Mr. Jon Howell was introduced recently at the Southwest County Veteran Service Officers meeting as the point of contact for the Heat for Heroes program in Wisconsin. Heat for Heroes is a program for veterans who are denied by the Wisconsin Home Energy Assistance Program or (WHEAP). HFH staff can help negotiate a payment plan for past due bills, emergency fuel deliveries, emergency furnace assistance, low-income weatherization, and referrals to other community resources and services that result in long-term economic stability of those served.

Heat for Heroes was established to respond to the special needs of Veterans who are still struggling to keep their heat and power on or for households in special circumstances with unmet needs whose incomes may exceed the guidelines established below.

2014-2015 Energy Assistance
Max Gross Income Guidelines

Income for

<table>
<thead>
<tr>
<th># In Household</th>
<th>1 mo</th>
<th>3 mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,096</td>
<td>$6,288</td>
</tr>
<tr>
<td>2</td>
<td>$2,741</td>
<td>$8,223</td>
</tr>
<tr>
<td>3</td>
<td>$3,386</td>
<td>$10,157</td>
</tr>
<tr>
<td>4</td>
<td>$4,031</td>
<td>$12,092</td>
</tr>
<tr>
<td>5</td>
<td>$4,676</td>
<td>$14,207</td>
</tr>
<tr>
<td>6</td>
<td>$5,320</td>
<td>$15,961</td>
</tr>
</tbody>
</table>

Did you know that today in Wisconsin, there are 58,294 disabled veterans. That thousands of Wisconsin Veteran’s household income fall below the Federal poverty line. Many of these households are coping with both mental and physical disabilities, including amputations. Their plight is further compounded by a backlog of over 125 days for disability benefits by the Federal Government. Next to health challenges and their extreme income limitation, the principle cause of homelessness and Veteran in crisis is their inability to pay for the escalating costs of keeping their heat and power on. There are more than 16,000 Wisconsin Veterans that are currently unemployed. Wisconsin is ranked 10th highest in the nation for the number of unemployed Veterans. Many of these Veterans are facing energy-related crisis situations. Heat for Heroes is a non-profit organization under the Keep Wisconsin Warm/Cool fund and is trying to raise funds to help any deserving veteran in need. Donations can be made online, by phone at: (608) 891-WARM(9276)

by internet address:
http://www.kwwf.org/Heat-For-Heroes

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
VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT 2014

On August 7, 2014, President Obama signed into law the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146) (“Choice Act”). Technical revisions to the Choice Act were made on September 26, 2014, when the President signed into law the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175). The Department of Veterans Affairs’ (VA) goal continues to be to provide timely, high-quality health care for Veterans.

Section 101 of the Choice Act requires VA to establish a program (“the Veterans Choice Program”) to improve Veterans’ access to health care through the provision of hospital care and medical services by eligible providers outside of the VA system (non-VA care). Sections 102 and 103 of the Choice Act are also discussed below.

Background:
In order to improve VA’s ability to deliver high-quality health care to Veterans, section 101 of the Choice Act requires VA to expand the availability of hospital care and medical services by eligible providers outside of the VA system (non-VA care). Sections 102 and 103 of the Choice Act are also discussed below.

Eligibility:
Initially, a Veteran must be enrolled in VA health care on or before August 1, 2014, or be eligible to enroll as a recently discharged combat Veteran within 5 years of separation. Additionally, a Veteran must also meet at least one of the following criteria.

a) The Veteran attempts to schedule an appointment with VA for hospital care or medical services but is unable to schedule an appointment within 30 days of the Veterans preferred date, or the clinically appropriate date.

b) The Veteran lives more than 40 miles from the VA facility that is nearest to the Veteran’s residence, including a community-based outpatient clinic.

c) The Veteran lives in a state without a medical facility that provides hospital care, emergency services and surgical care rated by the Secretary as having a surgical complexity of standard, and the Veteran resides more than 20 miles from such facility.

d) The Veteran lives 40 miles or less from a VA health care facility but needs to travel by air, boat, or ferry, or faces an unusual or excessive burden on travel due to geographical challenges.

Cost Sharing:
If an eligible Veteran has another health-care plan, VA will be secondarily responsible for costs associated with non-service connected care and services furnished to eligible Veterans through the Veterans Choice Program.

Medical Records:
When a Veteran receives care from an eligible non-VA health care entity or provider, the entity or provider must submit to VA a copy of any medical record information related to the care and services provided. This information will be included in the Veteran’s medical record maintained by the Department.

