



The Perimeter Guard

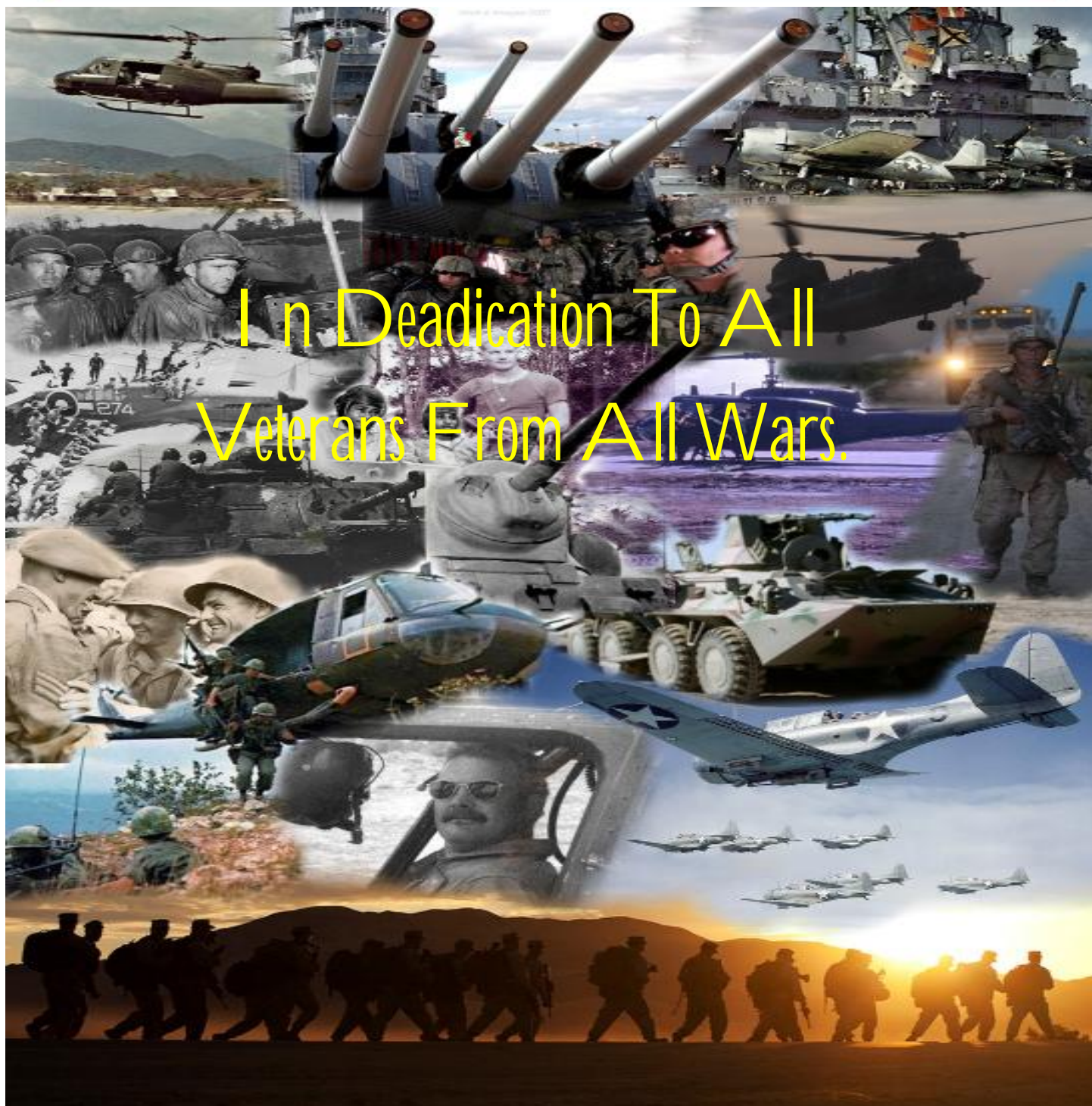
Vietnam Veterans of America
Chapter 17



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In Dedication To All
Veterans From All Wars.

VVA Chapter 17 *Perimeter Guard*

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9:00 AM

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Newsletter
Policy

The "Perimeter Guard" is the official publication of the Vietnam Veterans of America, Chapter 17 and is a bi-monthly publication as a service to the members of VVA and other interested organizations. The views expressed herein are those of the writers and do not necessarily reflect the position of VVA, Inc., or chapter 17. All VVA members and other interested parties, are invited to submit articles, pictures and opinions for publications on subjects relevant to veterans affairs issues. The Magazine staff reserves the right to edit for length only, and to reject any material that is libelous or obscene.

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



The 15th Annual National Convention gave us 3 new officers and several new directors-at-large and regional directors. The new blood on the board should keep the organization as strong as ever. I have been reappointed to the VVA National Constitution Committee. I hope to serve you well for the next two years in Silver Spring. Now that the convention is over, it is time to get back to Chapter business.

The next 3 months will keep the Chapter quite busy. First is the Las Vegas Inter-Tribal Pow Wow at the end of October. Come out and receive your Warrior's Medal of Valor. All veterans are eligible to receive the medal.

November's activities start with Veteran's day and our participation in the annual parade in Las Vegas. It just seems to get bigger and better each year. The parade is followed in the afternoon by a Veteran's Day ceremony to be held at the Nevada State Veteran's Home in Boulder City. The annual Turkey Drive, sponsored by 97.1 "The Point" radio station to benefit Help of Southern Nevada and the homeless and needy families in Las Vegas is next on the agenda. Thanksgiving day finds us at the Hard Rock Cafe. For many years, Chapter 17 has been assisting the Hard Rock provide a full Thanksgiving dinner to the homeless in Las Vegas. We also provide personal hygiene kits and socks to the well fed participants. Our infamous Marshals help to make the whole program run like a well oiled watch.

December is our annual pot luck Christmas dinner and gift exchange. It is also time to prepare for our annual Open House and Awards program which is held at our January meeting.

WHEW!!

In closing, I would like to say, Happy Halloween, Happy Veteran's Day, Happy Thanksgiving, Merry Christmas and Happy New Year...or "Happy Holidays", for short. See everyone in 2012.



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

The convention has come and gone. Then there was the California State Council meeting in Fresno followed by a Nevada State Council meeting in Tonopah. Now, I am just back from the October VVA National Board of Directors meeting in Silver Spring, MD. It sure was a bit of traveling in a short time.

The BOD meeting was a good one that was done in an efficient manner with some 54 motions. There were the usual items on the agenda that were handled quickly with many of them being in a consent calendar. Committee member appointments and the past minutes for a couple of them that were done quickly. Finances are in good shape and will sustain us through the end of the year. There is consideration of putting more support for State Council Veteran Service Officer programs with the veterans Support Foundation and the Car Donation programs putting in some support in that area.

I would encourage chapters to do some fundraising to fund what they do in their communities. Car shows, concerts, golf tournaments and other fundraisers can pump up that treasury to be able to help vets and their families. An active chapter is a true asset to the community. Become an active chapter now.

In closing, I also 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 doubles Alzheimer's risk Health.

By Anne Harding
Health.com

(Health.com) — People with diabetes are at increased risk of having a heart attack or stroke at an early age, but that's not the only worry. Diabetes appears to dramatically increase a person's risk of developing Alzheimer's disease or other types of dementia later in life, according to a new study conducted in Japan.

In the study, which included more than 1,000 men and women over age 60, researchers found that people with diabetes were twice as likely as the other study participants to develop Alzheimer's disease within 15 years. They were also 1.75 times more likely to develop dementia of any kind.

"It's really important for the [public's] health to understand that diabetes is a significant risk factor for all of these types of dementia," says Rachel Whitmer, Ph.D., an epidemiologist in the research division of Kaiser Permanente Northern California, a nonprofit health-care organization based in Oakland, California.

Whitmer, who studies risk factors for Alzheimer's but wasn't involved in the new research, stresses that many questions remain about the link between diabetes and dementia. The new study was "well done" and provides "really good evidence that people with diabetes are at greater risk," she says, "but we really need to look at other studies to find out why."

Diabetes could contribute to dementia in several ways, which researchers are still sorting out. Insulin resistance, which causes high blood sugar and in some cases leads to type 2 diabetes, may interfere with the body's ability to break down a protein (amyloid) that forms brain plaques that

have been linked to Alzheimer's. High blood sugar (glucose) also produces certain oxygen-containing molecules that can damage cells, in a process known as oxidative stress.

In addition, high blood sugar — along with high cholesterol — plays a role in the hardening and narrowing of arteries in the brain. This condition, known as atherosclerosis, can bring about vascular dementia, which occurs when artery blockages (including strokes) kill brain tissue.

"Having high glucose is a stressor to the nervous system and to the blood vessels," says David Geldmacher, M.D., a professor of neurology at the University of Alabama at Birmingham. "The emerging information on Alzheimer's disease and glucose shows us that we do need to remain vigilant on blood sugar levels as we get older."

Studies dating back to the late 1990s have suggested that people with diabetes are more likely to develop Alzheimer's disease and other types of dementia, but the research has been marred by inconsistent definitions of both diabetes and dementia.

The authors of the new study, led by Yutaka Kiyohara, M.D., an environmental medicine researcher at Kyushu University, in Fukuoka, sought to address this weakness by using the gold standard of diabetes diagnosis, an oral glucose tolerance test. This involves giving a person a sugar-loaded drink after they have fasted for at least 12 hours, and then measuring how much glucose remains in their blood two hours later.

At the beginning of the study, the tests showed that 15% of the participants had full-fledged diabetes, while 23% had prediabetes, also known as impaired glucose tolerance.

The participants were all dementia-free when the tests were done, but over the next 15 years 23% received a diagnosis of dementia. Slightly less than half of those cases were deemed to be Alzheimer's disease, with the remainder roughly split between vascular dementia and dementia due to other causes. (The diagnoses were confirmed with brain scans of living patients and brain autopsies in deceased patients.)

Both diabetes and prediabetes were associated with an increased risk of dementia diagnosis, although the association was weaker for prediabetes. And the link persisted even after the

researchers took into account several factors associated with both diabetes and dementia risk, such as age, sex, blood pressure, and body mass index.

If A Disaster Happens, Are You Ready ?



Submitted By
Mike Chase

WATER STORAGE

How Much Water do I Need?

You should have at least a three-day supply of water and you should store at least one gallon of water per person per day. A normally active person needs at least one-half gallon of water daily just for drinking.

Additionally, in determining adequate quantities, take the following into account:

Individual needs vary, depending on age, physical condition, activity, diet, and climate.

Children, nursing mothers, and ill people need more water.

Very hot temperatures can double the amount of water needed.

A medical emergency might require additional water.

How Should I Store Water?

To prepare safest and most reliable emergency supply of water, it is recommended you purchase commercially bottled water. Keep bottled water in its original container and do not open it until you need to use it.

Observe the expiration or "use by" date.

