

WAUSHARA COUNTY VETERAN SERVICES

VET'S VANTAGE

MAY 2011

OFFICE CLOSED

Waushara Co. Veterans' Office CLOSED

May 2-6, 2011 &
June 6-11, 2011

For training in both State and
Federal Benefits.

We ask for your patience during
this time. In order to better
service our veterans we
need to :

- Keep our State Accreditations current.
- Bill will be renewing his National Accreditation
- Dawn will be obtaining National Accreditation

Money from the Veterans
Trust Fund through a grant
by the State of Wisconsin
Department of Veterans Affairs
has provided the funds necessary
for the travel and stay to obtain
these accreditations. Which are
mandatory. Thank you for your
patience!

Atomic Veterans

The U.S. stopped testing nuclear weapons above ground in 1962, and many Veterans today—known as —Atomic Veterans—still deal with lingering effects that come with exposure to radiation (like cancer and other adverse health effects). Atomic Veterans are troops who were stationed as ground troops or POWs near the detonation sites in Hiroshima and Nagasaki or participants in above ground nuclear tests conducted from 1945 to 1962 in the Pacific Ocean and southwest U.S. Some conditions (mostly cancers) are considered —presumptive conditions for Atomic Veterans and just establishing that you participated in one of these situations make an —atomic Veteran eligible for compensation. For non-presumptive conditions, the key to getting compensation (and treatment, if not otherwise eligible for care) from VA lies in establishing the amount of radiation to which a Veteran was exposed. To that end, if you were involved, there are several resources you should know about.

- VA is encouraging all Atomic Veterans to check out the new website for the Veterans' Advisory Board on Dose Reconstruction (VBDR) at <http://www.vbdr.org>.

- VA offers an evaluation, known as the Ionizing Radiation Registry (IRR), free of charge to all eligible —Atomic Veterans.

- Veterans do not need to be enrolled in VA health care to be eligible. Information can be found on the Radiation page created by the Office of Public Health and environmental hazards at <http://www.publichealth.va.gov/exposure/radiation>.

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*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 in-
cluding my life'. This is an
Honor, and there are way
to many people in this
country who no longer un-
derstand it.'*

-Quote from a friend

AFTER READING, PLEASE PASS THIS TO ANOTHER VETERAN !



Agent Orange in Okinawa ? Claims Are Still Being Denied

In the late 1960s, James Spencer was a United States Navy longshoreman on Okinawa's military docks. "During this time, we handled all kinds of cargo, including these barrels with orange stripes on them. When we unloaded them, they'd leak and the Agent Orange would get all over us. It was as if it were raining." Between 1965 and 1967, Lamar Threet was a medic at the island's Camp Kue. "Agent Orange was stored at Kadena (Air Force Base) and it was used on Okinawa for vegetation control. I personally observed the spray crews around the hospital grounds, and was present when they brought a guy into the ER that had his clothes soaked in herbicide."

In 1970, Joe Sipala was stationed at the Awase Communication Site in central Okinawa. "The antennas were classified as 'mission critical,' so that meant no vegetation was allowed to grow around them. Every few weeks, a truck would come and refill our barrel of Agent Orange. It was my responsibility to mix it and spray the weeds around the perimeter fence."

This protracted, widespread use of Agent Orange on the island has left many of the service members who handled it seriously ill. Spencer, Threet and Sipala are today suffering from a litany of dioxin-related sicknesses including cancer, type 2 diabetes and ischemic heart disease. Moreover, Sipala's first child died in the womb.

If these veterans' exposure had occurred in Vietnam, where the U.S. government assumes that all service members came into contact with harmful herbicides, they would be eligible for V.A. assistance with health care costs. However, because their exposure oc-

curred on Okinawa, their claims for compensation have been repeatedly rejected due to Department of Defense denials that Agent Orange was ever on the island. Sipala's case highlights the challenges that veterans face. His military orders prove he was on Okinawa at the time, and his medical history is consistent with dioxin exposure — a photograph of him riding his motorbike past to a barrel of Agent Orange even convinced his veteran's representative that he had a "slam-dunk case." After 11 months of deliberations, though, the V.A. denied Sipala's claim, citing two grounds.

First, it stated there was no proof of him having developed illnesses due to exposure in spite of the fact that he developed diabetes right after he returned from Okinawa.

