



The California Zephyr



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6TH ANNUAL ASSEMBLY VETERANS RECOGNITION LUNCHEON REPORT

The Vietnam Veterans of America-California State Council was well represented at the California Assembly's 6th Annual Veterans Recognition Luncheon which was held on June 26th at the Sacramento Convention Center. This event enjoyed another great turnout, filling the room to capacity with over 330 attendees. 67 Assemblymembers participated as well as 2 Senators. 71 veterans were honored.

The Veterans Recognition Day event is hosted by the California State Assembly. Each Assemblymember is encouraged to honor a veteran or current service member from their district to be recognized for their contribution in their military and civilian careers. Assembly Speaker John A. Perez and Assemblymembers Al Muratsuchi and Rocky Chavez, Chair and Vice Chair of the Assembly Veterans Affairs Committee, as well as the Committee on Veterans Affairs staff coordinated the dissemination of event



California National Guard Color Guard



CA National Guard, Governor's Own 59th Brass Quintet

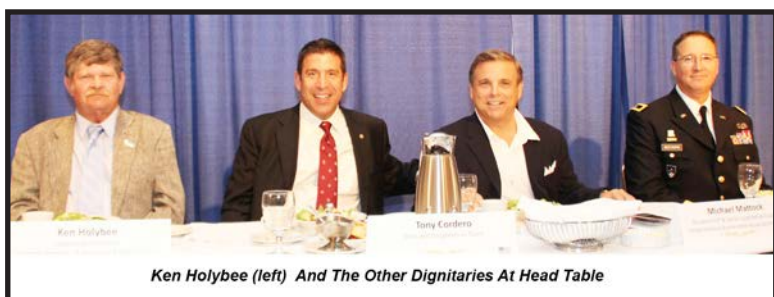
and honoree information within the Capitol.

The event was coordinated and organized by Pete Conaty and Associates. This event is the culmination of many hundreds of hours of work by the employees and volunteers in the office over a 6 month period preceding the event.

This event had long been envisioned by former VFW Legislative Chairman, Bill Manes and Pete Conaty, Veterans Advocate. It gained traction in 2007 when Assembly Veterans Affairs Committee Chair Mary Salas agreed to sponsor the event. The event has since quadrupled in size.

This year's key note speaker was Tony Cordero, founder and board member of Sons and Daughters in Touch (SDIT), and organization of Gold Star children from the Vietnam War. SDIT's mission is to locate, unite and provide support to the Gold Star 'sons and daughters' and other family members of those who died or remain missing as a result of the Vietnam War. Cordero's father was lost in the skies over North Vietnam on Father's Day 1965.

The Speaker of the Assembly, John A. Pérez spoke to the gathering about veterans related legislation he is authoring. Speaker Pérez has been a steadfast supporter of



Ken Holybee (left) And The Other Dignitaries At Head Table



Assemblyman Al Muratsuchi (right) And Honoree And VVA Member Ernie O'dell (center)



Honoree And VVA Member Gary Colletti (right) And Pearl Harbor Survivors



Assemblyman Steve Fox (left) And Honoree And VVA Member Gerald Rice



VVA CSC Legislative Chair Ken Holybee (left) And VVA CSC Legislative Advocate Pete Conaty (right) Present Assembly Speaker John A. Pérez The 2012 VVA CSC Legislator Of The Year Award

veterans during his tenure in the Legislature.

California State Council Legislative Chair Ken Holybee represented the VVA and joined dignitaries at the head table as a sponsor. As a sponsor, the VVA was able to bring a number of Council leaders and members to the event. Also, many of the individual honorees were members of the VVA. Of the 71 honorees attending, 5 identified themselves as VVA members (see list below).

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The opinions expressed in this newsletter do not necessarily represent the views of VVA, the State Council or its members.

Who Are The Vietnam Veterans Of America?

Founded in 1978, Vietnam Veterans of America, Inc. is the only national Vietnam veterans organization congressionally chartered and exclusively dedicated to Vietnam-era veterans and their families. VVA is organized as a not-for-profit corporation and is tax-exempt under Section 501(c)(19) of the Internal Revenue Service Code.

VVA'S FOUNDING PRINCIPLE

"Never again shall one generation of veterans abandon another."

PURPOSE

The purpose of Vietnam Veterans of America's national organization, the state councils, and chapters is:

To help foster, encourage, and promote the improvement of the condition of the Vietnam veteran.

To promote physical and cultural improvement, growth and development, self-respect, self-confidence, and usefulness of Vietnam-era veterans and others.

To eliminate discrimination suffered by Vietnam veterans and to develop channels of communications which will assist Vietnam veterans to maximize self-realization and enrichment of their lives and enhance life-fulfillment.

To study, on a non-partisan basis, proposed legislation, rules, or regulations introduced in any federal, state, or local legislative or administrative body which may affect the social, economic, educational, or physical welfare of the Vietnam-era veteran or others; and to develop public-policy proposals designed to improve the quality of life of the Vietnam-era veteran and others especially in the areas of employment, education, training, and health.

To conduct and publish research, on a non-partisan basis, pertaining to the relationship between Vietnam-era veterans and the American society, the Vietnam War experience, the role of the United States in securing peaceful co-existence for the world community, and other matters which affect the social, economic, educational, or physical welfare of the Vietnam-era veteran or others.

To assist disabled and needy war veterans including, but not limited to, Vietnam veterans and their dependents, and the widows and orphans of deceased veterans.

FUNDING

Vietnam Veterans of America relies totally on private contributions for its revenue. VVA does not receive any funding from federal, state, or local governments.

This event was made possible by veterans service organization (VSO) and corporate sponsorships. The VSO sponsors were: Vietnam Veterans of America-California State Council, AMVETS-Department of California, and the Veterans of Foreign Wars-Department of California. The VVA has been an ongoing supporter of the yearly event. The United Services Automobile Association (USAA) is a Four Star Sponsor of this event. The USAA, originally an automobile insurance provider created in 1922 by 25 Army officers who met and decided to insure each other's vehicles, is now a provider of a full range of financial products and services to the military and their families. USAA has a program of military affiliated relationships

with veterans service organizations, of which the VVA is a participant. The following VVA members were chosen to be honored by their Assemblymembers: ASSEMBLYMEMBER HONOREE Fox Gerald Rice Gray Walt Butler Logue Donald Schrader Muratsuchi Ernie O'Dell Quirk-Silva Gary Colletti

WEST LA VETERANS HOME
CalVet West LA Veterans Home to Accept Veterans in Transition

The California Department of Veterans Affairs (CalVet) West Los Angeles Veterans Home will soon convert 84 currently-vacant skilled nursing facility beds to independent living beds to temporarily accommodate displaced veterans. A majority of these veterans currently reside at the U.S. Department of Veterans Affairs (USDVA) West



