Senator Jerry Moran (R-KS) and Senator Richard Blumenthal (D-CT) joined forces to introduce on July 31 2014. The Toxic Exposure Research Act of 2014. VVA National President John Rowan noted the necessity of the bill saying, “Among the so-called invisible wounds of war are those brought home by troops that may not manifest for decades. And most tragically, the damage done by the toxins may pass on genetically to the children and grandchildren of our nation’s warriors. Our children are the innocent victims of our military service.” This bill, (S.2738), instructs the Department of Veterans Affairs to establish a national center for research on the diagnosis and treatment of health conditions of the descendants of veterans exposed to toxins during service in the Armed Forces. Further, S.2738 calls for the establishment of an advisory board to oversee and assess the work of the center; to determine health conditions that result from toxic exposure; and to study and evaluate cases of exposure. The advisory board will advise the Secretary of VA on issues related to research conducted at the National Center and the particular benefits and services required by the descendants of individuals exposed while serving as members of the Armed Forces. S.2738 was read twice and referred to the Committee on Veterans’ Affairs.

New Findings: More than 20,500 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans participated in a survey to explore sinusitis, asthma, bronchitis: 29% of OEF/OIF veterans were more likely to report having sinusitis. Infertility, 6% of OEF/OIF veterans surveyed reported they sought infertility treatment. Researchers continue to analyze data from this study and will share their finding in future publications.

VA’s Environmental Health Strategic Health Care Group publishes the following newsletters, providing information especially for veterans and their families on certain hazardous exposures during military service. The newsletters are issued periodically and include information on VA benefits and services and updates on what VA is doing to help veterans.

You may sign up for newsletters for the following topics:
Agent Orange Review
Gulf War Review
Ionizing Radiation Review
Depleted Uranium
Project 112/Project SHAD

See more at http://www.publichealth.va.gov

A veteran is someone who, at one point in their lives, wrote a blank check made payable to ‘The United States of America’ for an amount of ‘up to and including my life’.

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There is no evidence that dozens of empty chemical drums, unearthed last year on former U.S. military property, contained the toxic defoliant Agent Orange, according to a Japanese government report. The Okinawa Defense Bureau of the Ministry of Defense tested the final 61 of 83 barrels that were unearthed from land adjacent to the Kadena Air Base fence line. While it found they contained ingredients used in Agent Orange, they were of the incorrect consistency and quantities, leading officials to believe they were to be used as a common herbicide. The defense bureau also reiterated that it was unlikely that the barrels were a health risk. Tests have shown the air and water, on and off base, are safe.

“There is no evidence that the barrels contained Agent Orange,” the report said. It was posted on the defense bureau’s website earlier this month. “The soil samples that found dioxins and herbicides were taken from immediately underneath the barrels. It is highly unlikely that the ground in the vicinity area is polluted with dioxins of higher levels. “Also, the soil collected this time was taken from the depth that no human beings are directly exposed to. Therefore there is little possibility that the polluted soil has impact on surrounding environment.”