Second, the V.A. stated, "We were unable to find any evidence of spraying, testing, storage (or) usage of Agent Orange in Okinawa, Japan, by the personnel in your unit."

This phrase is common among denials issued by the V.A., and it baffles Sipala. "I don't understand how they can keep rejecting claims due to lack of data. Do they expect us to believe that the 1998 ruling was the one time anyone ever used the herbicide on Okinawa?" The V.A. decision to which Sipala is referring made world headlines when it was reported in 2007. Dated January 98 the case concerned an unnamed veteran who claimed he was exposed to Agent Orange between 1961 and 1962 while spraying it on the sides of Okinawa's roads and transporting it by truck. As a result, the serviceman developed prostate cancer. Deciding in the veteran's favor, the V.A. concluded, "Credible evidence sustains a reasonable probability that the veteran was exposed to dioxins while serving in Okinawa." The case raised hopes that this would finally pave the way for the U.S. military to admit using Agent Orange on the island. To date, how-

ever, the 1998 decision remains the sole successful claim by an Okinawa-stationed service member. In the ensuing years, the V.A. has rejected hundreds of similar claims on the basis that previous decisions do not set a precedent. In the words of one denial of a claim in 2010, "Each case will be decided on the individual facts." Throughout the 1960s, for instance, Okinawan residents suspected that America was storing biochemical munitions on the island. But the authorities denied these claims — until a 1969 leak of nerve gas sickened 23 U.S. soldiers. Many veterans believe that the military also shipped the majority of its Agent Orange supplies from Okinawa during Operation Red Hat. There is some cause for optimism. Until 2000, the U.S. government had asserted that military herbicides were solely used in Vietnam. But when evidence was uncovered of their usage along the Korean demilitarized zone between 1968 and 1971, veterans who had been stationed there were able to receive dioxin-related health care benefits. Likewise, following V.A. rulings in favor of veterans exposed to Agent Orange on Guam, President Barack Obama is under increasing pressure to add the Micronesian territory to its list of places military herbicides were deployed. [Source: Excerpt from The Japan Times Jon Mitchell article 12 Apr 2011 ++] This article was reduced to fit page, if you wish more information please look this article up on the internet.





Smart Phone Apps for PTSD, TBI Aids



The United States Department of Defense has released a military cell phone, smart-phone application for free which will let a

soldier monitor their emotions. This is a move to try to help combat veterans battle PTSD and depression and allow them to be able to readjust to life off of the battlefield.

The DOD stated that their T2 Mood Tracker allows the user to be able to rate their mood. What will happen then is it will compile the self-assessments over a period of time, weeks or months, which then allows the therapists and doctors to spot different trends as well as being able to address some of the common responses to combat:

- PTSD
- Combat depression
- TBI's (traumatic brain injuries)
- Other disorders

The T2 Mood Tracker is a program which will feature different questions. The question groups are tailored in order to draw out the emotions of the soldiers.

The teams are targeting applications instead of other programs due to the fact that veterans and soldiers are spending a lot less time on their laptops these days and trending toward the iPhone and other [Android smartphones](#).

The predominate thought is that tools that are meeting the needs of their population are the ones that need to be built and that population is younger and more technology savvy which explains the predominant smartphone trend.

One of the first applications developed is the T2 Mood Tracker as there are

plans for many more. It's the first within a 3-year program which has the aim of improving the mental health services of the military through the use of technology. Both engineers and psychologists are involved in a joint collaboration in VR programs as well as communication devices which of course includes smartphone applications like the T2 Mood Tracker.

The application has been downloaded by over 5,000 people. The application is able to be used as a standalone or through the direction and care of a therapist.

Some of the other applications that are being developed with this initiative include an application that would help the soldier with practicing their breathing exercises in order to reduce stress. There's another application which creates a personal hope box of sorts. The hope box is something that contains images that are uplifting or sounds that can be called on in moments of depression. Additionally, engineers are working on an application that can be used after a traumatic event as occurred. This is something that would be able to help the counselor make the determination on whether or not the soldier would be suited to seek the benefits of a therapist.

Both the Mood Tracker and these other applications are something that should be able to help the soldier adapt and adjust to both life while on the battlefield as well as life beyond it as well. This is a true demonstration of technology that can truly benefit a group that needs it the most, our soldiers.