SAVE THE DATE
25TH ANNIVERSARY OF THE DEDICATION OF THE
CALIFORNIA VIETNAM VETERANS MEMORIAL
COMMEMORATION AND CEREMONIES
NOVEMBER 22 & 23, 2013

VIETNAM VETERANS MEMORIAL, STATE CAPITOL PARK, SACRAMENTO, CALIFORNIA

November 22, 2013

5:30-7:30 p.m. - R & R – No Host Social
(Location TBD)

November 23, 2013

9:00 a.m. – POW/MIA Ceremony with
Balloon Release (Location TBD)

Noon – Motorcycle Ride to the Vietnam
Veterans Memorial in the State Capitol
Park

1:00 p.m. – 25th Anniversary Memorial
Ceremony

6:00-7:00 p.m. – Pre- Banquet Social
(Location TBD)

7:00-9:00 p.m. – 25th Anniversary
Memorial Banquet (Location TBD)



THIS EVENT IS FOR ALL VETERANS AND THE PUBLIC TO HONOR THOSE CALIFORNIANS WHO
SERVED IN VIETNAM
“ALL GAVE SOME, SOME GAVE ALL”

FOR VETERANS GROUPS THAT WANT TO BE INVOLVED PLEASE CONTACT:

For more information, contact:

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For sponsorship opportunities, contact:

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Executive Director, Anniversary Committee
pconaty@sbcglobal.net
(916) 492-0550

<https://www.facebook.com/events/357901990982757/?ref=22>

served during this time will get a chance to be a part of this celebration. There are already reunion celebrations planned in conjunction with this time period. Military.com is another website that always has information on your unit and any current memberships and planned events. The reports of the 40 year retrospective health study on women veterans during the Vietnam War should be released in time for this event.

We also talked about the movie, The Invisible War, that came out late 2012. The latest scandal at the Pentagon, where the head of the Air Force Military Sexual Trauma Prevention Taskforce was himself arrested for Sexual Assault, only highlights what this movie is about. I showed a movie trailer from this movie. It is poignant and reflects one woman's story as well as her father's follow up interview and discussion on how her MST case was handled within the Army. The movie is available on Netflix if you are not able to see a showing in your area. There were 26,000 cases of military sexual assault in 2012, a 34.5 percent increase from 2011; the number of victims believed not to be reporting their attacks skyrocketed to 92 percent. Of these statistics 14% of the cases involved male rape. These stats are not new. Beyond the raw sexual assault statistics, the military's system of justice is also under great scrutiny for how it deals with cases. Current regulations allow commanding officers to reverse criminal convictions, which critics argue present enormous potential conflicts of interest. Therefore, the

Los Angeles Domiciliary and receive treatment there. CalVet and the U.S. Department of Veterans Affairs (USDVA) have formed a partnership to make this conversion possible.

The veterans who move to the Home will receive a combination of services—some will come from other partnerships that CalVet has with other community organizations, and others will continue to be provided by USDVA. Services will include vocational rehabilitation, job training, social services and other services necessary to prepare veterans for community living when they no longer live at the Home. CalVet will work closely and cooperatively with USDVA and its community partners to provide the continuity of care needed by the individual veterans. CalVet will assist veterans' to successfully transition to employment and other permanent, community supportive housing or to remain at the Home if on-going medical and support services are necessary.

“CalVet works to serve all California veterans,” said CalVet Secretary Peter J. Gravett. “This program will allow CalVet to provide care to a broader spectrum of deserving men and women from throughout California who selflessly served our country. We applaud Governor Brown's vision for the Veterans Home West Los Angeles and are grateful for his continued support of CalVet's

efforts to serve California veterans and their families.”

The West Los Angeles Veterans Home was built at a cost of \$253 million and opened in June of 2010 with a capacity of 396 beds. Currently the Home is licensed and budgeted to care for 156 veterans (84 in Residential Care for the Elderly, 42 in Skilled Nursing, and 30 in Memory Care). 95% of the licensed/budgeted beds are occupied. The current State budget has included funding to open up these 84 beds for Domiciliary care.

CalVet is currently hiring and preparing staff in anticipation of admitting veterans under this program in September. USDVA staff and CalVet Home staff will ensure veterans applying to the program meet the required criteria, which includes honorable discharge status.

WOMEN VETERAN COMMITTEE.

By Kate O'Hare-Palmer

At the May VVA California State Council Meeting, I had a chance to review some of the more important issues that are coming up locally and across the nation. Next November 8-11th, 2013, the 20th Anniversary of the Vietnam Womens Memorial will take Place in Washington, DC. There is more information about this on the VNWMF website and I hope that any women vets that

conviction rate within the military is at a much lower rate than in the private sector. Often times, the victim in such cases is given an early military discharge secondary to personality disorder, thereby removing the threat to stigma to the higher ranking perpetrator.

Defense Secretary, Chuck Hagel, has come out with a statement that underscores the concern that the frequency of this crime and perception of acceptance will affect the ability to recruit appropriate men and women into our armed forces. He states that there is work to be done and that any offenders must know that judicial systems within the military must make offenders know that they will be held accountable.

CALVET, WALMART AND VETFUND TO HOST
WOMEN VETERANS LEADERSHIP CONFERENCE

In partnership with Walmart and the VetFund Foundation, CalVet will host the Women Veterans Leadership Conference on September 25-27, 2013 at the Mission Valley Marriot Hotel in San Diego, California. Online conference registration is now available at <http://www.calvet.ca.gov/Women/Conference.aspx>.

The Women Veterans Leadership Conference will provide information and resources that encourage and

empower women veterans to become self-sufficient, active members of their communities. Conference participants will learn how to start a business or nonprofit organization and how to become a community leader, activist or volunteer. Attendees will also have the opportunity to learn about their veteran’s benefits, enroll in healthcare, file disability claims and speak with employers, college representatives, and veteran service organizations at more than 40 information tables.

The Conference will also include an evening reception to honor exemplary women veterans. Award nominations will be available to submit from May 21 until July 19 for the Woman Veteran Leader of the Year Award, the Lifetime Achievement Award and the Outstanding Volunteer Award. Nomination forms may be downloaded at www.calvet.ca.gov/women/Conference.aspx.

The honorary co-chairs of the Conference are California Assembly Majority Leader, Assemblymember Toni Atkins and Assemblymember Rocky Chávez. Assemblymember Chávez serves as Vice Chair of the Assembly Veterans Affairs Committee and Assemblymember Atkins serves as a member of the Committee.

The conference is made possible by private donations made through the VetFund Foundation, a 501(c)(3) corporation that promotes the interests and raises money in support of California veterans and active duty service members as well as assisting selected programs and services of the California Department of Veterans Affairs.