Indian Health Service and Native Hawaiian Health Care Systems
VA will work with the Indian Health Service (IHS) to ensure that certain medical facilities operated by an Indian tribe or tribal organization are aware of the opportunity to negotiate reimbursement agreements with VA. This is in accordance with section 102 of the Choice Act.

VA will enter into contracts or agreements with certain Native Hawaiian Health Care Systems (NHHCS) for reimbursement of direct care services provided to eligible Veterans. This is in accordance with section 103 of the Choice Act.

NOTE: Due to Wisconsin Rapids and Appleton CBOC’s, Tomah and Madison Hospitals, all of Waushara County is within a 40 mile distance (as the crow flies) to a VA Medical facility.

See page 3 on Veterans Choice Card.
VA CHOICE CARD

Congress last August gave the Department of Veteran Affairs 90 days to issue medical “Choice Cards” to 9.1 million veterans enrolled in VA care. The tight deadline of Nov 5th won’t be met, say representatives of major veteran organizations who attend periodic VA briefings on plans for rollout of the Choice Card. The card will ensure veterans have access to private sector health care if they reside more than 40 miles from a VA clinic or hospital, or if they face unacceptable waits, usually longer than 30 days, to access VA healthcare. The simple guarantee, centerpiece of the Veterans Access, Choice and Accountability Act of 2014, is not so simple to deliver, at least in 90 days. “I have heard nothing to lead me to believe they will get any [cards] out by November 5th,” said Joseph Violante, legislative director for Disabled American Veterans. He doesn’t even think VA has picked a vendor yet to make the cards. VA declined a request to interview the official in charge of the Choice Card rollout because key decisions are not yet final. A VA statement called the law “highly complex,” said officials are striving to implement it “as quickly and efficiently as possible,” and the “goal has always been to meet the timelines set forth in the Act.” Vet advocates didn’t disagree. Violante said he thought from the start the 90-day deadline was impossible for VA to meet. While the card program is to end in three years or when $10 billion has been spent on care, whichever occurs first, VA still must build or buy expertise to run it, write regulations to govern it and decide how to monitor providers and care they deliver. It also must ensure health records are returned to VA to be merged with VA records for continuity of care. VA also must educate vets on who can use the card, how they can use it and when. Roughly 700,000 to 800,000 veterans, less than 10 percent of current enrollees, will be eligible to use the card immediately if they need care. About 300,000 of those qualify because they live far from VA care. VA intends to issue cards to these two groups as soon as it can. Later, in phases, it will send cards to all other veterans enrolled in VA health care as of Aug. 1, 2014, and to those who enroll later if had active duty service in a theater of combat operations within the previous five years. This mandate in the law to give to the card to more than eight million veterans who won’t be eligible to use it worries vet advocates. Some veterans or even doctors could be confused and accept care VA won’t cover. Others will be surprised that the law makes VA payer of last resort when a Choice Card is used, said Bob Norton, deputy director of government relations for Military Officer Association of America. That means users with other health insurance or Tricare eligibility will see those plans billed for any care arranged using the card. For Tri-care to be tapped, the veteran will have to be a military disabled retiree or longevity retiree. “I’m sure DoD is not going to be very happy,” Norton said. VA already knows who lives more than 40 miles from VA care. But the law allows VA to adjust the 30-day wait threshold, and it likely will, based on type of care needed. Waits longer than 30 days might reasonable, for example, for hearing exams with shorter waits for cardiology appointments. When vets get their cards, they will have a phone number to call to verify eligibility and begin use. VA likely will decide it must offer veterans a choice to use a VA contracted provider or find their own physician. So, if veterans choose non-network providers, Violante predicted, “it’s going to create a terrible situation for VA to try to follow that veteran’s treatment.” Bob Wallace, executive director of Veterans of Foreign Wars, said VFW would prefer that eligible vets pick providers from the VA Patient-Centered Community Care (PC3) networks, run by TriWest Healthcare Alliance of Phoenix and HealthNet Federal Services of Arlington, Va. PC3 already backstops VA health are on primary and specialty care needs. Its providers also must meet VA timeliness and quality measures and make prompt transfer of medical records back to VA. “We don’t want to see the veteran go to someone who’s not the specialist they need,” Wallace said. “We also want to make sure the records go back to the VA because that could affect their claims down the road.” Some entity also needs to manage the program, from verifying eligibility to coordinating episodes of care to paying providers and collecting copay from vets when appropriate. Rather than build that capacity, VA leans toward hiring a third-party administrator with nationwide experience such as Aetna or Kaiser. When vets get their cards, they will have a phone number to call to verify eligibility and begin use. CONTINUED ON PAGE 4
POW/MIA Recovered