Read more: <http://www.cell-phone-plans.net/blog/cell-phone-applications/military-cell-phones-smartphone-application-to-tackle-combat-stress/#ixzz1Im1PrfYq>

The Wall Education Center

For many, the Vietnam War is from the distant past. Some 40 percent of the 4 million people who visit The Wall today are too young to remember. To them the long list of names cut in smooth black granite are faceless; they have no context, no connection.

By sharing the faces and stories behind every name, officers and infantry alike, the Education Center at The Wall will help future generations understand the courage, sacrifice and devotion of those who fell, those who returned and those who waited.

The education Center project is headed by Jan C. Scruggs, founder of the Vietnam Veteran Memorial and The Wall itself, the second-most visited site in Washington, D.C. the Center will be built entirely with private funds donated by the American people, to preserve the hallowed nature of The Wall and all the memorials gracing the National Mall, a two story learning facility will be built entirely below ground.

Exhibits will include a wall of photographs of those whose names are on The Wall, a selection of the over 100,000 items that have been left at the Vietnam Veterans Memorial, a timeline of key military events of the Vietnam War and a history of The Wall.

The Center will celebrate the values embodied by all of America's service members-loyalty, duty, respect, service, honor, integrity, and courage-and an exhibit will show images of those who served in all of America's conflicts, from the Revolutionary War to Iraq.

Over \$20 million has been raised for The Education Center, including the lead gift of \$10 million from Time Warner. It is estimated that the Center will cost \$85 Million to Build. <http://buildthecenter.org/the-center.html>



OPEN HOUSE, WISCONSIN KING VETERANS HOME INVITE!

You're invited to an OPEN HOUSE



Wisconsin Veterans Home at King
N2665 County Road QQ
King, WI.

**Sunday May 15, 2011
10:00 am to 3:00 pm**

Old Car Show 200 Cars Expected!

FREE RIDES On Clear Water Harbor's Chief of Waupaca

Departure from Wisconsin Veterans Home Dock at 10:00, 11:00 12:00 1:00, 2:00 and 3:00

Gift and Craft Shop

Open all Day.

(Beautiful items handmade by members of the Veterans Home
Current volunteer, Employment and Admission Information
Escanaba Mobile Veterans Center

Vintage Military and Vehicle Display on grounds encampments

The Justmann Band 11:00am– 3:00 pm

Face painting • Balloons • Mini Golf • Food & Refreshments • Children's Inflatables
• Tour of the Buildings and Grounds

For Further information call (715)258-4247

* Please note that smoking on the ground at WVH is limited to designated areas only. Smoking is not allowed in the park

Free Tickets to Milwaukee Zoo for Veterans, July 3

INFORMATION ONLY!!!! The Milwaukee County Zoo will sponsor a veterans day at the zoo, formerly called Military/Veterans and Family Free-Day at the Zoo, the event will be held Sunday July 3, 9 am-3pm. With a ticket active military, veterans and their immediate family (spouse and children) are allowed free parking and admission. In addition, Wisconsin Department of Veterans Affairs (WDVA) will host a

“Supermarket of Veterans Benefits”. Veterans organizations and other service providers interested in participating should contact the Fernando Rodriquez or John Adams at WDVA. The Milwaukee County Veterans Service Office will distribute blocks of tickets, on request to county veterans service offices for further distribution, interested military/veterans. Tickets will be available on or about June 1. Please con-

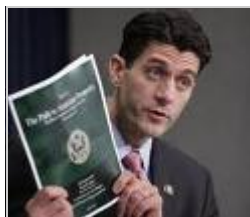
tact Waushara County Veterans Services offices in June to obtain your tickets. More information will follow in the June 2011 Vets Vantage You may call Waushara County Veterans Service Office (920)787-0446 to reserve your tickets.