For more information, please email womenveterans@calvet.ca.gov or call (916) 653-1402.

VA LAUNCHES HOTLINE FOR WOMEN VETERANS

by Hans Petersen, VA Staff Writer

The Department of Veterans Affairs has launched a new hotline — 1-855-VA-WOMEN — to receive and respond to questions from Veterans, their families and caregivers about the many VA services and resources available to women Veterans. The hotline is staffed by knowledgeable VA employees who can provide information about benefits including health care services for women. Callers can be linked to information on claims, education or health care appointments as well as information about VA cemeteries and memorial benefits. Staff can answer urgent questions and provide referrals to homeless and mental health services as well as provide Vet Center information. Women Using VA Health Care Doubled Since 2000

Women make up nearly 15 percent of today’s active duty military and 18 percent of National Guard and Reserve forces. The population of women Veterans using VA benefits including health care is growing rapidly. Since 2000, the number of women using VA health care more than doubled, from 160,000 in 2000 to more than 354,000 in 2012. Based on the upward trend of women serving in all branches of service, the number of women Veterans — female VA users — will keep climbing. We need to correct...misperceptions so we can provide more women Veterans with...benefits...

VA is committed to making improvements for the growing population of women Veterans, including the way it communicates with them. In 2010, VA established an outbound call center to contact women Veterans and encourage them to enroll in VA health care. “In VA health care alone, women constitute only 6 percent of VA patients, but those Veterans have a high perception of the quality care they are receiving,” said Irene Trowell-Harris, director of VA’s Center for Women Veterans. “Many women who served don’t self-identify as Veterans and therefore don’t think they qualify for VA benefits. We need to correct existing misinformation and misperceptions so we can provide more women Veterans with the benefits they’ve earned.” Women Veterans Eligible for Many Benefits

Women Veterans are entitled to apply for the same benefits as their male counterparts, which include health care and pharmacy benefits as well as education benefits, disability compensation, home loans, employment assistance and more. “Some women Veterans may not know about high-quality VA care and services available to them,” said Secretary of Veterans Affairs Eric K. Shinseki. “The hotline will allow us to field their questions and provide critical information about the latest enhancements in VA services.” The hotline (1-855-VA-WOMEN) joins numerous other VA hotlines that provide critical information and assistance to Veterans, such as those for Veterans in crisis and in danger of becoming homeless. Veterans can also receive information and apply for benefits online at VA’s www.eBenefits.va.gov and manage their health care at MyHealtheVet.va.gov. - See more at: <http://www.va.gov/health/NewsFeatures/2013/May/VA-Launches-Hotline-for-Women-Veterans>.

[asp#sthash.TBGGORJO.dpuf](#)

VA RELEASES SECOND WOMEN VETERANS

SOURCEBOOK:

The Department of Veterans Affairs has released Volume 2 of their Women Veterans Sourcebook. Some details:

* Healthcare Usage: The number of women VA healthcare nearly doubled over the past decade, from 175,698 in fiscal year 2001 to 316,903 in FY10. Women veterans now comprise 6% of VA patients. They also use outpatient care more than men.

* Age Distribution: A decade ago, the age distribution of women veterans showed two peaks, at ages 44 and 77. In FY10, a third peak appeared, at age 27. In FY10, 42% of women veteran patients were 18-44 years old, 45% were 45-64 years old, and 13% were older than 65.

* Residence: More women veterans resided in urban areas than rural areas in FY10 (urban 64%; rural 36%).

The 78-page sourcebook is now available in PDF format on the VA website at http://www.womenshealth.va.gov/WOMENSHEALTH/docs/SourcebookVol2_508c_FINAL.pdf

WHAT ONE PERSON CAN DO

Here is something one AVVA member accomplished in her town.

She asked her city council to tell their Congressional delegation to pass this federal legislation. They decided to write and pass a formal municipal resolution in support of the bill.

What does this accomplish?

1. It teaches lots of local folks about something that can be done to fix a problem a. How many of these folks ever heard of this before she stepped up and said something? Not likely any of them.

2. It allows a community government to say hey congress, we want you to do this. Members of congress listen to these sense of community/state statements.

3. It raises to top-of-mind issues and solutions WE at VVA support, so it raises public awareness of VVA.

4. It must might get a bill passed in Congress that otherwise may be stuck because one Member of congress doesn't like it.

5. It enables a broader regional even national campaign for other municipalities and states to say hey congress pass this damn bill.

I'm very impressed by the actions of this one AVVA member who I met at the Region 8/9 conference in Reno.

If every VVA and AVVA member went to their municipal government or their state legislator and did the same, we would get every bill we want passed.

So, take the time to read the resolution then take it to your mayor, city council, state legislator, member of congress and get 'er done.

Remember: Never again ... that is who we are, that is why we are, and that must remain who we will be.

Ric Davidge, Chairman
Gov. Affairs Committee

RE-SUPPLYING KHE SANH

On Super Gaggles, CH-46s and Re-Supplying Khe Sanh

Marine Michael Phillips flew re-supply choppers into Khe Sanh and the surrounding hills during the siege. Here he tells us what it was like.

My name is Michael Phillips, and I was a Marine Corps pilot with HMM-364 Purple Foxes helicopter squadron during the siege at Khe Sanh. Every day during the siege, we sent 8 CH-46’s to resupply the hills and Khe Sanh between 24 February 1968 until 9 April 1968. This came to be known as the “Super Gaggle” in aviation history.

Our day began with a 05:30 briefing at Phu Bai, then up to Quang Tri to be briefed again by General Hill. After that we flew over to Dong Ha and picked up our externals. Since it was IFR (Instrument Flight Rules) at Dong Ha, our first aircraft took off on a heading for Khe Sanh, aircraft # 2 took off 10 degrees to the left, aircraft # 3 10 degrees to the right, etc., until all 8 were airborne. We normally punched out around 8,000 feet, on to Khe Sanh where we would orbit for 30-40 minutes while the artillery, F4 Phantoms, A6 Intruders and A4’s provided gun support for the hill that we would resupply. One of our biggest concerns was that of a mid-air collision. We had so much air support that F4’s were constantly zipping in front of us. At that altitude and at our weight, we barely had enough power to maintain elevation, so when we flew thru their exhaust it was not unusual for us to lose control

and drop 3-400 feet prior to regaining control.