If You are Preparing Your Own Containers of Water

It is recommended you purchase food-grade water storage containers from surplus or camping supplies stores to use for water storage. Before filling with water, thoroughly clean the containers with dishwashing soap and water, and rinse completely so there is no residual soap. Follow directions below on filling the container with water.

If you choose to use your own storage containers, choose two-liter plastic soft drink bottles – not plastic jugs or cardboard containers that have had milk or fruit juice in them. Milk protein and fruit sugars cannot be adequately removed from these containers and provide an environment for bacterial growth when water is stored in them. Cardboard containers also leak easily and are not designed for long-term storage of liquids. Also, do not use glass containers, because they can break and are heavy.

If storing water in plastic soda bottles, follow these steps Thoroughly clean the bottles with dishwashing soap and water, and rinse completely so there is no residual soap. Sanitize the bottles by adding a solution of 1 teaspoon of non-scented liquid household chlorine bleach to a quart of water. Swish the sanitizing solution in the bottle so that it touches all surfaces. After sanitizing the bottle, thoroughly rinse out the sanitizing solution with clean water.

Filling Water Containers

Fill the bottle to the top with regular tap water. If the tap water has been commercially treated from a water utility with chlorine, you do not need to add anything else to the water to keep it clean. If the water you are using comes from a well or water source that is not treated with chlorine, add two drops of non-scented liquid household chlorine bleach to the water. Tightly close the container using the original cap. Be careful not to contaminate the cap by touching the inside of it with your finger. Place a date on the outside of the container so that you know when you filled it. Store in a cool, dark place. Replace the water every six months if not using commercially bottled water.

PREPAREDNESS

Someone who hasn't prepared before an emergency is-VULNERABLE

Someone who hasn't prepared after an emergency is -DEPENDENT

Breathing Problems During Sleep Linked to Memory Problems



Sleep-Disordered Breathing May Contribute to Dementia in Elderly People, Study Finds

By Jennifer Warner
WebMD Health News

A new study shows that older women with sleep-disordered breathing, a condition that causes frequent sleep disruptions and drops in oxygen levels, were more likely to develop memory problems or dementia than those without the sleep disorder.

Researchers say sleep-disordered breathing is common among older adults and affects up to 60% of the elderly. The disorder has also been linked to an increased risk of high blood pressure, heart disease, and diabetes.

Although previous studies have linked sleep-disordered breathing to memory problems and dementia, researchers say it is unclear whether the sleep disorder plays a major role in the development of these age-related conditions.

In this study, researchers compared the risk of memory problems and dementia in a group of 298 women with an average age of 82 who were evaluated for sleep-disordered breathing between 2002 and 2004 and then tested for memory status nearly five years later.

By the end of the study, 36% of the women had developed mild memory problems (20%) or dementia (16%).

The results showed that 45% of women who had sleep-disordered breathing developed memory problems or dementia, compared with 31% of those without the sleep disorder.

Researchers found decreased oxygen levels caused by sleep-disordered breathing were linked to a higher risk of mild memory problems or dementia. In contrast, the number of sleep disruptions or total sleep time was not associated

with this risk.

The results suggest that lower than normal oxygen levels in the blood associated with sleep-disordered breathing may contribute to memory problems in the elderly.

“Given the high prevalence of both sleep-disordered breathing and [memory problems and dementia] among older adults, the possibility of an association between the two conditions, even a modest one, has the potential for a large public health impact,” write researcher Kristine Yaffe, MD, of the University of California, San Francisco, and colleagues in the *Journal of the American Medical Association*.

“This is especially important because effective treatments for sleep-disordered breathing exist,” they write.

First VA colonoscopy case goes to trial after Miami vet contracted hepatitis C



By Fred Tasker
Miami Herald

A Coral Gables veteran who filed a \$30 million medical malpractice lawsuit charging that an improper colonoscopy at the Miami Veterans' Administration hospital gave him life-threatening hepatitis C heads to Miami federal court Monday in the first of what could be dozens of similar trials.

More than 11,000 U.S. veterans received colonoscopies with improperly cleaned equipment at VA hospitals in Miami, Murfreesboro, Tenn., and Augusta, Ga., between 2004 and 2009. Of the veterans who had the procedure at the three facilities, five have tested positive for HIV, 25 for hepatitis C and eight for hepatitis B. In Miami, 11 additional suits charging emotional distress have been settled out of court for undisclosed amounts, the U.S. Attorney's office said. Nine malpractice suits have been filed in Tennessee. Officials in Georgia couldn't say how many have been filed there. None has gone to trial until now.

Robert Metzler, now 69, a U.S. Air Force vet-

eran, says he got a colonoscopy at the Miami VA hospital in 2007 and two years later was told he has hepatitis C.

“He feels terrible about it,” said Ervin A. Gonzalez of Coral Gables, Metzler’s attorney. “He always took great care of himself. He ran, swam, ate healthy so he could have a good quality of life, and now he ends up with a serious health problem.”

Metzler’s medical malpractice suit against the VA asks for \$20 million for him and \$10 million for his wife, Lucy Ann, for loss of consortium. It’s set to go before U.S. District Judge Adalberto Jordan.

Miami Assistant U.S. Attorney Lawrence Rosen, who’s defending the VA, declined to comment on the case. Court documents he filed in the case acknowledge the VA “breached” a “duty of reasonable care” with the vets by using improperly cleaned equipment, but deny the equipment caused the health problems.

In another Miami VA colonoscopy case settled out of court in March, the plaintiff’s lawyer says the VA tracked down his client’s ex-girlfriend from 10 years earlier to see if she — rather than the VA equipment — might have been the source of his HIV.

“They don’t want to open the floodgates and take responsibility for every one of the veterans who may or may not have been infected by their procedures,” contends Alexander Perkins, the plaintiff’s lawyer in that case.

The lawsuits were filed after a 2009 investigation by the VA’s own Administrative Investigation Board revealed more than 11,000 colonoscopies were done at three VA hospitals using equipment that had been rinsed after each patient rather than being sterilized by steam and chemicals as called for by the manufacturer. Investigators who took apart water tubes on some of the equipment that was supposed to be clean and ready for use instead found “discolored liquid and debris.”

The AIB report said the colonoscopies in Miami were done in an environment of inadequate training, lack of supervision and inadequate communication.

In the case settled out of court in March, U.S. Army veteran Juan Rivera of Miami sued for medical malpractice when he became HIV positive after a colonoscopy at the Miami VA hospital. Rivera, who is single, had asked for \$20 million.

Neither side would reveal the size of the settlement in that case. Rosen represented the VA in that case as well as Metzler’s.

Rivera is “doing OK, on antiviral drugs,” Perkins says. The VA has promised lifetime care for all infected veterans, even if it can’t be proved they were infected at the VA hospitals.

In the Metzler case, court papers filed by Rosen in April 2011 argue that the chances that the veteran contracted hepatitis C from the VA equipment are no more than “two in one trillion.” Hepatitis C can’t survive outside a human host for more than four days, the documents say, and “substantially more than four days had passed” between any previous patient with Hepatitis C who had a colonoscopy and the one performed on Metzler.

In the court papers, Rosen downplays the seriousness of the illness, asserting that Metzler “more likely than not will be completely cured of this infection...The plaintiff’s current disease state is minimal, and liver function is normal. Experts agree that the medications becoming available will cure plaintiff of all symptoms.”

Gonzalez, Metzler’s lawyer, responds that the veteran has “fatigue, dry skin, insomnia, hot flashes. He has virus-like symptoms. He worries he may need a liver transplant or get cancer.”

Metzler’s case is based on the assertion that he had a blood test in August 2006 at the VA, with no sign of hepatitis C, Gonzalez said. His colonoscopy was in June 2007 and he was notified in March 2009 that he needed to come in to the VA for testing because the endoscope used in the procedure may have been contaminated, the lawyer said. A month later, he was told he was positive for hepatitis C.

Metzler, who is married and has three grown children, declined to be interviewed. He owns a Miami firm that sells machinery for repairing autos and trucks, Gonzalez said.

In Tennessee, Nashville lawyer Mike Sheppard filed suit for three veterans and filed notice of suit for 18 more treated at the VA hospital in Murfreesboro. One has HIV and 18 have hepatitis C or B. The U.S. Attorney’s Office for that district says it has received notice of nine colonoscopy cases against the VA. A federal court has dismissed two cases, the VA has filed motions to dismiss in four others and has not yet responded to

the remaining three cases, said Mark H. Wildasin, civil chief for the U.S. Attorney's Office in Nashville. No case has come to trial, he said.

EPA Rules Lejeune Water Contaminant Causes Cancer



**HOPE HODGE
DAILY NEWS STAFF**

A long-anticipated report by the Environmental Protection Agency determined that exposure to the chemical degreaser TCE causes cancer in humans. In the Camp Lejeune community, this means that those who lived and worked on base between the 1950s and 1980s, when solvents including TCE contaminated the water supply, may have finally proved what was making them sick.

The report, released, found that exposure to TCE, short for trichloroethylene, is convincingly linked to kidney cancer, non-Hodgkin lymphoma and liver cancer, with more limited evidence that it causes bladder, esophageal, prostate, cervical, and breast cancers, as well as childhood leukemia.

According to the findings, all routes of exposure can be carcinogenic to humans.

For a large cluster of male breast cancer survivors who all have Camp Lejeune in common, the information vindicates the belief that they were poisoned by the base water.

Tallahassee, Fla., resident Mike Partain, who survived male breast cancer nearly four decades after his birth aboard Camp Lejeune, said the cluster now has 71 members.

"This is confirmation of what we've known all along," Partain said.

Partain said the report also serves to further discredit a 2009 finding from the National Research Council, often cited by Marine officials and public affairs materials, finding no clear connection between the base water and latent disease.

Jerry Ensminger, a local water contamination

victims' advocate who lost a daughter to childhood leukemia in 1985, said he was heartened by the report.

"This was 20-plus years in the making," he said. "It's a crying shame that it takes that long for our regulatory agencies to finally getting around to protecting public health and the environment."

Contamination victims and their advocates hope the EPA findings will assist in the passage of the Senate Caring for Camp Lejeune Veterans Act, which would provide hospital and nursing home care and medical services to those affected by the water. The bill has nine co-sponsors; its companion bill in the House, the Janey Ensminger Act, has 23.

In a statement released by the bill's sponsor, Sen. Richard Burr, R-N.C., Burr said the new information is vital for veterans of Camp Lejeune.

"This designation, which raises questions about the National Academy of Science's 2009 review of TCE and PCE at Camp Lejeune that the Navy and Marine Corps have cited in their literature to the affected community, is of the utmost significance as it will further inform veterans and their family members, who may have contracted various forms of cancer as a result of exposure to this chemical, of the risk associated with it," he said. "I am hopeful additional awareness will spur them get the medical assessment and treatment they need."

A spokeswoman for the Environmental Working Group, LeeAnn Brown, said the group was pleased by the EPA's move to classify TCE, though it was a long time coming.