U.S. Air Force officials said they were still analyzing the report but planned to comment on its findings and release an English translation of its executive summary on Facebook and kadena.af.mil, according to an 18th Wing spokesman. The barrels caused a stir when they were found buried under a soccer field on land reclaimed from Kadena. The field is separated from Kadena’s Amelia Earhart Intermediate School and its playground by a raised expressway. The Bob Hope Primary School and the Kadena middle and high schools are nearby. The U.S. military’s position has been that Agent Orange, which defoliated jungles during the Vietnam War and has been blamed for a slew of health problems in veterans, was never stored, shipped through or used on Okinawa. A study commissioned by the DOD has backed that assertion. The military discontinued use of Agent Orange in the early 1970s. Some veterans who served on Okinawa during the war have claimed they witnessed its use and burial on the island but have been unable to convince the Department of Veterans Affairs to approve medical claims for exposure. Agent Orange was made up of two major components, the chemical compounds 2,4-D butyl ester and 2,4,5-T butyl ester, mixed at a 50-50 ratio, Japanese officials said. Last year, Japanese officials found 2,4,5-T, in 22 barrels that were unearthed from the site. The report said 2,4-D was found in the subsequently exhumed 61 barrels. However, that doesn’t mean Agent Orange was found. The two base ingredients are common pesticides and herbicides that were widely used around the world for decades, but they were not mixed with solvents that would indicate they were going to be used in Agent Orange, and they were free from markings indicating use in Agent Orange. In addition, there was much more 2,4,5-T than 2,4-D, which led Japanese officials to believe they were meant for something else, like an herbicide. The report also indicated the barrels contained other pollutants such as the herbicide pentachlorophenol, gasoline or another fossil fuel, the insecticide DDT and polychlorinated biphenyl. badly rusted drum inside a plastic-draped tent. The depth of the barrels indicates they were most likely buried by the U.S. military after it took the area during World War II and before 1988, a year after the Japanese reclaimed the land. Traces of dioxins were detected in water samples in the area where the barrels were found but at levels below environmental standards, the report said. “Therefore, it is quite unlikely that the buried barrels have had an impact on the environment or created a health hazard,” Okinawa City Mayor Sachio Kuwae at a news conference earlier this month. Kuwae said deeper excavation is planned to ensure there was no further contamination. Air Force officials have said base drinking water meets all U.S. Environmental Protection Agency standards; it comes from a commercial Japanese source not connected with the area groundwater. [Source: Stars and Stripes | Matthew M. Burke & Chiyomi Sumida | Jul 24, 2014 ++]
Veterans reading only headlines, hearing only sound bites, might have a few misconceptions about how Congress and the VA plan to use non-VA healthcare providers to ensure more timely and convenient access to care. A magical sounding item called a “Veteran’s Choice Card,” for example, won’t be a limitless credit card given qualified veterans to cover whatever health services they receive from whatever physician they use. And veterans not already enrolled in VA health care won’t gain accelerated access to outside care as promised by the legislation – unless they serve in areas of combat operations within five years of enrollment. The centerpiece of the Veterans Access, Choice and Accountability Act of (H.R.3230) is a special $10 billion Veterans Choice Fund. Over the next three years, VA is to use the fund as needed to buy care from non-VA care providers for veterans if they face long waits for VA care – defined initially as more than 30 days – or if they reside more than 40 miles from VA care. The intent is to eliminate VA patient wait lists that some VA health administrators and staff conspired to hide in recent years, thus compromising the integrity of performance reports and putting patients’ health at risk. VA leaders and veteran service organizations prefer to attack wait times through improved resourcing. They want VA spending raised to meet actual patient demand from wars in Iraq and Afghanistan, from the expansion of diseases presumed caused by defoliants used in Vietnam, and from higher costs of caring for aging veterans. So H.R.3230 also authorizes VA to spend $5 billion more to expand its own capacity to deliver care, by hiring more medical and support staff and also building and leasing more space. House-Senate conferees, in shaping the final bill, categorized the Choice Fund as emergency money so the $10 billion gets added to the nation’s debt but not to VA budgets. The $5 billion for more VA-delivered care is to be paid through cuts elsewhere in VA, including executive bonuses and by deferring planned rate cuts for some types of VA home loans. The legislation mandates use of a new Veteran’s Choice Card but it isn’t a golden key to private sector care. It will be more like an informational insurance card to be presented to non-VA health care providers to identify the veteran and to verify eligibility for episodes of care that, sometime earlier, were arranged through and approved by a VA care coordinator. The administrative challenges ahead for VA in coordinating a vast expansion of private sector care, monitoring outside care quality and integrating those medical records back into VA health care will be profound. But the bill is said to set aside only $300 million for these added tasks. Indeed, in reviewing the new law’s requirements, VA officials are weighing whether current Veteran Identification Cards (VICs), which are issued when veterans enroll in VA health care, might be modified to serve as the “choice card” that the new law mandates. Other details in the reform package will disappoint reformers who seek to fully “privatize” VA care. The bill is a series of compromises between near-term Voyaction to address the patient wait-time scandal and steps to shore up the integrated VA health care system so prized by many veterans and their service organizations. Here’s more on how non-VA care will grow:

ELIGIBILITY – The hurdles to gain easy access to non-VA care go beyond how far veterans reside from a VA clinic or how long their wait for care. To be eligible, veterans must have enrolled in VA health care by Aug. 1, 2014 or, if they enroll later, they must have served on active duty in a theater of combat operations within five years of enrolling. These restrictions address cost concerns fiscal conservatives had after the Congressional Budget Office projected that up to two million more veterans would drop current health insurance and enroll with VA if given the chance to use current doctors and have VA foot the bill.

NO FIRM 30-DAY GOAL – Architects of H.R.3230, Sen. Bernie Sanders (I-Vt.) and Rep. Jeff Miller (R-Fla.), would like non-VA care offered to any vet who can’t get a VA appointment within 30 days. But their legislation allows VA to set a different wait-time goal if they can defend it. What VA finally decides will be part of interim rules for implementing the law, to be published within 90 days of President Obama signing the bill into law. The bill would require that if VA can’t offer a timely appointment then it must inform the veteran electronically or, if the veteran chooses, by mail, and explain that outside care is authorized.

Last year, VA spent $4.8 billion on non-VA health care but half of that involved emergency services.
BURIAL BENEFITS FOR VETERANS

Veterans are allowed burial benefits under these conditions. If you do not meet any of these conditions you should not expect any burial benefits.

- the Veteran died as a result of a service-connected disability, OR
- the Veteran was receiving VA pension or compensation at the time of death, OR
- the Veteran was entitled to receive VA pension or compensation, but decided instead to receive his or her full military retirement or disability pay, OR
- the Veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, OR
- the Veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment or care, OR
- the Veteran had an original or reopened claim pending at the time of death and would have been entitled to VA compensation or pension from a date prior to the date of death, OR
- the Veteran died on or after October 9, 1996, while a patient at a VA-approved state nursing home.

Currently, a 100% service connect veteran, or vet dying of a service connected disability is allowed $2000 in burial expenses. A veteran dying in a VA contracted facility is allowed up to $700 funeral and up to $700 plot allowance. A veteran in receipt of VA compensation, up to $300 funeral and up to $700 toward plot allowance. The average funeral costs in 2011 was $6500 not including plot and headstone. All veterans with an honorable discharge can be buried in a State Cemetery with a government headstone furnished for free. Or free grave marker in a private cemetery, installation not included. A burial flag and Military Funeral Honors also.

New Secretary of Veterans Affairs

Robert McDonald was unanimously confirmed by the Senate July 29 as the new Department of Veterans Affairs secretary. The former Army Ranger and CEO of Procter and Gamble was confirmed in a 97-0 vote by lawmakers who said his boardroom experience could be used to overhaul the nation’s troubled veteran health care system. His predecessor Gen. Eric Shinseki stepped down in May amid a growing scandal over long patient wait times and manipulation of appointment data by VA staff. Numerous VA in and testimony on Capitol Hill inspector general investigations over the past two months have revealed a deeply dysfunctional agency that often ignored or covered up dangerous shortcomings in care. McDonald, 61, spent 33 years at P&G where he headed up the company’s Tide detergent brand and later its global fabric care division before being promoted to president and CEO in 2009. He graduated from West Point and rose to the rank of captain in the 82nd Airborne Division before entering the private sector. [Source: Stars & Stripes | Travis J. Tritten | Jul 29, 2014 ++]

OFFICE CLOSED

Veterans Services is Closed Labor Day September 1st, 2014. Also during Week of September 21-26 for State Accreditation Training. There may be limited hours on the 21st and 26th (Monday and Friday only) The Benefits Specialist will try to keep the office open on those days. Normal business hours will resume on Sep 29th 2014.
Discrepancies for PTSD “Old” and “New” Definitions

Changes to the diagnostic criteria for post-traumatic stress disorder made in 2013 provide flexibility for new PTSD diagnoses in troops, but leave out some who would have been diagnosed with PTSD under the old standards, according to a new study published Thursday in the prestigious journal Lancet Psychiatry.

