On Sunday, October 12, 2014 the 16th Annual “Talking Spirits” Cemetery Tour will take place at the Forest Hill Cemetery, 1 Speedway Road, Madison, WI. Adult Admission is $5.00 and Children are $2.00. Tours will leave the Chapel every 20 minutes. This is a 90 minute walking tour, local actors will portray important Civil War characters buried at Forest Hill. Rain Date is tentatively scheduled for Sunday October 19th. The decision to postpone due to weather will be made by 10 am October 12, and an announcement will be posted at www.wisvetsmuseum.com/events and on the Museum’s Facebook page.

The Wisconsin Veterans Museum sponsors the tour, which features actors playing the parts of people buried in the cemetery. Forest Hill’s “Confederate Rest” is the northern-most Confederate burial ground in the United States, according to the Veterans Museum. 140 soldiers buried there were among 1,000 sent to Camp Randall in 1862 from the defeated 1st Alabama Infantry Regiment. This tour is not handicapped, nor is there American Sign Language provided. No reservations are necessary. The “Haunted Madison” site states the following….. The Forest Hill cemetery is the final resting spot for many prominent Madisonians, early territorial settlers, and Civil War soldiers. Over the years, a number of strange-but-true stories (as well as some exaggerated by wild imagination) have bolstered the cemetery’s haunted reputation. Locals seem to be divided on the topic, though some insist that the cemetery is an active location for paranormal activity. The city of Madison officially established the 140 acre cemetery in 1858, and, as you can imagine, it is rich in Wisconsin history. In addition to being the burial site for several Wisconsin governors and well-known University of Wisconsin folks, the cemetery also has two military burial plots for Union and Confederate soldiers. The locals point to one event as a possible reason why the cemetery is haunted: unrest of the spirits attached to bodies moved to the cemetery from another burial site. As Madison outgrew its original village cemetery, which was located on four acres at the current Orton Park, city officials decided to disinter the bodies from the small cemetery and move them to Forest Hill.
VA CLAIMS UP 55% SINCE 2000

America’s population of living veterans fell by almost five million, or 17 percent, from 2000 to 2013. So why did the number of veterans drawing disability compensation climb by 55 percent over that period? And why has yearly VA disability payments tripled since 2000 to reach $60 billion in 2014? The Congressional Budget Office explains why in a new report, and the primary reason is not found among veterans who served in Iraq and Afghanistan. That source of claims is significant but not yet near its peak.

A greater factor has been liberalized laws and policies on “service connected” ailments, particularly decisions to compensate Vietnam War veterans for common medical conditions of aging and lifestyle because of an “association” with possible exposure to herbicides used in that war. For example, in 2000 only 38,000 veterans from all war eras were receiving disability compensation for diabetes. By last year, 320,000 veterans from the Vietnam War alone drew diabetes-related compensation. The Department of Veterans Affairs (VA) expanded its list of diseases presumed caused by Agent Orange to ischemic heart disease, Parkinson’s disease and certain types of leukemia in 2010. By June of last year, that decision had led to VA processing 280,000 claims for the newly presumptive ailments and to making $4.5 billion in retroactive disability payments. Another factor of growth in VA claims has been a weak labor market, CBO says, which encourages out-of-work or underemployed veterans to apply for disability compensation. Current law allows them to do so at any age and as often as they like. Indeed, laws enacted in 2000 and 2008 required VA to strengthen the help given to veterans to apply for disability benefits and substantiate claims. VA also increased outreach to veterans with post-traumatic stress disorder and eased PTSD diagnostic requirements. All such efforts, CBO says, are aided by the Internet and its capability to relay information quickly, and by websites that offer information on benefits and programs and encourages veterans to submit claims online. CBO prepared its report, Veterans’ Disability Compensation: Trends and Policy Options, at the request of the ranking Democrat on the House Veterans Affairs Committee, Rep. Mike Michaud of Maine. It can be accessed via http://www.cbo.gov/publication/45615.