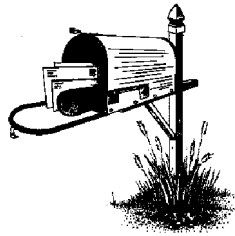
"I think that we do know that there has been strong lobbying efforts from the chemical industry and other industries that use trichloroethylene," she said. "I think for them they see it as a concern from just a public relations standpoint."

Marine Corps Spokeswoman Capt. Kendra Hardesty said the Corps was aware of the report.

"We are reviewing the recently published report that is substantially similar to the draft report we have previously seen, and we will update our information and materials accordingly," she said.

Three-quarters of a million people may have been exposed to contaminated water while aboard Camp Lejeune.

**Letter
postmarked in
Alabama in 1944
delivered to
California
museum, yet remains
unopened**



**Army
backtracks on
black berets
after more than a decade
of debate**



By Larry Shaughnessy,
CNN Pentagon Producer

MONTGOMERY, Ala.
(Associated Press)

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

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

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

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

Washington (CNN) — Ten years ago, under orders from Gen. Eric Shinseki, then Army Chief of Staff, the black beret became standard gear in the U.S. Army. It was the start of a pitched battle within the Army that would soon find itself fighting two hot wars.

Now, just shy of the anniversary, Gen. Martin Dempsey, the current Army chief of staff, has replaced the black beret with the patrol cap as the default headgear for soldiers wearing Army combat uniforms, what most of us would call their camouflage fatigues.

A patrol cap is like a camouflage baseball cap with a flat top rather than a rounded crown (think Pittsburgh Pirates circa 1979.)

"It's fantastic," one soldier at the Pentagon said when CNN asked about the change.

"Awesome," wrote a soldier on the Army's official Facebook page. "Sanity has prevailed."

For years, soldiers have complained the wool beret was hot, hard to adjust and took two hands to put on. Others said it looked out of place in combination with the uniform soldiers wore when doing their grubbiest work.

But even before Shinseki's order, the idea of having the entire Army wear berets was met with anger by the soldiers already wearing berets, like Special Forces, Airborne troops and especially the Army Rangers.

Special Forces, known better as the Green Berets, considered the beret as a symbol of their becoming members of an elite group of soldiers. As did Airborne troops with their maroon berets and the Rangers who had been wearing black berets since at least 1979.

Many of these elite soldiers felt that having every soldier wear a beret diminished the work and training they'd gone through to earn their berets.

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Say's I t All

So... where ARE we going, and why ARE we in this handbasket?

“Originally the black beret was a Ranger tradition,” said Butch Nery, president of the U.S. Army Ranger Association. “Now I’ve gotten used to the tan beret.”

“My initial reaction to the decision to make the black beret the official headgear of the Army was one of anger and disappointment,” Retired Army Major Richard Jones wrote in an official Army Internet post about the beret. At first, he tried to have the decision reversed before eventually getting on board.

This latest change means the Special Forces and Airborne troops will keep their green and maroon berets, and the Rangers will stick with the tan berets that they switched to 10 years ago.

If it strikes you that the Army is spending a lot of time and money worrying about hats, well not so. First off, the Army doesn’t wear hats, it wears headgear or covers. More importantly, the Army says this move will soon save taxpayers about \$6.5 million.

The savings will come because most soldiers were being issued two berets and two patrol caps. Now they’ll be issued just one beret and two patrol caps.

The beret won’t go away; it will still be the standard head gear for soldiers wearing their Army Service Uniform (ASU), a dress uniform for more formal events.

Even some of those who opposed wearing the beret in the field posted on Facebook that they liked keeping the beret for those occasions. “Glad you’re still holding onto the beret for certain things, looks great with the ASU!” one soldier posted.

Bill approved to make VA service-dog friendly



By Rick Maze
Staff writer

The House of Representatives voted on sweeping legislation that makes the Veterans Affairs Department more dog-friendly.

A House committee has approved legislation that would allow service dogs to be used on any VA property or in any VA facility, including any facility or property receiving VA funding.

“I’m really pleased this legislation is moving, just for the sheer fact we have been trying to do this for so long,” said Christina Roof, deputy national legislative director for the veterans’ service organization AmVets. “VA could have done this itself, by regulation, a long time ago if they wanted, but they haven’t done anything so it looks like Congress will.”

Under current law and regulation, VA is required only to allow guide dogs for the blind onto its property and into facilities because those are the only type of assistance animals specifically covered in federal law. Individual facilities directors can be more flexible, if they wish.

VA officials have been working since March on trying to come up with a new service dog policy but discussions have been bogged down, in part, over the question of whether the policy should specifically list the types of service dogs that should be allowed or to leave that open to interpretation.

Language included in HR 2074, a veterans’ health care bill passed Sept. 28 by the House Veterans’ Affairs Committee, would end the discussion. The provision is very direct, saying the VA secretary “may not prohibit the use of service dogs in any facility or on any property.” The bill makes no effort to define what constitutes a service dog.

Roof said she expects common sense would be used, with eligible dogs having received some specialized training in order to be considered a



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

service dog and with facilities still able to have restrictions on where dogs could go on the premises. For example, a service dog would not be allowed into an operating room but might be allowed in the waiting room of a medical clinic, she said.

In addition to opening the buildings and grounds to service dogs, the bill would create a three-year pilot program in which veterans with post-traumatic stress or other post-deployment mental disorders would be involved in training service dogs for other veterans. The idea of the test is to see if being a dog trainer has any rehabilitation benefits for veterans.

Veterans who have service dogs would have priority in being hired as trainers under the pilot program.

Why Quitting Smoking Makes You Fat

By Alice Park



It's an unfortunate fact that when smokers kick the habit, they often gain weight — a side effect that many smokers use as a reason for not quitting.

Now scientists think they've pinpointed the pathway in the brain through which nicotine helps suppress appetite, suggesting that it's possible to get the same effect without the cigarettes.

Nicotine works on many different receptors in the brain, including those in reward regions that contribute to addiction. But working with mice, a team led by Yale University School of Medicine psychiatrist Marina Picciotto found that the drug also binds to receptors on appetite-regulating neurons, which aren't involved in addiction. These neurons, located in the hypothalamus, send the "I'm full" message after a meal, helping to regulate how much you eat.

It helps explain why smokers aren't as hungry when they smoke, and why they tend to stay thinner on the habit. When they quit, however, many smokers tend to eat more, typically gaining on average about five pounds after quitting.

Picciotto believes that nicotine hijacks various neural circuits in the brain — those involved in reward, and now in appetite — and that understanding how the tobacco compound works on brain cells could lead to better cessation strategies.

Understanding the link between nicotine and satiety, for example, could lead to new drugs that target the nicotine receptors on appetite-controlling cells, giving smokers a way to quit without the weight gain. Already, says Picciotto, there are plant-based quit-smoking drugs available in Eastern Europe that may work in this way, but further research needs to be done to determine whether they'd actually help quitters gain less weight.

"If we had a medicine targeted at these receptors, then people who are not quitting smoking because they are afraid of gaining weight now might make the attempt," Picciotto says. "That's a really exciting area of drug development."

Even if such medicines were to prove effective, however, they may come with side effects. The nicotine receptors that regulate fullness and appetite are also closely linked to the body's fight-or-flight stress response, in which the body revs itself up in the face of a threat. Activating these receptors could lead to increased blood pressure and heart rate, which may not be a good thing for anyone.

The fear of weight gain shouldn't keep anyone from quitting smoking, a habit that is known to cause cancer and raise the risk of heart attack, stroke and various other health problems. And no one should wait around for a new drug that might help them stay slim. So Picciotto suggests that nicotine-based quit aids might help.



Effects of Combat Stress May Not Last as Long as Thought



Brain scans found evidence of possible PTSD dissipated 18 months after service

(HealthDay News) — The intense combat stress experienced by soldiers deployed to Iraq, Afghanistan or other war-torn countries may prime their brains for the development of post-traumatic stress disorder (PTSD), but new research suggests these changes don't last as long as previously thought.

PTSD is an anxiety disorder that develops after witnessing or surviving a traumatic event. Symptoms may include vivid flashbacks of the event, edginess, sleeping difficulties including nightmares and/or avoidance of any situation that may remind you of the trauma. These symptoms can appear at any time after the trauma.

The amygdala is the part of the brain where strong emotions such as anger or fear arise. Researchers used functional MRI scans to measure activity in this region of the brains of 23 soldiers who were sent to Afghanistan for four months. They compared the results of these scans to those of 16 soldiers who were not sent to Afghanistan before deployment, shortly after deployment and again 18 months later.

All soldiers performed a face-matching task in which they matched angry or fearful faces in response to visual stimuli during the brain scan. The amygdala lit up on the scans shortly after deployment among soldiers sent to Afghanistan, compared to those who were not. However, there were no differences in amygdala function between the two groups of soldiers 18 months after returning.

“These changes occur in healthy soldiers and take up to a year to normalize to a pre-deployment state, suggesting that the changes observed shortly after combat reflect an adaptation to the

dangerous environment they are exposed to,” explained study author Dr. Guido van Wingen of the Donders Institute for Brain, Cognition and Behavior at Radboud University Nijmegen in Nijmegen, the Netherlands. The research appears online Aug. 30 in the journal *Molecular Psychiatry*.

“These changes in brain functioning are the consequence of stress exposure, and it might turn out that brain imaging several months to a year after deployment could show whether a soldier's brain [normalizes]..., which could be a first indication for a potential need for additional care,” he said.

Dr. Alan Manevitz, a psychiatrist with Lenox Hill Hospital in New York City, said that it may help explain why some people bounce back after a traumatic event, and others do not.

Some amygdalas may simply be more resilient than others, he explained. “This is one potential biologic basis of resilience,” he said. Many questions remain, he noted, such as, “If you are constantly exposed to traumatic events during combat or even through repetitive flashbacks, are you putting your brain at risk?”

Treatment for PTSD involves psychotherapy plus medication. “We want to help people safely revisit their memories in the present without living the trauma,” he said.



DoD panel calls for radical retirement overhaul

By Andrew Tilghman
Staff writer

A sweeping new plan to overhaul the Pentagon's retirement system would give some benefits to all troops and phase out the 20-year cliff vesting system that has defined military careers for generations.

In a massive change that could affect today's troops, the plan calls for a corporate-style benefits program that would contribute money to troops' retirement savings account rather than the

promise of a future monthly pension, according to a new proposal from an influential Pentagon advisory board.

All troops would receive the yearly retirement contributions, regardless of whether they stay for 20 years. Those contributions might amount to about 16.5 percent of a member's annual pay and would be deposited into a mandatory version of the Thrift Savings Plan, the military's existing 401(k)-style account that now does not include government matching contributions.

A critical new feature would adjust those contributions to give more money to troops who deploy frequently, accept hardship assignments or serve in high-demand jobs. It would also give the services a new lever to incentivize some troops to leave or stay on active duty longer.

The new proposal was unveiled July 21 by the Defense Business Board, the wellspring for many cost-saving initiatives adopted by the Defense Department in recent years. The new retirement plan would mark the biggest change in military retirement in more than 60 years and require approval from Congress.