Canceling Priority Groups 7 & 8 In VA Healthcare To Save \$6 Billion Is Looked At

The House Budget Committee, chaired by Rep. Paul Ryan (R-WI)



has told a veterans' group it is studying a plan to save \$6 billion annually in VA health care costs by canceling enrollment of any veteran who doesn't have a service-related medical condition and is not poor. Committee Republicans, searching for ways to curb federal deficits and rein in galloping VA costs, are targeting 1.3 million veterans who claim priority group 7 or 8 status and have access to VA care. Priority group 8 veterans have no service-connected disabilities and annual incomes, or net worth, that exceed VA means-test thresholds and VA "geographic income" thresholds, which are set by family size. Priority Group 7 veterans also have no service-connected disabilities and their incomes are above the means-test thresholds. But their incomes or net worth fall below the geographic index. In other words, because of where they live, in high cost areas, they likely struggle financially.

Joseph Violante, national legislative director for Disabled American Veterans, said he first learned of the committee's interest in possibly narrowing access to VA clinics and hospitals from a DAV member from Wisconsin, chairman Ryan's home state. Violante and other DAV officials arranged their own meeting with a staff member for the committee. He confirmed growing interest in a cost-saving initiative to push priority 7 and 8 veterans out of VA health care. As this budget committee staffer reminded Violante, proponents for opening VA health care to all veterans had argued it would be cost neutral to VA. That's because VA would charge these vets modest co-payments for their care. Also VA would bill these veterans' private health insurance plans for the cost of their VA care. That argument from 1996 turned out to be wrong. Co-payments collected from low-priority veterans and private insurance plan billings today cover only 18% of the cost of care for group 7 and 8 veter-

ans. By 2009, the annual net cost to VA to treat these veterans totaled \$4.4 billion or 11% of VA's annual medical appropriation. The figures come from the Congressional Budget Office's annual report to Congress, "Reducing the Deficit: Spending and Revenue Options." Among options it presented this year to the new Congress for reducing VA spending is one to close enrollment in VA care for all veterans in groups 7 and 8 and to cancel the enrollment of veterans currently in two low priority groups. CBO said this would save VA \$62 billion in the first 10 years, from 2012 to 2021. But the net savings to the government over the same period, CBO said, would be about half that amount. That's because many of the veterans bumped from VA are old enough or poor enough to use Medicare or Medicaid, which would drive up the cost of those programs. Until the mid-1990s, VA had denied health care to priority 7 and 8 veterans. Congress changed that during the Clinton administration, enacting the Veterans' Health Care Eligibility Act of 1996. The law directed VA to build many more clinics across the country. To ensure enough patients to fill these clinics, the VA secretary was given authority to expand care eligibility. The ban on group 7 and 8 veterans was ended by 1999. Over the next three years their enrollment climbed to 30% of total enrollees. By 2003, then-VA Secretary Anthony Principi stopped allowing any more group 8 enrollments, saying their numbers strained the system for higher priority veterans, including wounded returning from Afghanistan and Iraq.

It's possible that, in sharing what the budget committee eyed to lower VA health costs, the professional staffer assumed DAV would embrace cancellation of 7 and 8 enrollments because few DAV members would be impacted. But Violante said DAV is concerned, for two reasons. One, some DAV members separated from service with disabilities rated at 0% do have access to VA health care as group 7 or 8 veterans. A bigger concern for his members, Violante said, is that tossing 1.3 million veterans from VA care would leave the system without the "critical mass" of patients needed to provide "a full continuum of care." DAV officials worried that an initiative to narrow VA enrollment would be included in the House Republican budget plan unveiled this week. Ryan titled it "Path to Prosperity" and the full committee endorsed it on a straight party line vote

April 6. The budget package, however, doesn't mention any change to enrollment eligibility nor call for significant cuts to VA budgets. Violante said DAV wants to talk House committees out of taking any action to reduce VA enrollment.

CBO presented pros and cons for canceling 7 and 8 enrollments. An advantage is VA could refocus services on "its traditional group of patients -- those with the greatest needs or fewest financial resources." It noted 90% of group 7 and 8 enrollees had other health care coverage, either Medicare or private insurance. So the "vast majority" cut loose would have ready access to other coverage. Those who don't could be eligible for health insurance exchanges to be set up in the future said CBO. One disadvantage is that many veterans who have come to rely on VA for at least part of their medical care would see that care interrupted. The Obama administration and Congress actually had been moving in the opposite direction, to expand VA enrollment, until Republicans won the House. As Obama took office in 2009, VA announced that up to 266,000 veterans with no service-connected health conditions would be allowed to enroll in VA health care. Rep. Chet Edwards (D-Texas) had fought successfully to add \$350 million to the 2009 VA budget so income thresholds controlling priority 8 enrollments could be raised 10%. Edwards lost his reelection bid last year. And new priority 8 enrollees haven't rushed to join the system as VA officials had expected.