Army Staff Sgt. James L. Van Bendegom, 18, of Kenosha, Wis. He was assigned to Company B, 1st Battalion, 12th Infantry Regiment, 4th Infantry Division. On July 12, 1967, Private First Class Van Bendegom and other members of his 4th Infantry Division were on patrol when they engaged a hostile force in the Ia Drang Valley, Pleiku Province. PFC Van Bendegom was wounded and treated by a medic. He was left behind when his unit's position was overrun, and he was captured. According to other U.S. POWs released during Operation Homecoming, it was rumored that PFC Van Bendegom was taken from Pleiku Province into Cambodia and was treated at a field hospital. His name did not appear on the PRG died in captivity list. He was declared dead/body not recovered in May 1973. In April 1989, a U.S. field team in Vietnam interviewed former officers assigned to the B-3 Front, the People's Army of Vietnam theater headquarters in command of operations in Pleiku Province. They were unable to provide any information on PFC Van Bendegom. During 1992, U.S. investigators in Vietnam received information describing the death of three Americans in captivity. One death was correlated to PFC Van Bendegom. His returned remains will be buried with full military honors on a date and location yet to be determined.

CONTINUED FROM PAGE 3 CHOICE CARD

VA likely will decide it must offer veterans a choice to use a VA contracted provider or find their own physician. If so, when veterans choose non-network providers, Violante predicted, “it’s going to create a terrible situation for VA to try to follow that veteran’s treatment.” As Congress rushed to shape legislation to address the wait-time scandal across multiple VA facilities, it was Sen. John McCain (R-AZ) who insisted Choice Card be part of the final package. Many vet groups are wary of its potential to shift veterans’ care and resources permanently to the private sector, and weaken VA’s integrated health system with its unmatched array of specialty care services for the most severely ill and injured. Vet groups have argued that VA simply was underfunded, leaving it short of doctors, nurses, support staff and space as enrollments grew, leading to long waits and cooked books. The Congressional Research Service in June said VA healthcare enrollment rose 78 percent since 2001. That’s the effect of recent wars and of decisions tying many vet health conditions today to long ago exposures to combat stress and toxins such as Agent Orange. Choice Card has created sky-high expectations among vets who hope for unlimited access to any type of care. Many vets also are expecting to get the card soon, a point Carl Blake, legislative director for Paralyzed Veterans of America, said he has been emphasized in meetings with VA officials. “We have impressed upon them they probably need to figure out a way to have something rolling out” by Nov. 5, Blake said. If they don’t, he said, VA could face “a public relations nightmare.” Some lawmakers who set the deadline, he quipped, probably have drafted already statements and press releases attacking VA for missing it. [Source: Stars & Stripes | Tom Philpott | October 16, 2014 +]

“It is our fear that veterans will get this card in the mail, thinking it’s an insurance card, they will wield it locally, and be stuck with bills as a result.”

Waushara County Veterans Services has published two articles in this paper on the Veterans Choice Card. One about the Act that created it, and the other about what is more likely than not, going to happen. It is our fear that veterans will get this card in the mail, thinking it’s an insurance card, they will wield it locally, and be stuck with bills as a result. Right now under Non VA Care, the VA is allowing some veterans to be seen locally for chemo therapy treatments, or to have a colonoscopy if they can’t get an appointment for a veteran at a reasonable amount of time. Even though this bill is being touted at the cure to VA woes, you will still have to go through the red tape to obtain a letter from the VA stating they will pay for Non VA care for a PARTICULAR incident. Do not think once something is approved it is approved for always. That is not the case. Please read both articles and be informed of what this new law means, and what you will need to do to take advantage of this Choice Card and, if you are allowed to.
To align VA’s healthcare program with the financial assessment requirements for other federal healthcare programs, the SECVAg has approved a process change to cease collection of veterans’ net worth information for purposes of means testing for health benefits. Effective Jan. 1, 2015, VA will only consider a veterans’ previous year’s gross household income (earned and unearned income) and deductible expenses to determine eligibility and/or copay responsibility for purposes of VA healthcare enrollment/benefit purposes. Note. This does not impact net worth development for purposes of VHA’s Extended Care Services or VBA’s Pension Program. Software changes to remove the net worth prompts from VistA and the Enrollment System are expected to be released in second quarter FY 15. Until the software is implemented, VA intake staff will enter “zero-dollars” ($0) into the net worth prompts for new applicants’ or when updating an existing enrollees’ Means Test. Changes to the online application and VA Forms 10-10EZ/EZR and 10-10HS are expected to be available by January 1, 2015. VA will be sending letters to current enrollees who may benefit from this change. Point of Contact: Ms. Benita Miller, Health Eligibility Center Director, Benita.Miller@va.gov or (404) 828-5300. [Source: NAUS Weekly Update November 07, 2014 ++]