"The current system is unfair, unaffordable and inflexible," said Richard Spencer, a former finance executive and Marine Corps pilot who led the board's eight-month retirement study.

This alternative plan would "enhance the ability of the service member to build a meaningful retirement asset [with] complete flexibility for their lifestyle or desires," Spencer said.

Retirement overhaul

It's unclear whether troops would have immediate access to all the retirement money or whether it would be partially or completely withheld until a traditional retirement age, such as 65. Under the current TSP, troops cannot withdraw money until age 59½ without incurring a significant penalty, except in certain specified circumstances.

Fairness is a key factor, Spencer said. Along with saving the Pentagon money, the new plan offer significant retirement benefits to the roughly 83 percent of troops who leave service before reaching 20 years.

Unlike other proposals to overhaul military retirement that would grandfather current troops, the board suggests that DoD could make an "immediate" transition to the new system, which

would affect current troops quite differently depending on their years of service:

- **Recruits.** The newest troops out of boot camp after the proposed change would have no direct incentive to stay for 20 years and would not get a fixed-benefit pension. Instead, they would receive annual contributions to a Thrift Savings Plan account and could leave service with that money at any time — although under current rules, they can't withdraw the money until age 59½ without paying a penalty, except in certain specified circumstances.

- **Five years of service.** Troops would immediately begin accruing new benefits in a TSP account. If they remained in service until the "old vesting date" — the 20-year mark — they also would get one-fourth of the "old plan benefit," or about 12 percent of their pay at retirement, as an annuity. If they separated, for example, after 10 years, they would walk away with no fixed-pension benefit but would have a TSP account with five years of contributions.

- **10 years of service.** Troops would immediately begin accruing new benefits in a TSP account. If they remained in service for 10 more years, they would receive half of the "old plan benefit," about 25 percent of their pay at retirement, as an annuity. If they separated after 15 years, they would walk away with no fixed-pension benefit but would have a TSP account with five years of contributions.

- **15 years of service.** Troops would immediately begin accruing new benefits in a TSP account. If they remained in service for five more years, they would receive three-fourths of the "old plan benefit," about 37.5 percent of their pay at retirement, as an annuity.

- **20 years and beyond.** Troops who stayed in past 20 years would continue to receive annual TSP contributions.

The far-reaching proposal comes at a time of immense pressure on the military to cut spending and help reduce the national debt. President Obama has talked about cutting \$400 billion over

the next 12 years, while some proposals gaining support on Capitol Hill would call for cutting more than \$800 billion over the same period.

Military retirement costs have soared in recent years because of rising life expectancy. If not contained, they will eventually “undermine future war-fighting capabilities,” Spencer said.

A new system may allow the military to make rapid changes in the size and structure of the force. For example, troops with 15 years of experience are likely targets for downsizing, and this plan would provide them with a significant retirement benefit, Spencer said.

The proposed change would have no effect on current retirees or disabled veterans.

Most private-sector companies contribute 4 percent to 12 percent of base pay into an employee’s retirement savings account. By comparison, the current military retirement benefit, for those who ultimately get it, amounts to a 75 percent contribution each year, the board said.

The board considered keeping the current system with some major changes, but concluded that those changes would not save enough money or fix the fairness and flexibility issues.

Those changes included withholding pension payments until a traditional retirement age; reducing pensions to 40 percent of regular pay rather than the current 50 percent; or calculating retirement pay based on the average pay over a member’s last five years in uniform, rather than the three years under the current system. Those changes would save about \$254 billion over 20 years, the board said.

“Further depressing payment rates can only worsen the situation,” says Sara Rosenbaum, chair of the health policy department at George Washington University. She says some states cutting rates — such as South Carolina— already have severe Medicaid physician shortages.

Insurers and employers have their own concerns about the payment cuts. They say trimming the rates will prompt providers to raise their prices for patients who have private insurance.

“It’s always a concern that when providers get less from Medicaid, that they will shift the costs to private insurance so families and employers pay more,” says Robert Zirkelbach, a spokesman for America’s Health Insurance Plans, an industry group.

Besides South Carolina, other states reducing Medicaid payments to physicians this month are Colorado, Nebraska, Oregon and South Dakota. Arizona, which cut rates in April, will impose another cut in October. States reducing payments to hospitals include Colorado, Connecticut, Florida, Nebraska, New Hampshire, North Carolina, Oregon, Pennsylvania, South Carolina, Texas, Virginia and Washington. New York cut hospital payment rates in April.

In March, California approved a 10% Medicaid cut to doctors and hospitals, but those reductions are pending because of an existing lawsuit.

The payment cuts, which require federal approval, are part of a larger effort by states to reduce the cost of Medicaid, typically the largest- or second-largest expenditure after education. In some states, dental services and other optional benefits have gone under the knife. And many states are requiring enrollees to sign up for private Medicaid managed care plans.

Medicaid, a joint state-federal health care program, serves more than 50 million low-income and disabled people. Under the 2010 health care law, more than 16 million additional people will become eligible starting in 2014, with the federal government picking up most of the cost.

To entice more physicians to accept Medicaid patients, the law raises rates for primary care doctors in 2013 and 2014 to match those paid by Medicare, the health care program for seniors. States on average currently pay Medicaid providers about 72% of what Medicare pays.

Federal-state Medicaid costs were \$366 billion

Medicaid payments go under the knife

By Phil Galewitz
Kaiser Health News



Some health care experts say the cuts, most of which went into effect July 1 or went later this month, could add to a shortage of physicians and other providers participating in Medicaid.

in fiscal 2009. The federal stimulus package gave states \$100 billion to help pay their share, but that funding ended June 30, and “states are struggling,” says Laura Tobler, a policy analyst at the National Conference of State Legislatures. The health law bars states from restricting eligibility for the program.

Nearly half of the states cut provider payments in the fiscal year that ended in June, according to the National Association of State Budget Officers



Most Power Wheelchairs in the Medicare Program did not meet Medical Necessity Guidelines

Office of the Inspector General Washington, D.C. – The Office of Inspector General found that 61 percent of power wheelchairs provided to Medicare beneficiaries in the first half of 2007 were medically unnecessary or had claims that lacked sufficient documentation to determine medical necessity. These power wheelchairs accounted for \$95 million of the \$189 million that Medicare allowed for power wheelchairs during this period.

Medicare beneficiaries are eligible to receive power wheelchairs under Medicare Part B coverage of durable medical equipment (DME). Beneficiaries who are prescribed power wheelchairs receive them from suppliers, which bill Medicare for reimbursement. OIG conducted a medical record review of a random sample of 375 claims for standard and complex rehabilitation power wheelchairs supplied to beneficiaries in the first half of 2007. Reviewers determined whether each claim was for a power wheelchair that was medically necessary and whether the claim was supported by sufficient documentation to determine medical necessity based on suppliers’ records. They also reviewed records from prescribing physicians. For claims without errors based on suppliers’ records, reviewers deter-

mined whether prescribing physicians’ records supported suppliers’ claims.

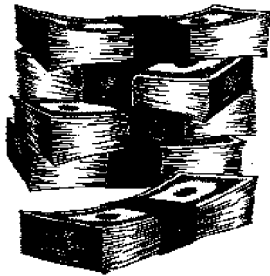
Based on records submitted by suppliers that provided power wheelchairs, 9 percent of all power wheelchairs were medically unnecessary and another 52 percent had claims with insufficient documentation to determine medical necessity. Beneficiaries who received power wheelchairs that were medically unnecessary needed a less expensive type of equipment (such as a manual wheelchair, cane, or walker) or a different type of power wheelchair. OIG also found that medical necessity and documentation errors varied by power wheelchair type. Standard power wheelchairs were less likely to be medically unnecessary than complex rehabilitation power wheelchairs (8 and 24 percent, respectively). Conversely, claims for standard power wheelchairs were more likely to have insufficient documentation to determine medical necessity than claims for complex rehabilitation power wheelchairs (53 and 32 percent, respectively). Finally, OIG found that 78 percent of claims were for power wheelchairs that were medically necessary based on suppliers’ records but were medically unnecessary, insufficiently documented, or undocumented based on physicians’ records. In most cases, the physicians’ records had insufficient documentation to support the power wheelchairs’ medical necessity; less often, physicians’ records contradicted suppliers’ records.

Two previous OIG reports based on the same sample of power wheelchairs found problems with coding and documentation requirements, and this report shows additional problems with suppliers’ compliance with Medicare requirements. Across all three reports, 80 percent of claims for power wheelchairs supplied to Medicare beneficiaries in the first half of 2007 did not meet Medicare requirements. Although CMS has taken steps since 2007 to decrease errors among suppliers of power wheelchairs and other DME, Medicare has paid significantly more in recent years for power wheelchairs than it did in 2007. These increases may indicate that CMS continues to pay for power wheelchairs that are not medically necessary and/or have claims that do not meet documentation requirements.

Based on our findings and prior work, OIG recommend that CMS (1) enhance reenrollment

screening standards for current suppliers of durable medical equipment, prosthetics, orthotics, and supplies; (2) review records from sources in addition to the supplier, such as the prescribing physician, to determine whether power wheelchairs are medically necessary; (3) continue to educate power wheelchair suppliers and prescribing physicians to ensure compliance with clinical coverage criteria; and (4) review suppliers that submitted sampled claims OIG found to be in error. CMS concurred with the second, third, and fourth recommendations. CMS did not concur with the first recommendation..

Claim payments for three new 'Agent Orange' illnesses surpass 84,000



By Tom Philpott
Stars and Stripes

More than 84,000 Vietnam veterans afflicted with heart disease, Parkinson's disease or B-cell leukemia are drawing disability compensation today thanks to a decision by Secretary of Veterans Affairs Eric Shinseki to expand the list of ailments presumed caused by exposure to herbicides, including Agent Orange, used during that war.

Another 74,000 veterans have claims pending, and will only need to show VA that they set foot in Vietnam and have one of the diseases added last year to the list of Agent Orange "presumptive" conditions.

Though these payments comfort veterans and their families, they have upset some Republican senators who argue they are "unfair" to fellow veterans and taxpayers, and drive up VA compensation claims at a time when budgets are tightening and needs are expanding for new veterans.

These senators argue the Agent Orange Act of 1991 is flawed, providing too much authority to the VA secretary and allowing compensation

awards based on a mere "association" between a disease and herbicide exposure rather than evidence that exposure "caused" the ailments.

"We are transferring a half million dollars to veterans under this decision by Secretary Shinseki for people who weigh 350 pounds, smoke three packs of cigarettes a day, and have hypercholesterolemia because they will not take their medicine," Sen. Tom Coburn (R-Okla.) complained to colleagues during floor debate on his recent amendment to tighten the law.

"We are saying the reason they have heart disease is because at some point in time they were in Vietnam" and their disease meets the law's criteria of being "associated" with herbicide exposure.

Coburn in late July sought to change the law to block more conditions from being added to VA's list of presumptive diseases for exposure to Agent Orange unless medical science can show a "causal" effect and veterans can prove they were exposed to the herbicide.