When the command was given for us to begin our run, we had to lose 8,000 feet of altitude but still maintain enough power to land at the LZ. On the way down our gunners would begin firing their. 50 caliber guns, careful not to hit the Marines on the ground. The NVA AK-47 was not very dangerous to us until we reached around 1,500 feet in elevation above the LZ. The major problem for us was maintaining proper spacing between aircraft, or we might have to attempt to hover at 900 feet. We simply did not have enough power to do so. It was essential that aircrafts #1, 2 and 3 get on to the hill or the LZ at Khe Sanh and off without wasting any time. Or else the balance of the flight was trying to hover, and a pilot could not do so.

Hill 881 South was our most difficult as we owned that hill and the NVA owned 881 North. We could always count on intense fire from there. One hill that did not receive much publicity was 558. This hill was in a slight ravine and there must have been 100 mortar tubes there. Keeping them supplied with ammo was a full time job.

After we completed the resupply we left for Quang Tri, refueled and flew back to Phu Bai. Every Marine base in I Corps was surrounded. When we got back, our gunners took the. 50 caliber guns out of the A/C down to the perimeter as we got hit by the NVA each night. Our crew chiefs worked all night to fix the battle damage to our A/C. We could have done nothing without the crew chiefs. They were superb.

It was not unusual for us to take 50 rockets at a whack. Afterwards the NVA would always put a round in every half hour, so out to the bunkers we went. This ensured that we got very little sleep. Flying that CH-46 lacking sleep was a chore and all of our pilots became extremely rude, ugly, tense and it did have an effect on how efficient we were.

Approaching Hill 881 South (or any of the other Khe Sanh LZ’s) was somewhat more sophisticated than I mentioned earlier. When we began our descent it always reverted back to the individual pilot’s skill and his ability to shoot a good approach. Controlling the rate of descent, controlling spacing, controlling air speed, maintaining turns (RPM’s), running out of ground speed and altitude at the same time over the LZ was imperative. Dropping the external as “softly” as possible was a never-ending challenge. If any of the A/C in front of you did not do these things, you had to make adjustments, quickly. We simply did not have enough power to hover at 1,000 feet so sometimes one had to drop out of the sequence and go to the Khe Sanh Combat Base airstrip to hover, then air taxi to the hill. This was not a good thing as the Combat Base runway always took a lot of rockets and mortars, and you were exposed to more fire than desired.

If one A/C screwed up, overshot the LZ, he had to come to a complete hover, back up to the zone, bounce around some; this took time. It was time that the A/C behind him did not have to sacrifice. The CH-46 does not stop on a dime. In our haste to get in and out, sometimes our airspeed was excessive. It was adjustment time for everyone behind the pilot who was trying to get into the LZ.

Prior to flight school, I went to Basic School in Quantico. There I studied tactics, explosives, rifle range (M14). 45 pistol, everything that a Second Lieutenant is supposed to know. (Not much, huh?) As a result I had many friends that were 0311, and it provided me with a very good understanding of what the grunts were going through. Since I was not there with them, I could not actually experience in depth their plight, but I did have enough knowledge to admire their courage, never giving up, never leaving a wounded man in a hot zone.

During and after Tet, I had occasion to fly many medevac missions. Some of these required that I land in a rice paddy, 100 meters from the tree line where we were taking intense fire. The plexiglass cockpit and 1/8 inch aluminum skin of the A/C did not slow down an AK-47 round, and we paid a price.

I am proud to say that in the Marine tradition, we never left a wounded man in a hot zone. Never. He was coming out, and was going to be on a hospital ship in 20 minutes. It was not that I was a hero, all of our pilots, and all of the pilots from other squadrons did the same. All in a day’s work to support the Private with a bayonet on the ground. The same was true if one of our recon teams was compromised. They might have to run for a mile to find a LZ big enough for us to land, but we took them out.

Probably more than you wanted to know about the day-in, day-out life of a CH-46 driver.

You guys were the greatest, a shame that none of you (us) ever got the recognition that we deserved.

NEW HEALTH CARE LAW INFO

VA Reaches Out to Veterans about the Health Care Law

The Department of Veterans Affairs has launched an awareness campaign and a new website, www.va.gov/aca, to let Veterans know what the Affordable Care Act means for them and their families. Veterans receiving health care from the Department of Veterans Affairs will see no change in their benefits or out-of-pocket costs when portions of the Affordable Care Act take effect next year.

“VA wants all Veterans to receive health care that improves their health and well-being,” said Secretary of Veterans Affairs Eric K. Shinseki. “If you are enrolled in VA health care, you do not need to take any additional steps to meet the health care law coverage standards. If you are not enrolled in VA health care, you can apply at any time.”

“VA encourages eligible Veterans who are not enrolled in VA’s health care system to take advantage of the world-class care we provide to the men and women who have served this Nation in uniform,” Shinseki added.

Veterans can apply for VA health care at any time by visiting www.va.gov/healthbenefits/enroll, calling 1-877-222-VETS (8387), or visiting their local VA health care facility. Full details on eligibility are available at www.va.gov/opa/publications/benefits_book

VA’s health care system for Veterans has no enrollment fee, no monthly premiums and no deductibles. Most Veterans also have no out-of-pocket costs, though some may have small copayments for some health care or prescription drugs.

“VA will continue to provide Veterans with high quality, comprehensive health care and other benefits they have earned through their service,” said Dr. Robert Petzel, VA’s chief physician and under secretary for health.

The Affordable Care Act was created to expand access to coverage, reduce rising health care costs, and improve health care quality and care coordination. The Affordable Care Act creates new opportunities for coverage for uninsured Veterans and their families.

There are more than 1.3 million Veterans and more than 950,000 spouses and children of Veterans without health insurance. Most uninsured Veterans are eligible for VA health care. For those who are not eligible for VA care – such as Veterans’ family members – the law created a new Health Insurance Marketplace.

In 2014, the Marketplace will be a new way to shop for and purchase private health insurance. People who purchase insurance through the Marketplace may be able to lower the costs of health insurance coverage by paying lower monthly premiums. For more information, visit www.healthcare.gov.

For information about VA health care and the Affordable Care Act, VA encourages Veterans and family members to visit the new website at www.va.gov/aca, or call 1-877-222-VETS (8387), Monday through Friday from 8 a. m. to 10 p. m. or Saturdays from 11 a. m. to 3 p. m., Eastern time. The new website includes a Health Benefits Explorer, where Veterans can learn about the benefits they can receive if they enroll in VA care.

THE LONGEST WAR

VIETNAM VETERANS' NEW BATTLE: GETTING DISABILITY COMPENSATION

CHANGING POLICY HAS MADE IT EASIER TO RECEIVE BENEFITS. BUT WITH EXPANDED ELIGIBILITY AND AN AGING VETS POPULATION, THE VA'S BACKLOG GROWS.