Researchers with the U.S. Army Military Operational Medicine Research Program surveyed 1,822 soldiers using checklists based on the old and new definitions of PTSD as spelled out in the Diagnostic and Statistical Manual of Mental Disorders, or DSM.

Roughly the same amount of soldiers screened positive for PTSD under the old DSM-4 criteria and new DSM-5 definition — 13 percent and 12 percent, respectively. The same rang true for the 946 troops among the group who saw combat — 19 percent screened positive under DSM-4, while 18 percent did so under DSM-5.

But a significant portion of the troops who screened positive under one definition did not screen positive under the other, and vice versa.

Of the 221 soldiers who met DSM-4 criteria, 67, or 30 percent, did not meet the new criteria. And of the 216 soldiers who met DSM-5 criteria, 59, or 27 percent, did not meet the old criteria.

“The new PTSD symptom criteria do not seem to have greater clinical utility,” wrote retired Army Col. Charles Hoge and others.

In late 2012, the American Psychiatric Association Board of Trustees changed the requirements for diagnosing PTSD, redefining the disorder to allow for broader understanding of combat-related PTSD. The group dropped a requirement that in order to receive a diagnosis, a patient must experience “fear, helplessness or horror” in reaction to a trauma or environmental stressor. Many military personnel don’t experience those reactions because they are trained to handle adverse events.

The researchers raised concerns that the differences in diagnoses may lead to a loss of access to care or disability support for troops with PTSD.

While the Defense and Veterans Affairs departments have policies upholding diagnoses made under the old criteria, “crucial questions remain” about the new definition, especially an implication that individuals who don’t screen for full-blown PTSD or those diagnosed under the old definition may be considered as having an adjustment disorder instead of an anxiety disorder, which PTSD is considered to be.

“This label carries a particularly pejorative connotation in the U.S. military, where adjustment disorder of less than six months can lead to administrative separation without benefits and chronic adjustment disorder conveys a message of weakness and failure to adapt,” Hoge wrote.

The researchers said their data raise questions about whether changing the definition actually will improve diagnosis and care for PTSD patients in the long run.

“Clinicians should recognize the subjectivity involved in developing consensus-based diagnoses, gather relevant assessment and clinical data and document which diagnostic criteria they apply,” they wrote. In response to the Lancet Psychiatry article, psychiatrist and University of Adelaide professor Dr. Alexander McFarlane said the study shows the unintended consequences of tinkering with definitions.

Pointing out that the new definition also focuses largely on troops’ ability to voice their internal struggles and understand some of the emotions they are dealing — or refusing to deal — with, McFarlane said the new study “draws attention to the hazards the changes in diagnostic criteria will introduce in the administration of veterans benefits and access to care.”

“We think there should be a period of transition between legal use of DSM-4 and DSM-5 so the potential effects of these changes can be examined and deserving individuals are not denied their legal rights,” McFarlane wrote in a companion note in Lancet Psychiatry Story by Patricia Kime, staff writer for Military Times. 08/14/2014

REMEMBER...VETERANS SERVICES OFFICE CLOSED SEPT 1, LABOR DAY AND SEPT 22-24TH FOR STATE CONFERENCE.
In State Tuition to Vets

A bill heading to the president's desk grants veterans and their families automatic in-state status at all public colleges, potentially saving them time and money. Great news for college-bound veterans and their families: Starting next year—the fall of 2015—veterans and their dependents will be able to pay low in-state tuition at any public university in the country. A bill granting veterans automatic in-state status at the nation’s public colleges got final bipartisan approval by Congress last Thursday, and President Obama has said he will sign it into law.