A review ordered by Secretary of Defense Chuck Hagel has found that 734 U.S. troops who deployed to Iraq and Afghanistan reported potential exposure to chemical warfare agents, according to the Pentagon. The probe was launched after The New York Times reported last month that while American servicemembers found no evidence of an active program to produce weapons of mass destruction, many were exposed to degraded chemical weapons from the 1980s while serving in Iraq between 2004 and 2010. Iraq had a robust chemical weapons program during the 1980s and used them against Iranian troops as well as Iraqi Kurds. The Times initially reported that 17 servicemembers had been exposed to sarin or sulfur mustard agent that had been hidden or used in makeshift bombs by insurgents. On 13 NOV, the newspaper reported that 629 U.S. servicemembers told military medical personnel that they believe they were exposed to chemical warfare agents while serving in Iraq. The troops made the claims in a post-deployment health assessment which servicemembers fill out at the end of their combat tours, according to the Times. Some additional number of troops have reported that they believe they were exposed to such agents in Afghanistan. The real estate where some of Saddam’s old chemical weapons are buried and others are still stored is now controlled by the terror-bent Islamic State. The Pentagon will offer medical examinations and long-term health monitoring to servicemembers and veterans exposed to chemical warfare agents in Iraq as part of a review of how the military handled encounters with chemical munitions during the American occupation, The New York Times reported 12 NOV. Rusting military tanks left from the Iraq-Iran war are scattered across the countryside near Qasr-e-Shirin, Iran, in 2003. A New York Times investigation found U.S. and Iraqi soldiers from the Iraq War had been injured by Iraqi chemical weapons left over from the Iran-Iraq War in the 1980s. KRT/MCT Report: US troops in Iraq exposed to chemical weapons from Iran-Iraq War. Although claims that Iraq was still producing weapons of mass destruction just before the 2003 invasion of the country proved false, the U.S. military tried to cover up injuries to American troops who found chemical stockpiles from before the First Gulf War, according to a New York Times report. [Source: Stars and Stripes | Jon Harper | November 7, 2014 ++]