Group 8 and 7 veterans using VA care pay \$15 per outpatient visit and a little more for specialty care. Inpatient fees also are modest. The most popular benefit for many enrollees is discounted prescription drugs. The co-pay usually is \$8 for a 30-day supply. Tim Tetz with American Legion said his organization and many veterans groups would strongly oppose tossing out group 7 and 8 veterans. He credits their enrollment since 1999 as helping to improve VA care. "If as great of a health care system as we have, shouldn't we let all of our veterans have access to it, in some manner," Tetz asked. While deficit hawks weigh this issue, VA still is enrolling new group 8 veterans who fall below its income thresholds. Those without dependents and living outside high-cost areas, for example, must have income below a means test threshold of \$32,342. More information on group 8 enrollment is online at or <http://www.va.gov/healtheligibility> call (877) 222-8387.



Paralympic Veterans May Qualify for 3rd Party Insurers



WASHINGTON (April 1, 2011)- Some Veterans in training for the Paralympics will be able to qualify for a monthly subsistence allowance from the Department of Veterans Affairs (VA), under a new program to help disabled Veterans more easily take part in competitive sports.

"Our disabled Veterans are models of courage, resilience and determination," said Secretary of Veterans Affairs Eric K. Shinseki. "This new allowance will enable our disabled athletes to further their recovery by taking part in world-class adaptive sports."

VA officials caution that not all disabled Veterans will qualify for the subsistence allowance, which will actually be administered by the U.S. Paralympics.

The allowance will be pegged to VA's subsistence allowance for participants in a full-time institutional program under chapter 31 of title 38 of the U.S. Code. Those rates start at \$554 per month for Veterans without dependents. The current rate table is available at www.vba.va.gov/bln/vre/sa.htm.

Under the new rule, VA will pay the allowance to a Veteran with a

service-connected or non-service-connected disability if the Veteran is invited by the U.S. Paralympics to compete for a slot on the U.S. Paralympic team or is residing at a U.S. Paralympic training center for training or competition.

"While in uniform, our service men and women are continually challenged to push themselves beyond expectations, both physically and mentally," said Christopher J. Nowak, director of VA's paralympic program. "Their motivation and desire to succeed doesn't end with injury. Paralympic sports allow them to harness their competitive nature and push themselves beyond any perceived limitations."

Applications for the allowance must be submitted through the U.S. paralympics. The VA Paralympics Program Office will work closely with U.S. Paralympic Committee to ensure that Veterans who are eligible for retroactive payments are processed in a timely manner.



...on VA Prescription Drugs



The Department of Veterans Affairs (VA) is implementing a new billing process for charging third party insurers for outpatient prescription medications provided to Veterans for conditions unrelated to their military service. This change will not affect Veterans' co-payments for prescriptions. —This is a simple change that makes sense for delivering Veterans' health care, said Gary Baker, chief business officer of VA's Veterans Health Administration. —VA should recoup from insurers the actual costs for prescriptions provided to Veterans rather than a flat fee that is the average of all medication costs. Starting March 18, VA began charging third party insurers of Veterans for the full costs of prescription medications plus an administrative fee of \$11.40, rather than the flat fee of \$51 that is currently billed. The rule change, published in the Federal Register on Oct. 6, 2010, will contribute to VA's mission of providing exceptional health care that improves health and well-being. The new billing process will be similar to how the private sector bills for prescription medications. Veterans who receive prescriptions through VA for illnesses that are not related to their disabilities resulting from military service, currently pay a maximum of \$9 in co-pay per 30-day prescription, with many Veterans paying no co-pay at all. Veterans with questions about their health care benefits can call the VHA Health Resource Center at 1-877-222- 8387 or visit <http://www.va.gov/healtheligibility/>. [Source: Veterans Corner with Michael Isam 8 Apr 2011 ++]



VA DIABETES MILLITUS CARE UPDATE

Rates of foot and leg amputations in people with diabetes may have decreased in recent years, according to a new study of patients at Veterans Affairs (VA) clinics. Total rates of amputation, taking into account the age and gender of patients, were about 7 for every 1,000 patients in 2000 and between 4 and 5 for every 1,000 in 2004. The findings could mean "that we are getting better at screening patients ... and getting them the proper levels of care," Dr. James Wrobel, the head of the Center for Lower Extremity Ambulatory Research in North Chicago, Illinois, who was not involved in the study, told Reuters Health. Close to 26 million Americans have diabetes, according to the American Diabetes Association. The National Institutes of Health reports that more than 65,000 people with diabetes had leg foot amputations in 2006, the most recent year with available data.