By Alan Zarembo, Los Angeles Times

Vietnam veteran John Otte did his best to forget the war. He got married, raised two sons and made a career working at credit unions. But as Otte neared retirement, memories of combat flooded back. Starting in 2005, he filed a series of claims with Veterans Affairs for disability compensation, contending that many of his health problems stemmed from the war. The VA agreed, and now the 65-year-old with two Purple Hearts receives \$1,900 a month for post-traumatic stress disorder and diabetes — and for having shrapnel scars on his arms. His payments will rise to about \$3,000 if the VA approves a petition to declare him completely disabled and unemployable. "I've been sitting here waiting," he said.

Otte is among hundreds of thousands of veterans from the Vietnam era filing for damages four decades after the war. They account for the largest share of the 865,000 veterans stuck in a growing and widely denounced backlog of compensation claims — some 37%. The post 9-11 wars in Afghanistan and Iraq account for 20%. The remainder are from the 1991 Gulf War, Korea, World War II and times of peace.

Basic demographics explain some of the filing frenzy.

Vietnam veterans are becoming senior citizens and more prone to health problems. Any condition they can link to their military service could qualify for monthly payments — and for many illnesses, it is easier for Vietnam veterans than other former troops to establish those links. Heart disease, Type 2 diabetes and several other afflictions common in older Americans are presumed to be service-related for Vietnam veterans because the government has determined that anyone who served on the ground there was likely to have been exposed to the herbicide Agent Orange, which is known to increase the risk of those conditions.

At the same time, changing attitudes toward mental health care mean that veterans suffering from PTSD and other psychiatric conditions are now more willing to come forward. The uncertainties of older age — and possibly the decade-long spectacle of the current wars — may in fact be triggering relapses of PTSD among some veterans.

Linda Bilmes, a public policy professor at Harvard University, said the filings are a cautionary lesson. "Wars have a long tail," she said. "The peak year for disability claims from Vietnam has not been reached yet."

By comparison, payments to veterans of World War I, which ended in 1918, were highest in 1969. Bilmes said the peak for the wars in Afghanistan and Iraq is likely to occur around 2050.

VA statistics show that annual compensation to veterans from the Vietnam era more than doubled between 2003 and 2012, reaching \$19.7 billion of the total paid to veterans that year of \$44.4 billion.

Of the roughly 320,000 Vietnam veterans in the backlog, about 40% are making claims for the first time. The rest already receive some compensation. Veterans who are denied can reapply indefinitely to increase their payments as existing conditions get worse or new ones emerge.

In recent years, veterans have had an easier time winning disability pay for several illnesses.

In 1991, Congress enacted a law guaranteeing compensation to any veteran who served on the ground in Vietnam and went on to develop certain types of cancer or a skin condition known as chloracne — diseases linked to Agent Orange exposure.

As more scientific evidence has emerged, the VA has added 11 new conditions to the Agent Orange list, including Type 2 diabetes, prostate cancer and ischemic heart disease. Diabetes has become one of the most common conditions among Vietnam veterans receiving compensation. Over the last nine years, the number of cases rose from 135,000 to nearly 323,000 — more than 10% of the service members who went to Vietnam.

Many qualify for multiple ailments. The number being compensated for hearing loss — often tied to not having used ear protection — rose by more than 236,000 since 2003.

Over the same period, nearly 184,000 joined the ranks of those being paid for PTSD. Nearly a third were added after 2010, when the VA loosened its requirements so that veterans no longer had to document specific events such as killings or ambushes that traumatized them. Having lived under threat qualifies anybody with a current diagnosis.

PTSD did not become a formal psychiatric diagnosis until 1980, when the Vietnam War was long over. It was highly stigmatized at the time, but the wars in Afghanistan and Iraq have made it more acceptable for veterans of all eras to seek treatment and compensation.

Vietnam War medic Shad Meshad, head of the National Veterans Foundation, said he urges veterans to file claims, telling them: "You've suffered for 40 years."

Even for veterans who led productive lives after the war, the psychological trauma can lurk in the background, said John Wilson, a psychologist at Cleveland State University and expert on PTSD and Vietnam veterans.

"Many don't sleep well," Wilson said. "If they hear a noise at night, they sit in the stairwell with a 9 millimeter to see if somebody is there."

The recent wars also may be causing relapses. Wilson's research shows that watching news reports about the U.S. involvement stirred up painful memories for some Vietnam veterans.

In 1986, researchers estimated that about 500,000 of the 3.1 million men who served in Vietnam were suffering from PTSD. Dr. Charles Marmar, a psychiatrist at New York University helping lead new research into the disorder, said that although some people with PTSD get worse over time, most improve. Life changes such as retirement or death of a spouse, however, can unleash old ghosts. "The deeper they get into retirement, the more they think about the past, and the less they think about the future," Marmar said.

Rich Dumancas, deputy director for veterans benefits at the American Legion, said the bad economy also drove

claims as veterans lost jobs. "They needed to make ends meet, so they started talking to me about their disabilities," said Dumancas, who spent most of the last decade as a government advocate for veterans in Duluth, Minn.

Being approved for disability compensation also increases access to the VA healthcare system, which generally has lower out-of-pocket costs than Medicare.

VA officials say the agency rejects many new claims and that they do not believe the surge in claims signals abuse of the system. "There have been isolated cases where fraud has been identified," said Edna MacDonald, head of the VA benefits office in Nashville, Tenn. "But we have a lot of safeguards in the system."

Otte, the 65-year-old hoping for a full disability rating, said the war left him a changed man — angrier, unable to forge close friendships, racked with guilt for surviving while many other men in his Army unit were killed. But he managed to live productively, settling in Harbor City.

His wife, Benedicta, said he never told her much about the war, but it is clearly a source of distress. When the family went to see the 1986 Vietnam movie "Platoon," he had to leave the theater.

Sometimes he wakes her up with cries of "no, no, no" in his sleep, she said. His nightmares started more than a decade ago and grew more frequent over time, he said. In the most common dream, he is under enemy fire but can't shoot back. His M-16 rifle is jammed.

A friend advised him to apply for disability compensation and seek care at the VA in Long Beach, where he now attends a group therapy session once a week and undergoes treatment for pain, eye problems and other complications of diabetes.

His latest disability filing has been pending since 2010.

"I should be at the front of the line," he said. "I was a guy walking around in the jungle for a year."

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This is one in a series of occasional articles about the struggles of military veterans.

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ELECTRONIC CLAIM FILING

NEW TECHNOLOGY IN PLACE FOR ELECTRONIC SUBMISSION OF VETERANS' DISABILITY CLAIMS CAPABILITY MARKS MAJOR MILESTONE IN VA TRANSFORMATION TO DIGITAL CLAIMS PROCESS

A new online application from the Department of Veterans Affairs (VA) enables disability compensation claims to be processed faster in a more end-to-end electronic environment, and VA is urging Veterans and their Veterans Service Organization (VSO) representatives to make full use of its capabilities to receive speedier decisions and reduce the backlog of claims.

