gulf War on Aug. 2, 1990, through the conflict in Iraq and on or after Sept. 19, 2001, in Afghanistan.

The final regulation reflects a determination of a positive association between service in Southwest Asia or Afghanistan and nine diseases and includes information about the long-term health effects potentially associated with these diseases: Brucellosis, Campylobacter jejuni, Coxiella Burnetii (Q fever), Malaria, Mycobacterium tuberculosis, Nontyphoid Salmonella, Shigella, Visceral leishmaniasis and West Nile virus.

With the final rule, a Veteran will only have to show service in Southwest Asia or Afghanistan and that he or she had one of the nine diseases within a certain time after service and has a current disability as a result of that disease, subject to certain time limits for seven of the diseases. Most of these diseases would be diagnosed within one year of return from service, through some conditions may manifest at a later time.

For non-presumptive conditions, a Veteran is required to provide medical evidence to establish an actual connection between military service in Southwest Asia or Afghanistan and a specific disease.

The decision to add these presumptives was made after reviewing the 2006 report of the National Academy of Sciences Institute of Medicine (NASIOM), titled, “Gulf War and Health Volume 5: Infectious Diseases.”

The 2006 report differed from the four prior reports by looking at the long-term health effects of certain diseases determined to be pertinent to Gulf War Veterans. Secretary Shinseki decided to include Afghanistan Veterans in these presumptions because NAS found that the nine diseases are also prevalent in that country.

The 1998 Persian Gulf War Veterans Act requires the Secretary to review NAS reports that study scientific information and possible associations between illnesses and exposure to toxic agents by Veterans who served in the Persian Gulf War.

While the decision to add the nine new presumptives predates VA’s Gulf War Veterans’ Illnesses Task Force (GWVI-TF), the overarching responsibility of the GWVI-TF is to regain Gulf War Veterans’ confidence in VA’s health care, benefits, and services and reconfirm VA is 100 percent committed to Veterans of all eras. The GWVI-TF began in fall 2009 and is not a static, one-time initiative but will continue to build on its work with annual reports issued every August. The group’s focus centers on unanswered Gulf War Veterans’ health issues, improving access to benefits, ensuring cutting edge research into treatments, and to make sure Veterans’ concerns are heard and addressed. This includes continuing to solicit Veterans, experts, advocates and stakeholders to share their views to better inform the important work of the GWVI-TF. The GWVI-TF Report can be found at www.VA.gov.

Disability compensation is a non-taxable monetary benefit paid to Veterans who are disabled as a result of an injury or illness that was incurred or aggravated during active military service.

Last year, VA received more than one million claims for disability compensation and pension. VA provides compensation and pension benefits to over 3.8 million Veterans and beneficiaries.

Currently, the basic monthly rate of compensation ranges from \$123 to \$2,673 for Veterans without any dependents.

For information about health problems associated with military service in Southwest Asia and Afghanistan, and related VA programs, go to www.publichealth.va.gov/exposures/gulfwar/ and <http://www.publichealth.va.gov/exposures/oefoif/index.asp>.

For information about how to apply for disability compensation, go to www.va.gov or http://www.publichealth.va.gov/exposures/gulfwar/compensation_benefits.asp.