As with most CBO reports, it offers only “objective, impartial analysis” and options, not recommendations. But the options for easing the river of VA compensation claims are, as expected, controversial. Many will be unpopular with veterans and condemned by powerful veteran service organizations, which would seem to make adoption by the Congress or VA unlikely outside of a larger bipartisan package of federal entitlement reforms. For example, CBO floats three options to alter policies on identifying service-connected conditions and to conduct long-term monitoring of disability ratings. One would impose a time limit on filing initial claims. CBO notes that in 2012, roughly 43 percent of first-time recipients of disability pay had filed claims while 55 or older, even though most had left service by age 30. Seven percent of new claimants that year were 75 or older. “Many Vietnam veterans, all of whom are now over the age of 55, began to receive compensation recently for such common medical conditions as hearing loss (35,000 new cases in 2012) and tinnitus (40,000 new cases in 2012),” CBO points out. It suggests that veterans could be required to file initial claims within a fixed period of time, for instance within five or 10 or 20 years of leaving active duty, depending on medical condition claimed, because some conditions would take longer than others to become apparent. Another option would require more reexaminations of veterans with disability ratings to track changes and thus adjust ratings. A third option is to change the “positive-association standard” VA has used to form its list of “presumptive” medical conditions. For example, VA presumes any Vietnam War veteran who has Type II diabetes or heart disease contracted the condition from wartime exposure to Agent Orange. CBO notes that such a medical finding “does not prove that the occurrence of a disease results from exposure to a particular hazard.” Indeed, using the association standard, says CBO, “can result in providing benefits for conditions that are common in the general population and that may be more strongly associated with non-service-related risk factors such as genetics, aging or lifestyle.” This option would have VA continue to make “a positive association between exposure to a hazard and onset of a disease a necessary criterion for establishing the presumption that a condition is connected to military service, but it would no longer have such an association constitute the sole factor for establishing that presumption.” VA would have to consider “other known risk factors …

CONTINUED ON PAGE 3
The Department of VA made a recent announcement that primary care has been added to the line-up of services available to veteran through their Patient Centered Community Care (PC3) contract. PC3 is considered a “key and evolving” part of the non-VA medical care program. Veterans eligible for care through this program are already able to have access to inpatient specialty care, outpatient specialty care, mental health care, limited emergency care and limited newborn care for female veterans following childbirth. “With the addition of primary care services, VA Medial Centers can now use PC3 to provided additional types of care in order to reduce wait times,” said Secretary of Veterans Affairs Robert A McDonald. “This modification is another example of how we are working to ensure veteran get the care they need, when they need it and where they want to be seen.” According to the VA, the changes are part of the VA Accelerated Care Initiative, designed to move veterans from the waiting lists. Also as part of the new initiative, not only is the VA striving to move veterans from wait lists and into care, but they’re also adhering to reducing commuting standards to contract providers are able to provide scheduled appointments closer to the homes of veterans. “PC3” is part of the overall non-VA medical care program,” said Dr. Carolyn A Clancy, VA’s Interim Under Secretary for Health. “We look forward to expanding our ability to provide timely access to health care services to our veterans.” the VA says the following about PC3 program: VA Medical Centers have the ability to purchase non-VA medical care for Veteran through contracted medical providers where they can not readily provide the needed care due to geographic inaccessibility or limited capacity. This additional option is available to purchase non-VA medical care when required veteran care serivce are unavailable within the VA medical facility, or when veteran benefit from receiving the needed care nearer to their homes. In addition, VA is reviewing how PC3 may be used to help implement the newly enacted Veteran Choice, Access and Accountability Act of 2014.

To improve access to and quality of care for veterans, the bill would:

- Require VA to offer an authorization to receive non-VA care to any veteran who is enrolled in the VA health care system as of August 1, 2014, or who is a newly discharged combat veteran if such veteran is unable to secure an appointment at a VA medical facility within 30 days (or a future published goal established by VA) or resides more than 40 miles from the nearest VA medical facility, with certain exceptions.

- Require an independent assessment of VA medical care and establish a Congressional Commission on Care to evaluate access to care throughout the VA health care system.

- Extend the ARCH (Access Received Closer to Home) pilot program for two years.

- Extend for three years a pilot program to provide rehabilitation, quality of life, and community integration services to veterans with complex-mild to severe traumatic brain injury.

- Improve the delivery of care to veterans who have experienced military sexual trauma as well as care for Native Hawaiian and Native American veterans.
AL Expresses Concern On Appeals Process

The American Legion has recently published an article about its concerns for the U.S. Court of appeals for Veterans Claims, and its case load. A judge for the court spoke to The Legion at the 96th Annual convention in Charlotte, N.C., and told the audience that while the court can handle its current caseload, this is something that could change in the near future. According to past national commander Alan Lance, Sr., who serves as a judge on the court, there are tremendous staffing issues, and an expected increase in appeals is coming soon.