While public colleges are concerned that the new bill will cost them money, veteran’s organizations are thrilled. “We’re really excited,” says William Hubbard, vice president of government affairs for the Student Veterans of America, which estimates there are 550,000 veterans currently in higher education. Because members of the military often spend long periods overseas, many don’t maintain residency in any U.S. state. So servicemen and women often can’t find an affordable college when they return home to start civilian life, Hubbard says. Twenty-four states have passed state laws giving vets in-state status at their public colleges, but many veterans live or want to live in states that haven’t done so, such as California or North Carolina, he says. At the University of North Carolina, for example, in-state residents are charged tuition and fees of about $6,400 this year; out-of-state students pay roughly $31,800. The bill could save families tens of thousands of dollars, since the automatic in-state status will also be granted to veterans’ spouses and children. Excerpt by: Kim Clark, “Veterans Today” 8/4/14

VET HELP

Vet Dental Insurance

DENTAL INSURANCE FOR VETERANS ENROLLED IN VA HEALTHCARE

Veterans in VA healthcare can purchase dental insurance through the Veteran Affairs Dental Program. For reasonable rates, Delta Dental will accept any veteran enrolled in VA healthcare, or any spouse on CHAMP VA insurance. Call 1-877-222-8387 or online at www.va.gov/healthbenefits

Mental Health-Free

Jennifer Grubba 608-264-5342 of the Madison Vet Center will fill in temporarily for the counseling position that comes to Waushara County Courthouse by previously arranged appointments, 2nd Wednesday of the month. Call for appointment. Free counseling to combat veterans and sexual trauma veterans. 5 sessions to non-combat veterans. Marriage counseling, also. Jennifer is temporarily assisting in this area.

Financial Help

Jamie Kolpien from Supportive Service for Veterans Families (SSVF) will meet with veterans facing eviction from rentals or post foreclosures, every 4th Wednesday at the North Annex 230 W. Park St. Wautoma, WI between 10 am to 3 pm . For an appointment call 866-823-8387

VA Choice Cont. from Pg 3

40 MILES AS CROW FLIES – Veterans who reside more than 40 miles from a VA medical facility or who must travel by air, boat or ferry to access VA care are to be offered non-VA care instead. VA is to use “geodesic distance” or the shortest route between two points on Earth, or, if you like, “as the crow flies.” VA’s early estimate is that 500,000 vets will qualify. However, House-Senate conferees in their explanatory report on H.R.3230, say they do not intend the 40-mile criteria “to preclude veterans who reside closer” to a VA facility “from accessing care through non-VA providers, particularly if the VA facility…provides limited services.” So VA will have to clarify in regulation what 40 miles really means.

CHOICE OF PROVIDER – Not all veterans who become eligible for non-VA care will get to choose their outside provider, and not every non-VA care provider will opt to treat veterans through the VA coordinated care program, even if the vets are existing patients. One issue for physicians will be the level of reimbursement and another the timeliness of VA payments. VA has existing contracts with individual physicians and with pools of private sector providers. Many more such arrangements are expected. But VA cannot pay rates higher than Medicare allows, with exceptions possible if care is delivered in very rural areas. Timeliness of VA payments to non-VA care providers has been a significant concern for years. The reform bill has language urging VA officials to improve their payment procedures. [Source: Stars and Stripes | Tom Philpott } July 31, 2014
The last surviving crewman of the Enola Gay, the B-29 that dropped the atomic bomb over Hiroshima, died overnight at his Stone Mountain home. Theodore “Dutch” Van Kirk, 93, was the navigator on the Aug. 6, 1945 flight that dropped the “Little Boy” atomic bomb. With the 2010 death of Morris Jeppson, Van Kirk became the only one of the dozen crew members left. For a number of years, he lived at a retirement community in Stone Mountain where by chance he found himself sharing the place with James Starnes, an Atlantan who had a front-row seat at history. Starnes was the navigator on the USS Missouri and the mighty battleship’s officer of the deck on Sept. 2, 1945 who greeted Japanese officials boarding to officially surrender. “We were two individuals who happened to be at historic dates,” said Starnes, who said his friend died Monday after being hospitalized for a few weeks. “The passing always hurts so much. I told someone today that this was the first time I shed a tear for someone in a long time.”