Coburn's amendment to the Military Construction and Veterans' Affairs Appropriations Act of 2012 was tabled on a motion from Sen. Patty Murray (D-Wash.). The vote was 69-to-30 with 29 Republicans supporting Coburn.

Though he lost this vote, Coburn will continue to try to narrow the Agent Orange law and trim back authority of the VA secretary for expanding the list of presumptive diseases, said his press aide, Becky Bernhardt.

Coburn's amendment would not have impacted the current list of presumptive diseases, including conditions added last year. That wasn't clear from his rhetoric during floor debate. Coburn noted that in 2006 the Institute of Medicine (IOM) found no positive association between exposure to Agent Orange and heart disease. By 2008 it had found a positive association "but absolutely no causation. There is a big difference... On that basis, the secretary committed this country to make payments to people for disabilities not associated with their service." With a limited budget going forward, if we are paying for disabilities that are not associated with service, that means we are going to have less money available for those veterans who do have a disability."

Arizona Sen. John McCain, ranking Republican

on the armed services committee, endorsed Coburn's amendment. McCain had co-sponsored the Agent Orange Act of 1991 believing the herbicide had harmed the health of many thousands of veterans. But the VA secretary "has now expanded the eligibility to the point where it is beyond any scientific evidence that compensation would be required," McCain said.

He noted that heart disease "is the leading cause of death in America today and has been so for decades." Yet any Vietnam vet with the disease now can be awarded compensation at a potential cost to VA of up to \$42 billion by 2020 "without what appears to be a direct connection to Agent Orange." There are too many legitimate needs "for veterans of wars to come" to allow this "open-ended expenditure of taxpayers' dollars."

Sen. Jim Webb (D-Va.), a Vietnam veteran like McCain, voted with fellow Democrats to table the amendment. But Webb, who serves on the veterans' affairs committee, later released a statement saying he agreed with Coburn that the 1991 law's "associative" link between illnesses and exposure to Agent Orange "is too vague" and the law "gives too much discretion to the secretary of veterans affairs."

"This discretionary power has been increasingly widened over time, impacting hundreds of thousands of veterans and tens billions of taxpayer dollars," Webb said. "Legislation enacted 20 years ago under the assumption that it would be applied to a very narrow set of illnesses now allows presumptive service-connection for such age-related maladies as Type II diabetes and chronic heart disease."

He asked VA Committee Chairman Murray to hold a hearing to consider legislation to reform the 1991 law.

Murray expressed no support for such a hearing in her motion to kill the amendment, arguing that Coburn made "a compelling case for saving money" but gave no evidence Agent Orange did not cause the conditions faced by these veterans...They have been dying for 40 years or more. We should not ask them to wait longer."

Veterans' groups vigorously attacked the amendment.

"Congress, in part, settled on this mechanism because it was nearly impossible for Vietnam veterans to prove that their exposure to Agent

Orange caused their health conditions," said John Rowan, National President of Vietnam Veterans of America. Coburn's change "would essentially mean that benefits due to Agent Orange exposure would be out of reach" on additional diseases.

Tim Tetz, legislative director for the American Legion, said the law remains "fair and non-political. We think that's the model for environmental exposures as we go forward...We applauded it then and we continue to applaud it today for creating an objective, scientific-based standard" which recognizes very poor record-keeping on herbicide exposure during the war.

Civilian who was first to try stopping Fort Hood shooter gets medal posthumously

By ANGELA K. BROWN,
Associated Press

FORT WORTH, Texas The Army was presenting a heroism medal for the man credited with being the first to try stopping the Fort Hood gunman before being slain in the rampage, Fort Hood officials said.

Michael Grant Cahill clutched a chair over his head and ran at the gunman soon after gunfire erupted on Nov. 5, 2009, and was fatally shot, according to several witnesses' testimony at an evidentiary hearing last fall for the suspect, Army psychiatrist Maj. Nidal Hasan.

Cahill, who was among 13 people killed and more than two dozen wounded, worked as a civilian contractor and his position made him ineligible for a military award, so getting approval for the medal took time, said Chris Haug, a Fort Hood spokesman. Cahill, 62, was a physician assistant in the medical building where soldiers returning from or preparing for deployment had to get vaccines and routine tests.

At a ceremony, Cahill's family accepted his Secretary of the Army Award for Valor, the same medal presented to the two Fort Hood police officers who stopped the shooter after a gun battle — Officer Kimberly Munley, who was wounded, and

Sgt. Mark Todd.

At a ceremony on the one-year anniversary of the rampage, 50 other medals were presented to soldiers and emergency responders who helped that day _ but Capt. John Gaffaney was the only victim awarded a medal posthumously. Gaffaney, who had thrown a chair at the gunman that day, was awarded the Soldier's Medal.

But at least one other victim received an award in the mail, although he has never been recognized publicly. The family of Spc. Jason Dean "J.D." Hunt received the meritorious service medal in the mail about a year ago, although his relatives did not know why until hearing testimony at the October evidentiary hearing, said his sister, Leila Hunt Willingham.

Hunt was one of three young soldiers fatally shot while protecting civilian nurses hiding under a desk, according to witness testimony. It's unclear if the other two soldiers also received medals in the mail; their families could not be reached for comment.

"The military is not being consistent," Willingham told The Associated Press. "For our family, it's not about the medal and getting recognition, because J.D. wouldn't have wanted it that way. It's about finding out what our loved one did in that building that day and getting some closure."

Fort Hood officials had no information on which victims or wounded soldiers have received medals besides those presented at last fall's ceremony or why some received them in the mail.

Hasan has been charged with 13 counts of premeditated murder and 32 counts of attempted premeditated murder. Fort Hood's commanding general, Lt. Gen. Donald Campbell, is reviewing evidence in the case and will decide whether Hasan is court-martialed and if he will face the death penalty. Two colonels previously recommended that Hasan, who was paralyzed after being shot that day and remains jailed, should be tried and face the death penalty.

Law of Probability

The probability of being watched is directly proportional to the stupidity of your act.



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**(meetings are held on the 1st. Saturday morning of
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For more information, call;

Richard Small, (702) 513-0215



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

The chapter president is Ken Gallagher (abnrngrnam71@hotmail), the vice president is Virgie Hibbler (vvastatecouncil@aol.com), the treasurer is John Lyles (jlyles@lasvegascolor.com), and the secretary is Jeff McCracken (luckmac7@cox.net).

Troopers from all eras are welcome.

"FIRST TEAM! "

Joe Galloway, two Army veterans win 2011 Doughboy Awards



By **BEN WRIGHT**
ledger-enquirer

Joe Galloway, an award-winning journalist and co-author of "We Were Soldiers Once and Young," was presented the Doughboy Award along with two decorated Army veterans at the RiverMill Event Centre in Columbus.

"I never would have dreamed it in a million years," Galloway said before the program started. "When I opened the letter from the general out here at Fort Benning and it said I had been selected, I thought right away the Army has lost its mind or found its heart. I think it was the latter."

Galloway joined retired Gen. Edward S. "Shy" Meyer and retired Command Sgt. Maj. William H. Acebes as recipients of the annual award to recognize individuals for outstanding contributions to U.S. Army Infantry. The award is a chrome replica of the helmet worn by American Expeditionary Force soldiers during World War I and the early part of World War II.

ROBIN TRIMARCHI rtrimarchi@ledger-enquirer.com Lifelong war correspondent Joseph L. Galloway answers question before receiving the Doughboy Award at the 2011 Manuever Conference dinner Tuesday. In 1998 Galloway was awarded the Bronze Star Medal with for rescuing wounded soldiers during the Battle at Ia Drang in Vietnam. 09.13.11

To recognize the best of the armor and cavalry leaders, the 2011 Order of the St. George Gold Medallion was presented to retired Gens. Ronald H. Griffith and John H. Tilelli Jr.

Galloway, 69, was a 24-year-old reporter when he arrived at Landing Zone X-Ray in the Ia Drang Valley in Vietnam in 1965. The 7th Cavalry Division, with about 450 soldiers, was surrounded by more than 2,000 Viet Cong fighters. As a civilian in 1998, Galloway was awarded a Bronze Star

Medal with the "V" for valor device for rescuing wounded soldiers under heavy fire in the valley. He co-authored the book, which was made into a movie starring Mel Gibson, with retired Lt. Gen. Hal. G. Moore, the commander of the cavalry.

After three days, Galloway said the battlefield changed everyone in that valley.

"You cannot go into such a thing as a witness and remain just a witness," said Galloway, wearing a Stetson worn by cavalry scouts. "You can't be neutral when people are laying down their lives to save your life. You come out with a sense of obligation for all who wear the uniform and that is what going to war as a young man means to me. Those events gave me the best, most loyal friends of my life."

Moore was at the event for the honor. "I'm just overwhelmed," Galloway said.

Acebes, 66, of San Bernadino, Calif., said he has attended many Army recognition events but never thought he would receive such an honor.

"I was always one of the people who sat in the gallery and looked and said, 'Boy, that is a great person up there,'" Acebes said.

He described the honor as a high school reunion or a college reunion.

"It is just great to be around all these people you served with before," he said.

Meyer served two tours of duty in Vietnam, commanded the first air cavalry divisions, and was awarded a Silver Star for gallantry in action as well as the Distinguished Flying Cross for heroism.

John Tilelli, 69, of New Jersey said the gold medallion was not for anything he had done but pointed to the men and women he served with.

"In that context, leaders help you succeed rather than cause you to fail," Tilelli said. "That's what you call leadership, mentorship."

After 37 years in the military, the general said he remembers the men who were killed or wounded while he was in command. "I remember their families and I cherish their sacrifice for the nation," he said.

Bill Hansen, 68, said he's proud to be part of one of the greatest natural resources in the nation, the men and women who serve their country. "Tonight is unique," he said.

Judge approves settlement between USDA and American Indian farmers who were denied loans

By MARY CLARE JALONICK,
Associated Press

WASHINGTON — A federal judge has approved a \$680 million settlement between the Agriculture Department and American Indian farmers who say they were denied loans because of discrimination.

The two sides agreed on the deal last year subject to court approval. U.S. District Judge Emmet Sullivan approved the terms.

Individuals who can prove discrimination could receive up to \$250,000. The agreement also includes \$80 million in farm debt forgiveness for the Indian plaintiffs and a series of initiatives to try and alleviate racism against American Indians and other minorities in rural farm loan offices.

The lawsuit, named after George and Marilyn Keepseagle of Fort Yates, N.D., was filed in 1999 and contends Indian farmers and ranchers lost hundreds of millions of dollars over several decades because they were denied USDA loans that instead went to their white neighbors. The government settled a similar lawsuit filed by black farmers more than a decade ago and has offered to settle similar suits brought against USDA by Hispanic and women farmers.

Due to the terms of the settlement, the American Indian money would not need legislative action to be awarded. Farmers will have until December to file their claims.

“This settlement will help thousands of Native Americans who are still farming and ranching,” said Porter Holder of Soper, Okla., a named plaintiff in the suit. “The USDA has some terrific programs, but Native Americans must have equal access to them.”