“Right now we have nine judges, and we’re adequately staffed an prepared to deal (with the current case load),” said Lance, the Legion’s national commander from 1999-2000 and a former Idaho Attorney General. “Very soon, we’re going to start losing judges. Unless Congress reauthorizes the maximum strength of nine judges, that strength will be reduced to seven judges at about the time (the court’s caseload will increase). “In addition to that, we have judges whose terms of service will expire, and it takes a while to get a judge nominated, confirmed and through the process, So... we’re going to have some suggestions at the appropriate time, but right now we’re just watching it come down the mountain, trying to figure out when it’s going to hit and how much it’s going to be.” In 2002, the court of Appeals for Veterans Claims handled just more that 17,000 cases, and it’s anticipated that number will grow to 50,000 this year. According to Cheryl Rawls, who serves as the director of the VA’s regional office in Winston-Salem, N.C., about 10-12 percent of people who file rating claims end up filing appeals and four to five percent of those end up going to BVA. As part of the possible solutions to the overload the BVA is working on doing more hearings by teleconference, which provides more efficiency and frees up more time on the part of the judges. (From What Every Veteran Should Know October 2014

Current Judges:

Appointed by George W. Bush
Bruce E Kasold Chief 2003
Lawrence B Hagel 2003
William Moorman 2004
Alan G Lance 2004
Robert N Davis 2004
Mary J Schoelen 2004
Appointed by Barack Obama
Coral Wong Pietsch 2012
Margaret Bartley 2012
William S. Greenberg 2012

Each judge is allowed to serve a 15 year term. Between 2018–2019 six Judges will no longer be seated and will need to be replaced.

The Veterans Court is located in Washington, D.C. but may sit anywhere in the United States. While the Board of Veterans' Appeals is a part of the United States Department of Veterans Affairs, the Veterans Court is not a part of the VA, it is an independent federal court.

Fate of Air Craft Carriers

American aircraft carriers at their peak are the queens of the high seas, outclassing even America’s nearest peer competitors. They’re the anchors of U.S. sea power, and have a commensurate price tag, costing billions of dollars to build and thousands of sailors to man. But even the proudest ships outlive their military usefulness — and sometimes they’re barely worth the trouble to tear them down. USS Constellation (CV-64) will be the latest carrier to meet the scrappers. The Navy announced in July that it plans to pay International Shipbreaking, a company in Texas, $3 million to rip the vessel apart. According to the Kitsap Sun, the sea service decided it would cost too much to turn it into a museum, and no other countries were interested in buying the 1,073-foot, 61,981-ton vessel. The “Connie” is receiving a fond send-off at ports along its journey, which Foss, the maritime company hired to drag Constellation to her last reward. At http://www.foss.com/foss-innovation/uss-constellation-tow-blog the ship can be tracked on its final journal. Many of her well-wishers are sailors who served on the 53-year-old ship during the Vietnam War. Constellation was deployed to the Tonkin Bay and her air wing flew reconnaissance missions over Laos in the 1960s and served off Vietnam repeatedly through the early 1970s. Later in life, she helped enforce the no-fly zone over Iraq in 1995. She hasn’t sailed since being mothballed in 2003. [Source: USNI News | Cid Standifer | Aug 28, 2014 ++]
PTSD Consideration for Vietnam Vets Other-Than-Honorable Discharges?

The Defense Department has agreed to reconsider the bad-paper discharges for thousands of Vietnam-era veterans who may have suffered from combat-related post-traumatic stress disorder but were kicked out of the military in the era before that became a diagnosable condition. In a new rule announced Wednesday, the Pentagon said veterans from the Vietnam era and other past wars with other-than-honorable discharges will be given “liberal consideration” if they seek to correct their military records and provide some evidence of a PTSD diagnosis that existed at the time of their service. Upgraded discharges could result in the restoration of some benefits, such as disability pay, separation pay or GI Bill benefits from the Veterans Affairs Department, which are typically denied to vets who receive other-than-honorable discharges. Health care in the VA system is typically provided to veterans regardless of their discharge. In today’s military, PTSD is considered a mitigating factor for misconduct and behavioral problems. The military services are required to grant a medical evaluation to any service member who claims PTSD before finalizing a bad discharge. The Pentagon’s new rule comes in response to a federal lawsuit filed on behalf of several veterans in March that claimed the Defense Department was wrongfully denying discharge upgrade applications from veterans with claims and evidence of PTSD. The new policy was applauded by the Yale Law School Veterans’ Legal Service Clinic, which is spearheading the federal lawsuit.