Capt. Theodore Van Kirk, center, as he and the rest of the crew return from the mission over Hiroshima, Japan Aug. 6, 1945 and at the retirement community where he lived on Aug 25, 2010. Starnes learned that Van Kirk was living in Stone Mountain from a Time Magazine article. A mutual friend who also lived in the retirement community introduced them. For more than a decade, the two men put on “dog-and-pony” talks around metro Atlanta about the two events that ended World War II. The two became close friends, Starnes told The Atlanta Journal Constitution Tuesday. “I like to say Dutch ended the war, and I made it official — got them to sign on the dotted line,” Starnes told The AJC in 2010. “He was very responsible for the success of the bomb drop.” A native of Pennsylvania, Van Kirk joined the Army Air Corps before Pearl Harbor, and became a navigator after washing out as a pilot. After World War II, Van Kirk returned home and had a long career as an executive with DuPont. Officials at the Park Springs Retirement Community in Stone Mountain on 29 JUL confirmed Van Kirk’s death. [Source: The Atlanta Journal-Constitution | Mike Morris &Steve Visser | Jul 29, 2014 ++]

“ENOLA GAY”

Enola Gay is a Boeing B-29 Superfortress bomber, named for Enola Gay Tibbets, the mother of the pilot, Colonel Paul Tibbets, who selected the aircraft while it was still on the assembly line. On 6 August 1945, during the final stages of World War II, it became the first aircraft to drop an atomic bomb. The bomb, code-named "Little Boy", was targeted at the city of Hiroshima, Japan, and caused unprecedented destruction. Enola Gay participated in the second atomic attack as the weather reconnaissance aircraft for the primary target of Kokura. Clouds and drifting smoke resulted in Nagasaki being bombed instead. The Enola Gay spent many years parked at air bases exposed to the weather and souvenir hunters, before being disassembled and transported to the Smithsonian's storage facility at Suitland, Maryland, in 1961. In the 1980s, veterans groups began agitating for the Smithsonian to put the aircraft on display. The cockpit and nose section of the aircraft were exhibited at the National Air and Space Museum (NASM) in downtown Washington, D.C., for the bombing's 50th anniversary in 1995, amid a storm of controversy. Since 2003, the entire restored B-29 has been on display at NASM's Steven F. Udvar-Hazy Center. The last survivor of its crew, Theodore Van Kirk, died on July 28, 2014, at the age of 93. Paul Tibbets, pilot, died November 1, 2007, at his home in Columbus OH, at the age of 92.

(excerpts from Wikipedia)
HABITAT FOR HUMANITY SEEKING VETERAN APPLICANTS

Waushara County Habitat for Humanity would love to help a veteran and family into a home. Veteran must be able to afford the home for a NO INTEREST loan for up to 30 years. Sweat equity (300 hours of donated time) to the Habitat for Humanity is part of the requirement for getting into Habitat Housing. Equity hours can be spread out through a period of time. Veteran has to maintain the home in good condition. After 10 years the homeowner could sell the home without any obligation what so ever to Habitat for Humanity, other than to pay off the balance of the loan.

If you are interested in applying for Habitat for Humanity program to become a partner family, finding out more about the program, or volunteering for the program, you may discuss all of these options with Karen Fahey (920)987-5205 or call Habitat for Humanity at (920)787-2888. The Habitat for Humanity office is located at 345 S. Cambridge St. in Wautoma, WI and serves Waushara, Marquette and Green Lake Counties. Habitats Mission is to provide simple, decent affordable housing to qualified low income families. Habitat builds a spirit of community and cooperation among their volunteers, supporters and partner families.

Local Habitat Number
(920) 787-2888