The availability of the joint VA-Department of Defense Web portal eBenefits, which now integrates with the new internal Veterans Benefits Management System (VBMS) electronic claims processing system, marks a major milestone in VA’s transformation from paper claims records to a fully digital operating environment, one of the keys to VA’s goal to eliminate the disability claims backlog by the end of 2015. VBMS has now been fielded at all 56 Regional Offices across the country, ahead of schedule. VA will continue to upgrade and improve VBMS based on user feedback, and add features and tools that make it faster and easier to process claims. Instead of filling out and mailing paper forms to VA, Veterans can now use eBenefits to enter claim information online using a step-by-step, interview-style application, with pre-populated data fields and drop-down menus similar to popular tax preparation software.

“There are so many advantages to making this move from paper to digital – for both Veterans and VA” said Under Secretary for Benefits Allison A. Hickey. “Veterans can now file their claims online through eBenefits like they might do their taxes online.”

By filing electronically, any compensation benefits that are awarded will be effective back to the date the Veteran started entering their claim information in eBenefits. From that initial claim establishment date, each Veteran has up to a year to gather all necessary records and hit “submit” to preserve their original date of claim.

eBenefits allows Veterans to upload digital images of records and evidence to support their claims, bypassing the need to physically mail in personal records and wait for confirmation of receipt. VA is advising Veterans to gather and submit all relevant medical records and file a Fully Developed Claim (FDC) in eBenefits, which entails entering all available evidence at the time the claim is submitted and verifying to VA that they have no more evidence to submit. Veterans filing an FDC will receive

priority processing over the traditional claims process. VA can typically process FDCs in half the time it takes for a traditionally filed claim, and there is no risk to Veterans in filing an FDC. If VA finds that there is a piece of relevant evidence that was not submitted by the Veteran, but is needed for a rating decision (like private medical records), claims processors will work to obtain that evidence on the Veteran's behalf and process the claim in the traditional way.

Once logged into eBenefits, Veterans can also choose to have an accredited VSO representative assist with their claim submission by filing an electronic power of attorney form. Using this new system, the chosen VSO representative, with proper authorization, will be able to see the contents of a Veteran's claim, track its status, and add additional information when needed. A Veteran and his or her representative can even work a claim simultaneously while both are logged into the system, enabling VSOs to assist more Veterans in their homes or even remotely.

VA will still accept claims in paper form, though processing may take longer than for an electronically-submitted claim. As of this summer, VA scans all new paper claims and uploads them into VBMS so they too can be processed electronically, though without many of the benefits provided when Veterans initiate the process in eBenefits such as guided questions that help ensure complete and accurate information and the immediate receipt of information without having to wait for the scanning and processing of paper documents. In addition to filing claims online, registered eBenefits users can track their claim status and access information on a variety of other benefits, like pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.

A free Premium eBenefits account is required to file claims electronically. The quickest and most convenient method of establishing a free premium eBenefits account is to complete the remote verification process through the eBenefits home page, or use DoD's common access card (CAC) to register for and/or upgrade to a free premium account. Veterans can also establish an account by telephone at 1-800-827-1000, option 7, if they are in receipt of VA benefits via direct deposit, or by visiting a VA regional office or TRICARE Service Center (if they are a military retiree). For the location of the nearest VA regional office, visit www.va.gov and search the VA regional benefits office locator.

While compensation claims are pending, eligible Veterans are able to receive healthcare and other benefits from VA. Veterans who have served in recent conflicts are eligible for 5 years of free healthcare from VA. Currently, over 55% of returning Iraq and Afghanistan Veterans are using VA healthcare, a rate of utilization greater than previous generations of Veterans.

This is the latest effort in support of the Secretary's plan to eliminate the backlog. On May 15, VA announced that it is mandating overtime for claims processors in its 56 regional benefits offices through the end of fiscal year 2013 to help eliminate the backlog, with continued emphasis on high-priority claims for homeless Veterans, those claiming financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims.

In April, VA announced an initiative to expedite compensation claims decisions for Veterans who have waited one year or longer. On April 19, VA began prioritizing claims decisions for Veterans who have been waiting the longest by providing decisions based on evidence currently in hand that allow eligible Veterans to begin collecting compensation benefits quickly while waiting for their final eligibility decision. For more information about VA benefits, go to <http://www.benefits.va.gov>. For more information on VA's Transformation, go to <http://benefits.va.gov/transformation>.

PTSD: MYTHS AND MISPERCEPTIONS

BY Lethadolza

Despite how common PTSD is, both inside and outside of the military, many myths and misperceptions about the condition persist.

Nightmares, hyper-vigilance, a feeling of always being on-edge, and the resulting short-temper and disconnection from those around you; these are just a few of the classic symptoms of post-traumatic stress disorder (PTSD), which will affect 8 percent of the American population as a whole in their lifetime. Despite how common PTSD is, both inside and outside the military, many myths and misperceptions about the condition persist. In this first of a

two part series, we help separate fact from fiction.

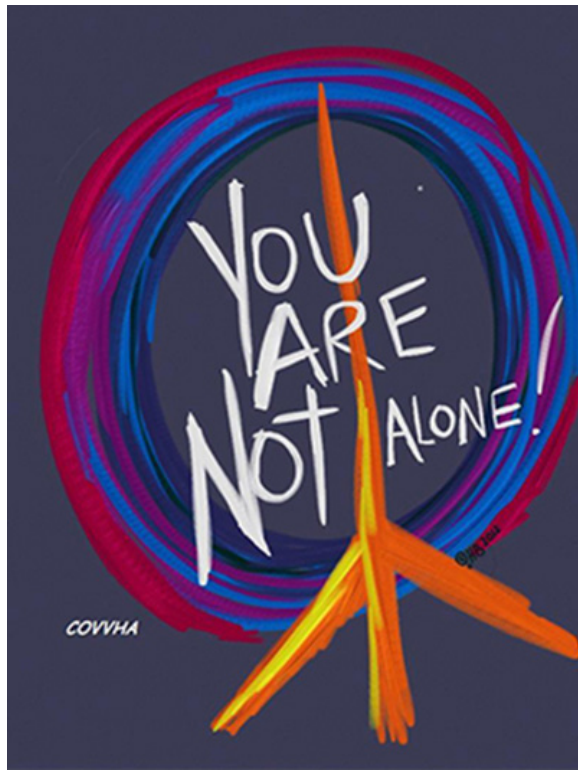
1. PTSD isn't real, it's all in their heads: PTSD is a very real reaction to witnessing or experiencing trauma, and does not always develop right away, sometimes manifesting hours, days, months or years afterwards, and can re-emerge after recovery, triggered by events such as anniversaries of the trauma. It is a change to how the brain functions and how you view the world. As such, PTSD as a whole has sometimes been explained as a way in which you process the trauma, learning from it and working through it after the danger has passed and survival mode is no longer limiting your perspectives.