VA Expands Outreach to American Indians, Hawaiians, Alaska Natives

New Office to Serve as Advocates for Tribal Veterans

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

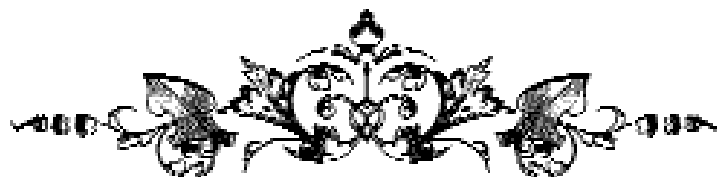
“There is a long, distinguished tradition of military service among tribal peoples,” said Secretary of Veterans Affairs Eric K. Shinseki. “VA is committed to providing these Veterans with the full range of VA programs, as befits their service to our nation.”

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

Stephanie Elaine Birdwell, an enrolled member of the Cherokee Nation from Oklahoma, has been selected as the office’s first director. A former social worker, she has spent nearly 15 years working on tribal issues with the Bureau of Indian Affairs and, most recently, the Bureau of Indian Education.

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

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



The ups and downs of blood pressure measurement



Does your clinic get it right?

You've just been to the doctor and your blood pressure is a bit high.

Or is it?

A recent study at the Durham VA Medical Center and Duke University confirms that people's blood pressure tends to be higher at the doctor's office than when they check it themselves at home.

The difference can often be as much as 10 or 15 points in the systolic, or top, number. So if your reading at the doctor's office is hypertensive—say, 140 over 90—it could well be only pre-hypertensive at home—130 over 85, for example. That's a bigger spread than the five-point gap between home and clinic that clinical guidelines recognize and advise doctors to account for in their decision-making.

But that's only part of the story. The VA-Duke study also suggests that regardless of where blood pressure is taken, the best way to get an accurate reading—to know a patient's "true" pressure—is to take at least five or six measurements on different days and use the average.

According to lead author Benjamin Powers, MD, MHS, an internist with VA and Duke, the only realistic way to get multiple measurements is to rely on home monitoring.

"Practically speaking, we can't bring people into the clinic more frequently to do this, and taking blood pressure five times during a single clinic visit is not going to accomplish the same thing."

The VA-Duke hypertension study involved several hundred Veterans. It was mainly intended to test the effects of home blood pressure monitoring and phone calls from nurses that aimed to help patients improve behaviors such as diet, exercise, and prescription adherence.

The newest phase of the analysis, published in the June 21 *Annals of Internal Medicine*, zeroed in

on the ideal way to measure blood pressure. How can providers get the most accurate information on which to base treatment decisions? The study compared results obtained through three methods: clinic measurements, home monitoring, and measurements by research assistants as part of a carefully controlled study protocol.

An editorial that accompanied the VA-Duke article, by a group with Johns Hopkins University, painted a disturbing picture of how hypertension treatment decisions are commonly made for U.S. adults. Aside from "white coat syndrome"—most patients' pressure spikes higher at the doctor's office, usually because they are nervous about their appointment—there is a fair degree of variation, and sloppiness, in how clinic readings are typically taken.

"In practice, blood pressure measurement is remarkably casual," wrote the Hopkins team. "As clinicians and patients, we have personally observed major deviations from accepted standards: Cuffs are applied over clothing, [blood pressures] are obtained without allowing the patient to rest for 5 minutes, and measurements are taken while the patient sits hunched over an examination table with his or her legs dangling. Training is minimal, and monitoring to check technique is nonexistent. Devices, even if initially validated, are not checked and, if needed, recalibrated."

Citing several studies that back their conclusion, the Hopkins authors say the result is that "suboptimal measurement of [blood pressure] is remarkably commonplace."

Powers concurs: "When people have looked at how well providers follow protocol in routine practice, it's usually pretty disappointing. Even small differences in the patient's arm position can make a difference of a few millimeters of mercury." Many patients could be misdiagnosed as hypertensive

In the VA-Duke study, only one in three patients was consistently classified across all three methods used in the study. Based on home measurements, for example, about half the patients were found to have well-controlled pressure. Based on clinic measurements, the figure dropped to below one-third.

If such a trend were taking place at medical practices across America—as it likely is—millions

of patients could be on hypertension drugs they don't really need.

Powers, an assistant professor of medicine at Duke, uses the analogy of diabetes. "What if you had to make your treatment decision for your patient with diabetes based on one random blood sugar measurement that you got in the clinic, and based only on that, you had to determine how to change their medication?"

He points out that hypertension is even more common than diabetes, and that the scope of the problem is potentially huge. "This occurs all the time," he says. "High blood pressure is the most common reason older adults visit the doctor. We've been able to measure blood pressure for a long time and treat it, and some of the things covered in our article are fairly well-known, but I don't know that on a regular basis we as clinicians in the U.S. are very mindful of the inherent error in measurement and the inherent variability in blood pressure, and how that impacts clinical decision-making."

VA in good position to tackle problem

VA, says Powers, is uniquely positioned to tackle the problem. With its shift to a model of primary care known as patient-aligned care teams (PACT), the agency will increasingly rely on home-based self-monitoring for hypertension and other chronic conditions. Telehealth staples such as phone follow-up and secure email and Internet contact will play a bigger role. The goal is to improve access and continuity of care, especially for those who live in rural areas or otherwise can't travel to VA care sites.

Powers has already figured out how to make good use of home monitoring with his hypertension patients.

"I get them a monitor that's validated, that fits, that works for them. I ask them to get me some info on their home blood pressure. Those who are Internet-savvy can send me a secure message through myHealthVet. Others write it down and bring it to me at the clinic visit. So even though I might be seeing them in the clinic, I'm still making a decision based on their home measurements—ideally, several of them."

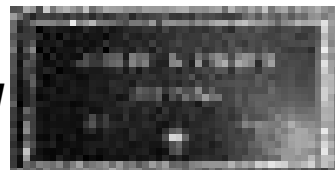
He notes that through VA's electronic medical record system, multiple blood pressure readings could be easily tracked and combined for patients.

Also, unlike the private sector, VA is free to use

telehealth wherever and whenever it makes the most sense for patients.

"It's been difficult for private primary care providers to do because we're still working out how to pay private fee-for-service doctors for care that doesn't involve face to face interactions with patients," says Powers. "We are free from that constraint in VA, and we can provide the highest quality, most efficient care possible without having to rely on seeing people face to face in order to get paid."

Trio Charged With Stealing From Vets' Graves



Military.com
by Bryant Jordan

Across the country, the soaring cost of metal has created a boom market for scrap copper, tin, brass, iron — whatever.

And in several New Jersey communities, that market has created a new generation of grave robbers who steal the metal markers that have adorned the final resting places of fallen troops dating back to the Civil War.

"It's absolutely horrific," said Det. William "Bill" Covert of the Cinnaminson Police Department, who investigated the theft of hundreds of such markers in the area's cemeteries. On June 6, police there announced the arrests of three women.

"I am a veteran, so I'm [angry]," said Covert, who was in the Air Force from 1976 to 1980, attached to the National Emergency Airborne Command Post plane flying out of Andrews Air Force Base, Md. "One of the [robbed] cemeteries is where my grandparents are buried, so now I'm doubly [angry]."

"I understand times are tough, people need money," Covert added. "But to steal from a grave?"

According to Covert, a total of 380 stolen grave markers and metal flower urns have been recovered so far. Some of the markers were taken from

TRICARE Informs Beneficiaries About ID Card Changes

graves of veterans who served as recently as the Persian Gulf War, while others date back to the Spanish-American War and Civil War, he said.

Covert couldn't say how much scrappers are paying for the stolen markers and urns, but one of the flower urns recovered originally cost \$175.

Charged with the thefts are Arielle K. Levin, 19, of Palmyra; Jamie L. Babcock, 27, of Bellmawr; and Tosha M. Fugett, 25, of Riverside. Police arrested the three over the course of a week, Covert said, keeping the names of the first two quiet until they had evidence to make the latest arrest on June 6.

Police suspect the women were selling the markers as scrap in order to buy drugs.

Covert said they also have male suspects in the thefts, but not enough evidence as yet to make any arrests.

The investigation began after officials at one of the town's cemeteries got a tip from a Philadelphia scrap yard owner that he had purchased a large number of military grave markers in May. The cemetery contacted the Cinnaminson police, who went to the scrap yard and recovered video of the purchases and also the license plate to a suspect's car, according to Covert.

He said police in other communities, including Cherry Hill; Pennsauken; Bellmawr; Edgewater Park and Riverside, also had reports of grave markers and urns being stolen.

A spokeswoman for the Department of Veterans Affairs did not know June 6 whether these kinds of thefts were a widespread problem.

But cities and towns across the U.S. are reporting more metal theft.

Metal [prices are] at an all-time high," Covert said. "Brass, copper — any metal."

"People will rip screen doors right off of unoccupied homes."

FALLS CHURCH, Va. – TRICARE beneficiaries should make sure they have their Social Security number (SSN) committed to memory. It won't be found on new Department of Defense (DoD) ID cards.

As of June 1, 2011, SSNs are no longer printed on new ID cards issued to members of the Uniformed Services, retirees and family members. The new cards will look basically the same, but will have a unique DoD Identification number in place of the SSN. For those eligible for benefits, such as health care, a DoD Benefits number (DBN) will be on the back.

The elimination of visible SSNs is a DoD response to the increasing need to protect the privacy and identity of ID card holders, but it may raise questions when it comes to obtaining health care or pharmacy benefits. Health care providers have always used social security numbers to check TRICARE eligibility and file claims.

For TRICARE beneficiaries, the DBN is most important. Many systems can accept it already, but beneficiaries using the Military Health System and TRICARE should be prepared to state their SSN (or their sponsor's) when accessing health care or pharmacy benefits.

The change to new IDs for all members and families is expected to take about four years. Existing ID cards are good until they expire; including retiree cards marked "INDEF." Beneficiaries who want a new ID without their SSN are advised to make an appointment before making the trip to an ID card facility.

TRICARE beneficiaries and providers can get more information, see ID card samples and view frequently asked questions at www.tricare.mil/ssn

General information about the removal of SSN from ID cards can be found at www.dmdc.osd.mil/smartcard.

Have You Ever Wondered ?

If all the politicians are against inflation and high taxes, WHY do we have inflation and high taxes?

If both the Democrats and the Republicans are against deficits, WHY do we have deficits?



Female Vets Navigate Post-War Stress, Home Duties



by Jen Howard

After four deployments, Victoria Blumenberg is out of the military, putting a young life together.

America's female veteran population has grown to an estimated 1.9 million, and the Department of Veterans Affairs projects 50,000 more servicewomen will join that population in the next five years. When they return, many will pick up where they left off, as mothers, wives and caretakers.

In Philadelphia, some female veterans are dealing with family responsibilities while still struggling to cope with the lingering effects of war.