Amputation is a risk with diabetes because nerve damage causes many patients to lose feeling in their feet, so they may not notice a cut or ulcer on their foot until it's infected. These cuts also take longer to heal because people with diabetes often have hardening of blood vessels, which causes less blood to flow to the feet and legs. Previous studies have suggested that the rate of amputations in diabetics may be decreasing, but lead investigator Dr. Chin-Lin Tseng from New Jersey's Department of Veteran Affairs and colleagues were concerned that might be due to higher numbers of people being

diagnosed with early diabetes who generally don't have serious leg problems. While diabetes has been on the rise, the number of amputations wouldn't necessarily have increased yet. "Usually you don't see amputations in the first 10 years of somebody having diabetes," explained Wrobel.

In their analysis, published in *Diabetes Care*, the authors consulted records of all patients with diabetes that were seen at VA clinics and also tracked amputations in these patients paid for by Medicare. The study included between 400,000 and 800,000 patients with diabetes each year, most of whom were white and male. When the researchers compared two similar populations and accounted for trends in earlier diabetes diagnoses, they calculated that amputation rates still decreased by about 20 percent during the study period. Rates of minor and major amputations decreased at similar rates - in both 2000 and 2004, minor amputations were roughly twice as common as major amputations. However, the biggest decrease in amputation rates was in above-the-knee procedures - the most serious type of amputation the researchers examined.

Wrobel, who also works part-time at the VA, said it's hard to know if the findings are representative to the entire country, or if they are limited to VA clinics. He said that the VA has made improvements in screening patients with diabetes for foot problems and following their progress closely, and "the sum of all these things together could be explaining this," he said. But some of those improvements in prevention and care are also probably happen-

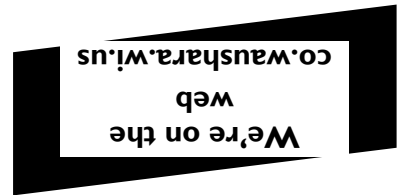
ing in non-VA hospitals, Wrobel said. When foot problems in patients with diabetes are caught early, treatments such as therapeutic shoes can cut down on their risk of later needing an amputation, Wrobel said. "People with diabetes receive more aggressive treatment for their condition and its risk factors than previously, due to increased awareness of diabetes and targeted interventions," Dr. Eszter Vamos, who has studied amputation rates in diabetes patients at the Imperial College of London, told Reuters Health in an email. Vamos, who was not involved in the current research, said that continued efforts are still needed to reduce the risk of amputation in patients with diabetes.

[Source: New York (Reuters Health) Genevra Pittman article 31 Mar 2011 ++]



Help prevent amputation by:

- Annual Check ups with a podiatrist
- Daily Foot Inspections
- Inspect footwear for tears on the inside which can cause an irritation.
- Get to a Dr. if a foot wound doesn't heal in 2 weeks .
- Callouses, blisters, dry cracked skin can indicate poor circulation.
- Thin shiny hairless skin on feet can also indicate problems.



Appointments appreciated

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Website Helps Veterans and Animal Shelters Rescue Forgotten Pets

Pets for Patriots is an organization that helps a veteran or active, reserve, retired service member to adopt a mature dog or cat from one of many high-risk shelters around the country. The organization provides the veteran with a gift card for the purchase of food, supplies, toys and other basics for the

new pet plus discounts on veterinary fees. In order to receive their assistance you must first apply and receive a confirmation of membership from them. They will determine eligibility upon receiving both your proof of service and the application available at <http://www.petsforpatriots.org/ForPatriots/Be>



comeamemberPatriot.aspx. For more information, visit the Pets for Patriots website <http://www.petsforpatriots.org>. [Source: NAUS Weekly Update 1 Apr 2011 ++]