2. Only weak people get PTSD: False! Even the strongest of people can suffer from PTSD. Indeed, several military leaders and Medal of Honor recipients have come forward to let others know that they had PTSD and have recovered.

3. If you haven't been wounded, then you shouldn't have PTSD: You don't need to have been wounded to suffer from PTSD, as it often manifests itself after experiencing or witnessing a traumatic event. One prime example of this was the civilians who were part of the September 11th rescue crews who developed PTSD following months of picking through rubble to locate bodies, even though they weren't physically harmed.

4. If PTSD were real, then everyone who has experienced a trauma would have it: Not everyone who experiences or witnesses a traumatic event will suffer from PTSD, as research indicates that each individual exposed to a trauma has their own set of risk factors for potentially developing PTSD, some of which are genetics, past history of other traumas and the degree or duration of their exposure to traumatic events. It is important to emphasize here that while not all people will develop PTSD in response to a trauma; this makes it no less real or valid for those who do experience it.

If you or someone you know is or might be suffering from PTSD, don't be afraid to reach out and make the connection. Resources from the National Directory



(NRD), the Defense Centers of Excellence (DCoE), the Department of Veterans Affairs (VA) as well as the Services' wounded warrior programs: Navy Safe Harbor, Army Wounded Warrior (AW2), Air Force Wounded Warrior (AFW2), the Marine Corps Wounded Warrior Regiment (USMCWWR) and the USSOCOM Care Coalition can help get you started on your way to recovery. In addition, check this blog as well as our Facebook and Twitter pages for more information and tips about PTSD throughout the rest of the month. Finally, there is hope: PTSD does not and will not define you, and with some help, it is a hurdle that you can and will overcome.

AGENT ORANGE

Agent Orange's reach beyond the Vietnam War
By Steve Vogel

Nearly three dozen rugged C-123 transport planes formed the backbone of the U. S. military's campaign to spray Agent Orange over jungles hiding enemy soldiers during the Vietnam War. And many of the troops who served in the conflict have been compensated for diseases associated with their exposure to the toxic defoliant.

But after the war, some of the planes were



used on cargo missions in the United States. Now a bitter fight has sprung up over whether those in the military who worked, ate and slept in the planes after the war should also be compensated. Two U. S. senators are now questioning the Department of Veterans Affairs' assertions that any postwar contamination on the planes was not high enough to be linked to disease.

Complicating the debate is that few of the planes remain to be tested. In 2010, the Air Force destroyed 18 of the Vietnam-era aircraft in part because of concerns about potential liability for Agent Orange, according to Air Force memos documenting the destruction.

Citing tests done on some of the aircraft in the 1990s, North Carolina Sen. Richard Burr, the ranking Republican on the Senate Veterans' Affairs Committee, and Sen. Jeff Merkley (D-Ore.), have asked the VA's Office of Inspector General to review whether the department is "inappropriately" denying disability compensation to veterans who claim they were sickened by postwar contamination.

"It appears that [the VA] does, in fact, plan to deny any C-123 claims regardless of the evidence submitted in a particular case," the senators wrote. The letter notes that a group of outside experts have called the VA's scientific conclusions "seriously flawed."

The Air Force says the planes' destruction was handled properly.

"Because of the potential stigma associated with these aircraft, the Air Force ensured that the recycling of the aircraft was accomplished completely and that the metal was not stored improperly or abandoned prior to being smelted," an Air Force statement said.

The C-123s were used to spray Agent Orange from 1962 to 1971 as part of Operation Ranch Hand. After the war, about 1,500 Air National Guard and Reserve crew members flew the planes on cargo missions in the United States until the last aircraft were retired in 1982.

The Air Force aborted plans to sell some of the planes in 1996, after evidence surfaced that 18 of them might still be contaminated with TCDD dioxin, a carcinogen associated with Agent Orange, according to Air Force documents and papers filed with the General Services Administration's Board of Contract Appeals. The planes were quarantined instead in Arizona at a storage facility at Davis-Monthan Air Force Base, nicknamed "the Boneyard."

The Air Force did not notify the post-Vietnam crews or Boneyard employees of the potential risk, according to Air Force documents.

When tests on four of the quarantined planes in 2009 showed little or no remaining dioxin, the Air Force decided it was safe to destroy the aircraft.

Officials at Hill Air Force Base in Utah, which oversaw the planes, approved a consultant's recommendation in 2009 to "dispose of/recycle the 18 UC-123K 'Agent Orange' aircraft as soon as possible to avoid further risk from media publicity, litigation, and liability for presumptive compensation," according to a base memo in August 2009.

"The longer this issue remains unresolved, the greater the likelihood of outside press reporting on yet another 'Agent Orange Controversy,'" consultant Alvin Young wrote in a report.

Base officials recommended that the aircraft be "shredded into cell phone-size pieces" and melted.



“Smelting is necessary for these 18 aircraft so the Air Force will no longer be liable for ‘presumptive compensation’ claims to anyone who ever works around this ‘Agent Orange’ metal,” an Air Force memo said in September 2009.

In 2010, the aircraft were torn apart by heavy machinery, melted and poured into blocks.

“The toxic aircraft had to be eliminated,” said Wes Carter, a retired Air Force major who served aboard C-123s as a medical service officer in the United States for a decade. “The right thing to do would have included telling the veterans of the exposures so that health and well-being as well as rights to seek veterans benefits would all be protected.”

An Air Force review last year concluded that “given the absence of a clear finding of potential harm,” it was not necessary to notify the crews.

Carter, 66, had potentially lethal prostate cancer diagnosed in 2011. His doctor, Mark Garzotto, director of urologic oncology at the Portland Veterans Affairs Medical Center, wrote in February that the cancer is “likely related to your exposure [to] Agent Orange.”

But the VA has rejected compensation claims filed by Carter and other veterans who served on the aircraft after the war, saying their exposure to Agent Orange was too limited to connect to the diseases.

The VA is committed to reviewing claims on “a case-by-case basis,” the department said in a statement. “VA does not have a ‘blanket policy’ for denying claims” filed by postwar C-123 veterans, VA Secretary Eric K. Shinseki wrote Burr, the senator, in June.

“VA is very concerned”

Under federal law since 1991, the VA has granted the presumption of exposure to Agent Orange to any member of the military who served in Vietnam during the war. Some 260,000 cases have been filed since 2010, helping to fuel the backlog of disability claims facing the VA.