Louise Hawthorne, a veteran of the first Gulf War over a decade ago, gets treatment at the Philadelphia Veteran's Affairs Hospital. She was a chemical operations specialist, dealing regularly with radioactive material and biological weapons. She suffers from post-traumatic stress disorder, along with a number of health complications she feels are related to her exposure.

"I've had several miscarriages. I've had a couple of strokes," she says. "I was also gang-raped in the military four separate times, none of which have been prosecuted."

Hawthorne alleges that she tried to report the rapes to superiors but was rebuffed. She is part of a growing class-action lawsuit filed in federal district court in Virginia on behalf of active-duty and veteran victims of sexual trauma.

Back then, Hawthorne says, she felt helpless. She tried to just get over it and do her job.

"We have basically trained ourselves to act like, 'That didn't hurt,' roll with the punches," she says. "And so when we come back and we have PTSD, flashbacks, things like that, we deny it more than men do. Because we're saying, 'Aw, well, she's just emotional.'"

After she returned home, Hawthorne tried to keep her symptoms at bay. She finally had a baby

with her husband, but then their marriage fell apart. And Hawthorne got sicker.

"When I did start coming back and forth to the VA hospital, I would often blow off appointments because I had to take care of my daughter," she says.

The Philadelphia Veterans Affairs Hospital doesn't have child care. And for Hawthorne, missing appointments, coupled with self-medication, was a recipe for disaster.

"I remember one instance when I had laid down," Hawthorne says, "and she couldn't have been older than 5. And I'd taken my medicine, and I was out cold. And I woke up to these little baby hands trying to do CPR."

It's the kind of thing Marsha Four has seen before. She's the executive director of the Philadelphia Veterans Multi-Service and Education Center.

"When you're suffering from this kind of pain, it bleeds over," Four says. "It becomes part of everything that you do."

Four speaks from experience: She's a Vietnam veteran. And she says the transition from serving in the military to being a caretaker isn't always easy.

"You know, if there's issues or problems, we'll deal with them later," she says. "We have to get to the ballgame. Or we have to get to the grocery store. Or so many other things take precedence over our own health."

Four says the VA is working hard to provide better services for women. And things have improved. There's better obstetrics and gynecological care, and some VA hospitals are opening child-care centers.

But, Four says, there's nothing like just talking with other female vets.

"They are your sister-in-arms," she says. "They understand you, they understand where you came from."

That rings true for Alfeia DeV Vaughn Goodwin, a veteran of Operation Iraqi Freedom.

"I was very fortunate because I had that," she says. "I had someone I could just call and say, 'What do I do?'"

When Goodwin returned to the United States, she had three kids, a house that burned down, and a new career as a police officer.

She recently founded Green to Blue, a group for veterans who are becoming police officers. Each morning, she sends out dozens of encouraging text messages to others in the group.

“If you need a ride to drill, or if you need someone to call you in the morning, then that’s what we need to do,” Goodwin says. “We need to link people up together who can help one another.”

Another way vets can help one another, Goodwin says, is with baby-sitting duties — a favor that could make all the difference for a female veteran in need.

VA Creates Women Veterans Call Center

Major Outreach Effort Launched

WASHINGTON - The Department of Veterans Affairs (VA) has embarked on a major initiative to reach out to women Veterans in order to solicit their input on ways to enhance the health care services VA provides to women Veterans.

“We are taking a proactive approach to enhancing VA health care for women Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki. “We are seeking the input of women Veterans so that VA can continue to provide high quality health care to the growing numbers of women Veterans.”

Representatives at VA’s Health Resource Center (HRC) are placing calls to women Veterans nationwide, asking them to share their experiences with VA and suggest potential enhancements that will further VA’s mission to provide the best care anywhere.

Women Veterans are one of the fastest growing segments of the Veteran population. Of the 22.7 million living Veterans, more than 1.8 million are women. They comprise nearly 8 percent of the total Veteran population and 6 percent of all Veterans who use VA health care services.

VA estimates by 2020 women Veterans will constitute 10 percent of the Veteran population and 9.5 percent of VA patients. The HRC, which started placing calls on June 1, is contacting women Veterans who have enrolled, but have not begun using VA services.

“Through this contact center, we are placing

friendly, conversational calls to women Veterans,” said Patricia Hayes, chief consultant of the VA’s Women Veterans Health Strategic Health Care Group. “We want these Veterans and their caregivers to talk candidly about why they are not using VA, whether they are aware of the gender-specific services we offer, and what additional services they would like to see VA offer.”

The HRC representatives making the calls are also informing women Veterans about the services VA offers and quickly connecting them with appropriate departments if they are interested in trying VA health care. Veterans who have complaints about VA are connected to a patient advocate who helps resolve issues.

VA has trained professionals in all aspects of women’s health, including general primary care, osteoporosis management, heart disease, mental health care, menopausal services and obesity-related issues, such as diabetes. Preventive screenings for breast and cervical cancer are also areas in which VA excels. Soon, all VA facilities will offer comprehensive primary care for women from a single provider.

The Women Veterans Health Care program has made significant changes in the last few years to enhance the health care offered to eligible women Veterans. This progress includes:

- * Adopting key policies to improve access and enhance services for women Veterans;
- * Implementing comprehensive primary care for women Veterans;
- * Conducting cutting-edge research on the effects of military service on women’s lives;
- * Improving communication and outreach to women Veterans; and
- * Providing mental health, homelessness and other services designed to meet the unique needs of women Veterans

For more information about VA programs and services for women Veterans, please visit: www.va.gov/womenvet and www.publichealth.va.gov/womenshealth.

VA Turned LA Vet Facility into Biz Rentals

Military.com
by Bryant Jordan

A coalition including the Vietnam Veterans of America and the American Civil Liberties Union is suing the Department of Veterans Affairs for renting out to private interests facilities and lands bequeathed to the U.S. more than a century ago to care for veterans.

Over the past 20 years, at least, according to a coalition statement, the VA has stopped using the West Los Angeles facility to house homeless veterans, some of whom now sleep outside its walls.

“Four presidential administrations have continued to allow the injustice of encroaching on land deeded solely for the purpose of caring for our nation’s disabled veterans,” VVA National President John Rowan said in a statement.

The land was given to the U.S. in 1888 for the purpose of caring for and housing homeless veterans, according to the lawsuit. But over the years, some of the building properties have been rented to private interests.

Eric Sapp, executive director of American Values Network, a statewide public interest organization, told Military.com that the VA facility includes athletic fields intended for veterans’ recreation and even a movie theater.

“The theater’s rented out to a private company and the athletic fields are being leased to private schools,” he said. “All this land-grabbing — it’s unconscionable.”

The VA has not publicly disclosed how much it is being paid for these private deals — which cover almost 30 percent of the 387-acre campus — or where the money is going, the coalition says.

Military.com was unable to reach officials at the Department of Veterans Affairs in Washington for comment prior to posting time.

Los Angeles reportedly has the highest number of homeless veterans of any city in the United States, with more than 8,200 in the Greater L.A. area. Nationwide, according to an ACLU statement on the lawsuit, there are about 107,000

homeless vets.

“This lawsuit gives us the opportunity to restore integrity to this bequest and allow homeless and disabled veterans to live out their years with dignity,” Rowan said.

Retired Maj. Gen. Paul Monroe, former adjutant general of the California National Guard, also weighed in on the lawsuit, calling it “shameful when our wounded warriors return home and are left to live on our streets.”

“California has an incredible campus that was given to the U.S. government to permanently house our disabled vets,” he said. “It’s past time we stopped renting it out to private companies and started using it to house and care for those who have sacrificed so much for our country.”

The plaintiffs are demanding congressional hearings into what they say has been a misuse of the facility and their allegation in the suit that the VA has failed to ensure its benefits programs are accessible to seriously disabled veterans.

Mark Rosenbaum, chief counsel of the ACLU Foundation of Southern California, slammed the VA for failing to use the land for its intended purpose, “the sole benefit of disabled veterans.” “This is VA-Gate, because the VA could quite literally end veteran homelessness in Los Angeles if this land were used as it was intended,” Rosenbaum said.

Sign of The Times



Balancing war vets' desire for risk, normalcy

Coaster death draws attention to challenges some returning veterans face



By Carolyn Thompson
The Associated Press

BUFFALO, N.Y. — Combat veterans are known to come home from war hungry for adrenaline, taking up things like motorcycle racing or sky diving to satisfy their cravings. And some who come home without arms or legs are simply determined to do the things they did before war redefined normal.

James Hackemer's family insists the father of two who lost both his legs to a roadside bomb in Iraq was no thrill-seeker, but his fatal fall from a roller coaster highlights the challenge of balancing the desire for both excitement and normalcy with the reality of new disabilities.

"He just had a thirst for life and he just wanted to do as much as possible," the 29-year-old Army sergeant's sister, Jody Hackemer, said following her brother's death at Darien Lake Theme Park & Resort in upstate New York.

In fact, riding a roller coaster can be a good way for veterans to feel the rush they so crave after living in a hypervigilant state while in a war zone, far better than driving too fast or abusing drugs or alcohol, according to experts who say those high-risk behaviors are all too common. An Army report last July noted a rise in risky behavior among soldiers, attributing it partly to the ramped-up tempo of military life and faster deployments.

"Going on a high-speed roller coaster is not the same as getting shot at and the danger involved with it is next to nothing, but it's just the intensity of the high speed, the curves and everything else that are just so exciting," said Dr. James Tuorila, a psychologist who's worked with veterans and their "adrenaline addiction" for more than 25 years.

The problem in Hackemer's case was he chose a roller coaster — the Ride of Steel that had been

a favorite before his 2008 injury — that specifically requires riders to have two legs: Its only restraints are a fabric seatbelt and a T-shaped lap bar that comes up between the legs. His will to ride was no match for physics, and he was lifted and thrown to his death during a family outing July 8.

"Mr. Hackemer did not have the physical attributes necessary to be properly restrained," said Genesee County Sheriff Gary Maha, who ruled the death an accident and said no criminal charges would be filed.

"Obviously, it was a risk," Jody Hackemer said. But "he never would have thought anything like this would have happened, there's no doubt in my mind."

With the Defense Department reporting 31,922 military members wounded in Iraq and 12,593 in Afghanistan since the start of combat operations as of July 14, plenty of veterans face dramatic changes in their physical abilities and limitations.

"Maybe (Hackemer's case) is an indicator that that needs some more attention," said Patricia Anderson, a licensed professional counselor who works with soldiers returning from Iraq and Afghanistan in Washington, D.C. "Helping people get acclimated and just knowing their personal boundaries."

"As an adult we get to that point, but then if something catastrophic happens like loss of limbs, you're kind of starting over," Anderson said.

The Disabled American Veterans is among groups helping to channel veterans' need for speed into activities with appropriate levels of risk, including one program that sends them down mountains on specially made skis for a physical and emotional high.

"We've seen veterans who have that yearning to do things, a lot have to just do things differently," said DAV spokesman Dave Autry.

"It's thrilling to see severely injured folks who have tackled a mountain and it gives them a sense: 'If I can handle this mountain, you know, I can handle just about anything life throws at me,'" Autry said.