“DoD appears to be taking a significant step to correcting a longstanding injustice,” said Jennifer McTiernan, a student intern involved with the lawsuit. However, she said, it’s too early to tell how the new rule will be implemented and the lawsuit is likely to continue. For years, the military services have rejected PTSD claims from Vietnam-era vets with what McTiernan called “Catch-22-like denials” that say changes cannot be granted without a diagnosis of PTSD from the 1970s — even though PTSD did not become officially recognized by the medical profession until 1980. And for many veterans, fixing their official discharge document, known as a DD 214, is about more than VA benefits. “Having an other-than-honorable discharge is a stigma. When someone has a DD 214 with an other-than-honorable discharge on it, it leads employers to possibly not hire them, it leads to discriminatory treatment in other aspects of their lives, it negatively affects their life prospects,” McTiernan said.

“These are veterans who honorably served their country and have a psychological wound of war and they should be recognized for having served honorably, not stigmatized and discriminated against,” she said. The Sept. 3 memo was signed by Defense Secretary Chuck Hagel, a former Army sergeant who earned two Purple Hearts for combat injuries he suffered in Vietnam. Hagel, a longtime veterans’ advocate and former top official at VA, played a key role in finalizing the Vietnam Veterans Memorial on the National Mall in Washington, D.C. The memo is directed toward the Army’s and Air Force’s Boards for Correction of Military Records and the Board for Correction of Naval Records, which handles requests from sailors and Marines.

The memo says: “Liberal consideration will be given in cases where civilian providers confer diagnoses of PTSD or PTSD-related conditions” and there is further evidence that the disorder existed at the time of service. “Liberal consideration” will be granted in cases where any document — military or otherwise — can substantiate the existence of one or more symptoms of what is now known as PTSD. However, in cases involving “serious misconduct,” the boards will

Continued on page 6.....
“exercise caution” and carefully consider the likely causal relationship of symptoms to misconduct, the memo says. 

Scrutinizing records that are now more than 40 years old will be a challenge, especially since some of them were destroyed in a massive 1973 fire at the National Personnel Records Center in St. Louis. 

The last time the Pentagon issued force wide guidance for service-level records corrections boards was in the wake of the 2011 repeal of the “don’t ask don’t tell” law. 

That guidance allowed former service members to seek changes to their military records if their separation was related to the military’s 17-year ban on gays serving openly in uniform. Article by Andrew Tilghman Staff Writer from Army Times

Discharges from Pg.5

The U.S. Department of Housing and Urban Development (HUD), U.S. Department of Veterans Affairs (VA), and U.S. Interagency Council on Homelessness (USICH) released 27 AUG a new national estimate of veteran homelessness in the United States. In America, a decline of 33 percent (or 24,837 people) since 2010. This includes a nearly 40 percent drop in the number of veterans sleeping on the street. HUD, VA, USICH, and local partners have used evidenced-based practices like Housing First and federal resources like HUD-VASH (the HUD-Veterans Affairs Supportive Housing voucher program) to get veterans off the street and into stable housing as quickly as possible. Since 2008, the HUD-VASH program has served a total of 74,019 veterans. The program’s progress was lauded in the following statements by officials: “We have an obligation to ensure that every veteran has a place to call home,” said U.S. Department of Housing and Urban Development Secretary Julián Castro. “In just a few years, we have made incredible progress reducing homelessness among veterans, but we have more work to do. HUD will continue collaborating with our federal and local partners to ensure that all of the men and women who have served our country have a stable home and an opportunity to succeed.” “The Department of Veterans Affairs and our federal and local partners should be proud of the gains made reducing Veterans’ homelessness,” said Secretary of Veterans Affairs Robert McDonald, “but so long as there remains a Veteran living on our streets, we have more work to do.” First Lady Michele Obama launched the “Mayors Challenge to End Veteran Homelessness” in spring 2014. So far, more than 210 mayors, county, and state officials have committed to ending homelessness among veterans in their communities by some of the following strategies: Using a Housing First approach, which removes barriers to help veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites; Prioritizing the most vulnerable veterans—especially those experiencing chronic homelessness—for permanent supportive housing opportunities, including those created through the HUD-VASH program; Coordinating outreach efforts to identify and engage every veteran experiencing homelessness and focus outreach efforts on achieving housing outcomes; Targeting rapid rehousing interventions, including those made possible through the Department of Veterans Affairs’ Supportive Services for Veteran Families program, toward veterans who need shorter-term rental subsidies and services in order to be reintegrated back into our communities; Leveraging other housing and services resources that can help veterans who are ineligible for some of the VA’s programs get into stable housing; Increasing early detection and access to preventive services so at risk veterans remain stably housed; Closely monitoring progress toward the goal, including the success of programs achieving permanent housing outcomes; and Aligning local goals and strategies with Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. [Source: VA News Release Aug 27, 2014 ++]