Soldiers from 3rd Brigade, 1st Armored Division uncovered these munitions in a large weapons cache in Iraq on Sept. 28, 2005.
Researchers are inching closer to creating medical tests to detect post-traumatic stress or mild traumatic brain injury — conditions that now are diagnosed only with self-reported symptoms and subjective exams. Scientists from five institutions are two years into a five-year, $42.9 million study to find biomarkers that can indicate evidence of these injuries common to combat veterans. Among the most promising findings, according to preliminary results presented Nov. 4 in a press conference at New York University Langone Medical Center, are brain imaging, blood and genetic variation tests, eye movements and even vocal changes evident in service members and civilians who have experienced a TBI or have been diagnosed with PTSD. An estimated one in five of the 2.3 million troops who have served in combat since 2001 have suffered a brain injury and/or developed PTSD, according to researchers. The scientists, supported by NYU Langone Medical Center, the Steven and Alexandra Cohen Veterans Center for the Study of PTS and TBI, the Defense Department and others, are looking at the conditions in more than 4,000 participants, including 1,500 personnel at Fort Campbell, Kentucky. The physicians said the next phase of these and use them to try to understand who does or does not respond to these therapies, whether it be psychotherapy, medical therapy or brain stimulation therapy,” Marmar said. Meanwhile, at Emory University School of Medicine, Dr. Kerry Ressler is examining the role of genetics in resilience and developing post-traumatic stress. Ressler has found gene variants in 10 percent to 20 percent of the population that increase the risk for developing PTSD. When he compared the genetic makeup of a group of predominantly male Iraq and Afghanistan combat veterans with PTSD to a group of black women who had been abused as children and also had PTSD, he found both groups shared the same gene anomaly. Such evidence could lead to genetic tests to determine who may be at higher risk for developing PTSD, and designing pharmacological or psychological interventions, such as the administration of morphine or exposure therapy — both of which have been proven to prevent development of PTSD — following a traumatic event. Other research in the study indicates that people with PTSD have distinct vocal patterns, which may allow measurement to determine whether a person has the disorder. And at the Cohen Veterans Center, Dr. Uzma Samadani, who also serves as chief of neurosurgery at the Veterans Affairs New York Harbor Heath Care System, is studying an age-old symptom of head injury — out-of-sync eye movements — to develop a quick test for concussion. Standing in front of a slide showing Wile E. Coyote after the Roadrunner has clocked him, Samandani noted how cartoonists indicated the character’s head injury, with his eyes moving in circles, not in tandem. In scientific terms, the condition is called an “anisocoric and disconjugate gaze.” Samandani tracked the eye movements of more than 400 troops and veterans as they watched a four-minute video and found that in patients with a concussion or those recovering from a mild head injury, their eyes did not track together. Her work could lead to the development of a medical device that could be used in combat theaters to detect a concussion after it occurs. “If someone has weakness or swelling, you can figure it out with eye tracking,” she said. “You can’t cheat on this test.” Much of the research for the massive study is being conducted in New York and at Stanford with more than 4,000 participants, including 1,500 personnel at Fort Campbell, Kentucky.
As Norway became the first NATO country to require women to register for the draft this month, it has American military analysts debating whether the US could be on the verge of taking the same step, too. It was back in 1981 that the US Supreme Court ruled that requiring only men to register for the draft was constitutional, since there were US laws that banned women from fighting in combat. Essentially, the argument went, since the purpose of registration for selective service – which all men must do at the age of 18, regardless of whether there is a draft in effect – is to prepare for combat, and women are excluded from combat, then they would not be needed in the event of a draft. But with the Pentagon’s decision to lift the ban on women in combat by January 2016 – and its move in recent months to open a number of jobs to female troops previously held only by men – those Supreme Court arguments from 33 years ago may no longer apply, analysts note, adding that mandatory registration for the draft may be the next logical step. “It’s a social contract with democracy – that’s my take on it,” says Shelly Burgoyne, a former Army officer who served two tours of duty in Iraq during the war and believes women should be required to add their names to the Selective Service registry. “If you’re going to take advantage of all of the benefits of a democracy, then I think you should also bear the responsibility as well.” A former platoon leader running supply convoys, Ms. Burgoyne says she did not initially think that women should be allowed to serve in combat jobs and even wrote her senior thesis laying out the reasons why they shouldn’t. Her beliefs changed, she says, after her time in Iraq. “I saw women physically able to do it,” she says. “I did a full-on reversal – if you can do the job, then you can do the job.” A congressionally chartered association of US military reservists recently passed a resolution last year calling for the registration of women for the Selective Service as well, noting that 14 percent of active duty troops and nearly one-fifth of National Guard and Reserves are now women. Even though 275,000 women have deployed to fight America’s recent wars, “an inequality exists between men and women between the ages of 18-26 under the Selective Service Act,” the Reserve Officers Association of the United States notes. “Women should be treated equally as responsible, competent, contributing members of America’s society. While men are required to register for the Selective Service, there has not been a draft in the United States since the Vietnam-war era. Pentagon brass strongly believes that the current all-volunteer force performs much better than a conscripted force would. The presence of women on the rolls has the potential to make a draft even less politically palatable. Yet there are other possibilities in the event of a national emergency in which the draft is activated, says retired Maj. Gen. Charles Dunlap, the former deputy judge advocate general of the Air Force and now the executive director of the Center on Law, Ethics and National Security at Duke University School of Law in Durham, N.C. Congress might say, for example, that the national emergency requires 95 percent of draftees to be fighters, or infantry. A draft bill might argue that since, say, 95 percent of infantry troops are men, then the national emergency would require 95 percent of men to be called up, and 5 percent of women, Mr. Dunlap notes. In that case, the law might say that the 5 percent requirement could be filled by female volunteers, rather than conscripts, he adds. “There would be a relatively small number of women who would want to do it and be able to pass the test,” Dunlap argues. “Those that wanted to do it and could would be welcomed into the unit, because they would be extraordinary people,” he adds. “I don’t see thousands and thousands of women in the infantry.” [Source: The Christian Science Monitor | Anna Mulrine | October 28, 2014 ++]
Mental Help
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

Office Closings
Waushara County Veteran Services closed for the following days:
- Happy Thanksgiving 11/27/14 & 11/28/14
- Merry Christmas 12/24/14 & 12/25/14
- Happy New Year 1/1/15