Shaking the impulse to seek that level of adrenaline is not easy or even always possible, said Tuorila, a former surgeon general for the Veterans of Foreign Wars.

"Right now, a lot of these young vets are get-

ting killed in car accidents because they're driving like they did in Afghanistan and Iraq. They're driving fast, they're changing lanes, they're getting all sorts of tickets," he said. "We're just trying in therapy to get them to realize this is America, you're back home now, you don't have to worry about those things.

"But it's real tough once you've lived through that environment to change those behaviors that kept you alive," he said.

After Hackemer, an MP, was caught in a roadside bombing south of Baghdad in March 2008, his heart stopped twice, he had two strokes and was in a coma for six weeks. He lost all of his left leg and part of a hip, and his right leg was amputated above the knee.

He had taken small steps toward regaining his life once he returned home to the rolling farm country that he called home, going hunting or working atop a tractor specially outfitted with seatbelts and hand controls

The kind of help veterans need to make the transition varies, depending on the individual.

"They're feeling out of sorts, they're feeling a little bored," said Anderson. "They're feeling like they don't fit in, they're feeling like their family is going on without them and that they don't really have a place.

"But to get them into skiing or even jumping out of a plane can be safe," she said. "Or going around a NASCAR track monitored or whatever it is that turns them on and gets them back into the game."

The key, she said, is filling the void "in a way that is healthier and safe as opposed to something that is more impulsive and reactive."

Several hundred people turned out for Hackemer's funeral in his small rural hometown of Gowanda, south of Buffalo. He'll be buried at Arlington National Cemetery.

Think About This!!!!

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

I plan on living forever. So far, so good.

Five out of four people have trouble with fractions.



Message from VVA National President John Rowan Regarding Senate

Hearing on Post-9/11 GI Bill and For-profit Educational Institutions

Vietnam Veterans of America (VVA), along with dozens of other veterans and military service organizations, worked diligently to pass the Post-9/11 GI Bill. We believe those who serve in uniform, who give of themselves at great personal cost, deserve more than lip service about the brave young men and women in our Armed Forces who place themselves in harm's way and undergo severe hardships on behalf of our nation. Despite the inevitable start-up bumps, this educational benefit administered by the Department of Veterans Affairs, as well as the Tuition Assistance Program run by the Department of Defense, has enabled tens of thousands of veterans and active-duty troops and their eligible spouses or children to obtain the higher education, or vocational training, they need to pursue their American Dream.

Just as the Post-9/11 GI Bill has been a boon to those who have served in the military, it has also been a gold mine to predatory for-profit institutions of higher learning that have taken advantage of the law (the 90/10 rule) and have done, and continue to do, a reprehensible disservice to honorable young (and not-so-young) men and women who have served in the war against terrorism. While there are many legitimate for-profit schools that provide value, predatory for-profit institutions have sprung up like mushrooms in a field of clover. They are not accredited by any recognized collegiate accrediting agency. They offer cut-rate degrees at gold-plated prices that can be obtained online, degrees that are essentially worthless, and are dismissed by most employers seeking qualified, educated workers.

They undermine accredited colleges and universities, and their bank accounts bulge with federal dollars paid out via unsuspecting veterans, who are, all too often, left with little but personal debt.

This is a scandal of major proportions, a swindle that has gone on for far too long. It demands a swift and sure response from the federal government. VVA calls on the federal government, through an act of Congress or executive action, to seek to recoup the hundreds of millions of dollars that have, in effect, been stolen from the taxpayer, the active-duty warrior, and the veteran by these for-profit institutions whose concept of truth in advertising is akin to the promotion of magic elixirs by snake-oil salesmen of old.

VVA calls for a case-by-case review, with the goal of restoring the educational benefits for any warrior or veteran who feels s/he has been ripped off by promises from these institutions that are made but not kept. VVA also calls on Congress to enact legislation that will strengthen the authority of the State Approving Agencies by empowering them to approve the courses or training programs taken by troops and veterans before any dispersal of funds by DoD or the VA is made.

And last, but not least, VVA calls on the Department of Justice to initiate an investigation into those individuals and their corporate shells that have undermined the true intent of the Post-9/11 GI Bill. VVA applauds Senator Thomas Carper and Senator Tom Harkin for their efforts to shed light on this scandal. It is now time for Congress and the administration to do something about it.

Senator Murray New Senate Veterans Affairs Committee Chair



**Darrol Brown
President
Nevada State Council**

Capping her career-long advocacy on behalf of the nation's military veterans, U.S. Sen. Patty Murray announced Thursday that she has been appointed to chair the Senate Veterans Affairs Committee.

"This is truly an amazing journey for me, to be where I am today," the Washington Democrat said in a telephone conference call. "I want to make sure we are the voice and the face of veterans, and that we work hard to make sure they are not denied benefits."

She said the appointment took her back to her days as a college student at the University of Washington, when she served as an intern at a Seattle Veterans Administration hospital psychiatric ward in 1972, during the height of the Vietnam War.

Back then, she said, she never dreamed "that I would be in a premier position to be (veterans') top advocate in the U.S.A."

Murray, who won her fourth six-year term in November, has served on the committee since 1995. She will succeed Sen. Daniel Akaka, D-Hawaii, who is moving to the chairmanship of the Senate Indian Affairs Committee.

The daughter of a World War II veteran who was awarded the Purple Heart, Murray will be the first woman to chair the veterans' panel.

"This is a great honor, but an even bigger responsibility," she said in a statement. "As chairman of the Senate Veterans' Affairs Committee, I have a tremendous duty to the 22 million veterans across the country who have stepped up to serve our nation and who deserve the highest quality care, benefits, and treatment in return."



Throughout her Senate career, Murray has fought for the needs of homeless veterans, women veterans and veterans injured in combat. She successfully fought the George W. Bush administration's efforts to close veterans' hospitals in Vancouver, Walla Walla and Medical Lake.

Most recently, Murray has taken on the cause of veterans who suffered traumatic brain injuries during deployments in Iraq and Afghanistan. Though most receive excellent care in military hospitals, she said, the nation has yet to come to terms with the costs of the long-term care many will require. Those costs include the need to train more mental health professionals to deal with brain injuries, she said.

"We have done a great job of saving lives on the battlefield," Murray said. But many veterans suffering from traumatic brain injuries and other severe injuries will need care for years, she added. "We need to be there for them 20 to 30 years from now. We need to get a handle on what this will cost us. These veterans are afraid that when we bring the last troops home, we will forget them."

Another priority, Murray said, will be cutting the red tape that delays getting benefits to veterans. "Veterans coming home today wait months to get that first disability check," she said. "That's not responsible just on its face."

Better training for Department of Veterans Affairs employees who process those claims is essential, she said.

"I plan to work each day to ensure that the VA is working for our veterans, not against them," she said. "Our service members should never have to come home from fighting a war only to fight to get the benefits and care that they deserve."

Murray also hopes to tackle the problem of jobless veterans with help from the business community.

"At a time when unemployment is high, in the veterans' population, it's even higher — 20 to 21 percent," she said. "We are working hard to make sure the services we provide are there, but there's another side to this: Making sure our businesses hire veterans. I am deeply concerned that people don't put the word 'veteran' on their applications because they fear they will go to the bottom of the stack."

Some National Guard members are concerned

they won't get hired if they divulge their military status because of employer concerns that they might be called to active duty, she said. And some employers are reluctant to hire combat veterans for fear that they may suffer from post-traumatic stress.

"Too many veterans are struggling to get access to mental health care, worker training, and other resources to help them transition from the battlefield to the civilian world," she said. "And still, far too many veterans are sleeping on the streets after serving their country."

Soldiers Use Smartphones to Register Arlington Headstones



By J.D. Leipold
Army News Service

WASHINGTON, - Since early June, about 100 soldiers and volunteer students have spent their nights silently walking between the seemingly endless rows of marble at Arlington National Cemetery here, stopping to crouch and clear the grass from the base of each headstone.

Next they enter the section and grave numbers, the GPS latitude and longitude, how many are interred under one grave and other information. Once they double-check the information, they email it in a package to a task force of specialists who begin the process of matching headstone information with digitized records that are then compared for accuracy.

The photo documentation is just the first step in the cemetery's efforts to correct issues on grave identification, said cemetery officials. The problems had come to light more than a year ago when it was discovered that the cemetery was operating on an antiquated accountability system that often meant interred remains were not where they were supposed to be.

As the soldiers have been capturing images of the headstones, the cemetery also is digitally mapping the cemetery through aerial photography, which will add an additional layer of account-

ability and eventually will provide the added benefit of enabling the public to locate and view the gravesites of loved ones over the Internet.

Much of the documentation work on the ground has been accomplished by Company D soldiers of the 3rd U.S. Infantry, known as "The Old Guard," between 10 p.m. and 6 a.m.

Army Capt. Nate Peterson, Company D commander, said the reasons for working late night into early morning were partly to avoid the 100-degree-plus temperatures and humidity and because his soldiers could more aptly control the lighting in the evening. He noted his team was off the grounds by the time the first funeral was under way. An average of 27 funerals takes place at the cemetery daily.

On this day, the soldiers were at the start of 15,000 reshoots. Sometimes the angle of the original photo submitted was key-stoned or blurry, or the marble was too reflective of the flash or the email didn't make it to the data collection center. Bottom line — if the photos aren't perfect, they're photographed again, Peterson said, adding that his team would get creative if just for the perfect angle.

"President Taft's marker is really tall and they wanted to make sure they got a nice head-on shot, so one of the guys put another guy on his shoulders, backed up and took the picture," he said.

Army Spc. Matthew Caruso, who has been with the Old Guard for about two years, said taking the photos has been an honor.

"It's a good feeling knowing that you're doing something for the families of the fallen and making sure in this particular case that we're helping to fix any discrepancies in the cemetery," he said.

Caruso just recently found out from his grandmother that his grandfather was in the columbarium.

"It was personally interesting to me because I have a fallen grandfather there that I never heard about until recently," Caruso said. "My grandmother told me he was buried here, a World War II veteran, so I did some research and found out where he was."

Soldiers were working in section 33, one of the oldest areas that contain the graves of service members who lived from the late 1800s into the early 1900s. Most were veterans of the Spanish-

American War.

For Army Pfc. Chris Bodell, working through the dark nights has given him pause to think about the people reflected by the headstones.

"It's kind of a weird feeling looking at all of those who have come before me, wondering what they did in their careers," he said. "Looking at the graves, taking pictures to help document the people who fought in the Civil War and those who have died in the current conflicts — this is all so much bigger than just myself."

Vets Comp and Pen Rates May Increase

According to the Military Officers Association of America, the inflation rate rose 0.3% in August. This may result in increase in social security, survivor benefit plan and veterans disability compensation and pension increase of up to 3.7%. This could mean the first rate increase in two years.

VA to Issue Debit Cards

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

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

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

Ain't That The Truth !!!!

There is never enough time to do it right the first time, but there is always enough time to do it over.

You can't have everything - where would you put it?