HUD-VASH PROGRAM

US Soldiers carry a wounded comrade through a swampy area during action in Vietnam in 1969. The Defense Department has agreed to reconsider the bad-paper discharges for thousands of Vietnam-era veterans who may have suffered from combat-related post-traumatic stress disorder but were kicked out of the military in the era before that became a diagnosable condition. (National Archives/ AFP)
UNIFORMS UPDATE: FOOTWEAR MADE IN AMERICA

The sneaker’s aesthetic design is derived from the company’s ultra-marathon shoe, the Leadville 1210 but made entirely from U.S.-sourced materials. The original shoe was made with the 100-mile Leadville Trail Marathon in mind. “The shoe is made from different materials, and it has a different color wave, black and silver, sort of an understated, conservative look,” Campbell said. The sneaker took center stage at the factory visit. Reps. Niki Tsongas (D-MA) and Mike Turner (R-OH) toured the company’s biomechanical research lab, prototype lab and manufacturing floor, before sitting down with executives to discuss the potential of a Pentagon policy change. Recruits today in the Army, Air Force and Navy can use a one-time $80 allowance to buy foreign-made shoes as an exception to the “Berry Amendment,” a federal law that requires DoD to buy American-made goods when possible. The Marine Corps only offers a general clothing allowance that does not specifically apply to shoes. The Berry Amendment has not applied to running shoes in the past because there were no entirely American-made shoes on the market. But the 950v2 can fit that bill.

“It’s a great opportunity to learn not only how a Berry-compliant shoe is made, but how they are that meets the needs of a new recruit,” Tsongas said. The factory with U.S. shoemakers. For manufacturers, the hope is the meeting will be to announce the Pentagon’s plans and timeline. Tsongas said there are several companies that could compete to produce a Berry-compliant shoe, including Michigan-based Wolverine Worldwide. The 950v2 will be offered in widths of narrow to extra-wide and in different varieties for stability and motion control, Campbell said. “We’re building the shoe so that it can be used by any type of runner, and any body type,” Campbell said, adding later: “It’s certainly not one size fits all or most. There is certainly a range, and we want to be able to meet the need for all different types of runners.” While DoD prepares for a wear-test, the services were instructed to conduct a joint study of footwear to ensure that recruits’ feet are being properly evaluated and matched with the most appropriate shoe type. Service members, and the Pentagon at one point, have expressed concern that eliminating allowances would limit choices for service members and could contribute to injuries. New Balance sees the rule as the closing of a loophole in the law, and a move that benefits U.S. manufactures. “This is an industry that has gone overseas, and we see this as a way to revitalize the industry and bring jobs back to the U.S.,” Campbell said. “We know our craftsmen and craftswomen here in the U.S. make great products. We think DoD getting behind domestic manufacturing will be a great spark.” [Source: NavyTimes | Joe Gould | Aug 31, 2014 ++]

In the United States. The American Recovery and Reinvestment Act (H.R. 1), passed by both houses of Congress on February 13, 2009, included legislation offered by Congressman Larry Kissell (D-NC) mandating that any textile and apparel products contracted by the U.S. Department of Homeland Security’s (DHS) be manufactured in the United States with 100 percent U.S. inputs. (Wikipedia) Since 1941, the Berry Amendment has required the Department of Defense to give preference to clothing and other items made in the U.S. An Air Force spokesperson told the newspaper that the Berry Amendment did not apply for purchases under $150,000. “Our service members should not be given equipment manufactured in other countries when domestic options exist,” Brown wrote. Our men and women in uniform are fighting for their country, and deserve to fight in quality uniforms and boots that are made in the U.S.A. There’s no justifiable explanation for issuing foreign-made uniforms when there are American manufacturers who can make high quality items for everyday military use.” Excerpt by Susanna Kim, via Good Morning America
2015 COLA
The Senate passed a Sept 11 that would increase compensation benefits for veterans with disabilities. Sen. Mark Begich (D-AK) introduced S.2258, the Veterans' Compensation Cost-of-Living Adjustment Act, which would direct the secretary of Veterans Affairs to increase the rate of veterans' disability compensation starting on 1 DEC. Also passing the House on Sept 16th. The cost-of-living increase would match that of Social Security benefits payable on January 2015 compensation check. This bill has not been signed yet by the President.

Mental Health 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 Kolpjen 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

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