By 2009, the VA had agreed to compensate veterans who could show they were exposed to the defoliant during wartime testing in the United States.

The C-123 aircraft cases might open up claims for postwar service, as well, according to Young, the Agent Orange consultant who advised the Air Force.

“What this means is that a whole new class of veterans may claim that their exposure was due to the fact they were members of aircrews or mechanics associated with the contaminated aircraft that returned from Vietnam,” Young wrote in a June 2009 memo to Hill AFB.

A retired Air Force colonel and former professor of environmental toxicology at Oklahoma State, Young frequently serves as a consultant on Agent Orange for the Defense Department. The 2009 memos list him as a consultant on Agent Orange to the Office of Secretary of Defense; Young said he was advising Hill AFB in an “unofficial capacity.” Both Young and the Pentagon say

the consultant was not under contract with the Defense Department at the time.

Young said in an interview that the decision to destroy the planes “had nothing to do with claims. There was never any destruction of evidence.”

Carter, an Oregon resident, and his comrades in the C-123 Veterans Association say postwar crews should be eligible for the same compensation for Agent Orange provided to those who served in Vietnam. He has filed complaints with the Air Force and VA, and collected many documents via Freedom of Information requests, which he provided to The Washington Post and posted online.

A 2011 Air Force epidemiological study of the crews that sprayed Agent Orange — “the most heavily exposed veterans of the Vietnam War,” according to the report — found no link between Agent Orange exposure and their diseases.

Last year, the VA hired Young to investigate the postwar C-123 claims, and his report in November concluded that “ample evidence” disproves the veterans’ claims.

“The VA is very concerned, because it amounts to a lot of money to be paid for the rest of their lives when there isn’t the science to back it up,” Young said.

But a number of outside medical experts have concluded the veterans were likely exposed to dangerous

levels of dioxins. In November, 14 prominent toxicologists sent the VA a letter saying the department’s scientific conclusions are based on “erroneous assumptions.”

“It’s not right,” said retired Air Force Lt. Col. Paul Bailey, a New Hampshire resident who served with Carter aboard C-123s and is gravely ill with cancer. “We were exposed, we can prove we were exposed, but they’re saying it doesn’t matter.”

Although the VA says there is no policy against postwar C-123 claims, Bailey was told that “VA regulations do not allow us to concede exposure to herbicides for Veterans who claim they were exposed to herbicides after the Vietnam war while flying in aircraft used to spray these chemicals,” the VA regional office in New Hampshire wrote in February, denying his claim.

The Board of Veterans’ Appeals, an administrative tribunal, has overturned VA denials several times, ruling in one case that the veteran who scrubbed planes saturated with Agent Orange after the war was exposed to the herbicide and entitled to compensation for his diabetes. But such appeals typically take years, time Bailey said he no longer has.

Disposing of aircraft

Bailey and Carter flew on one of the most famous of the C-123s for more than a decade, often eating and sleeping on the plane. Known as “Patches” for the holes



VA
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Non-VA Emergency Care Fact Sheet

At some time in your life, you may need emergency care. This document explains what VA might be able to do for you. When it is not possible for you to go to a VA Medical Center, you should go to the nearest hospital that has an emergency room. If you are in an ambulance, the paramedics will usually take you to the closest emergency room.

What is an emergency?

A medical emergency is an injury or illness that is so severe that without immediate treatment, it threatens your life or health.

How do I know my situation is an emergency?

Your situation is an emergency if you believe your life or health is in danger.

If I believe my life or health is in danger, do I need to call the VA before I call for an ambulance or go to an emergency room?

No. Call 911 or go to the nearest emergency room right away.

When should I contact the VA regarding an emergency room visit?

You, your family, friends or hospital staff should contact the nearest VA medical center as soon as possible, preferably within 72 hours of your emergency, so you are better aware of what services VA may or may not cover. Provide VA with information about your emergency and what services are being provided to you. Ask VA for guidance on what emergency charges may or may not be covered so you can plan accordingly.

If the doctor then wants to admit me to the hospital, must I obtain advance approval from the VA?

- If the admission is an emergency—NO, although prompt notification of the VA is necessary.
- If the admission is not an emergency—YES

If a VA bed is available and I can be safely transferred, do I have to move to the VA hospital?

YES. If you want VA to continue to pay for your care. If you refuse to be transferred, VA will not pay for any further care.

If I am admitted to the hospital as a result of an emergency, how much will VA pay?

This depends on your VA eligibility. VA may pay all, some, or none of the charges. Some highlights are listed in the next column.

For service-connected conditions, here are some of the criteria that must be met:

1. Care or services were provided in a medical emergency, and
2. VA or another federal facility were not feasibly available, and
3. VA was notified within 72 hours of the admission.
4. Ask your local VA Medical Center’s Non-VA (Fee) Care Office for further eligibility guidance.

For non-service-connected conditions, here are some of the criteria that must be met:

1. Veteran is enrolled in the VA Health Care System, and
2. Veteran has received health care services from VA within the previous 24 months, and
3. Veteran has no other health insurance coverage.
4. Ask your local VA Medical Center’s Non-VA (Fee) Care Office for further eligibility guidance.

How do I know if I have a service-connected condition?

A service-connected condition refers to an illness or injury that was incurred in or aggravated by military service and has a rating assigned by the Veterans Benefits Administration.

How long do I have to file a claim for reimbursement for emergency medical care?

File your claim with the nearest VA Medical Center quickly because time limits usually apply. For non-service-connected care, the time limit is 90 days. Again, consult your local VA Medical Center for more information.

Will VA pay for emergency care received outside the United States?

VA will only pay for emergency care outside the U.S. if your emergency is related to a service-connected condition. For more information about care provided outside the U.S., contact the Foreign Medical Program (FMP) at (877) 345-8179, or go to the FMP website at: <http://www.va.gov/hac/forbeneficiaries/fmp>

For more information on non-VA emergency care, visit <http://www.nonvacare.va.gov>

left by enemy fire, it was sent to a museum in 1980.

Based on testing by Air Force toxicologists in 1994 that found Patches "heavily contaminated," the plane's postwar crews were exposed to dioxin "at a level greatly exceeding" the Defense Department screening levels, according to Thomas Sinks, deputy director of the federal Agency for Toxic Substances and Disease Registry.

Many of the retired C-123s ended up in the Boneyard, and in 1996 the government arranged to sell them.

But when employees at Davis-Monthan prepared the planes for buyers, they smelled chemical vapors and experienced burning sensations on their hands and arms, according to papers in a case later heard by the General Services Administration's Board of Contract Appeals.

Subsequent testing of 17 aircraft in August 1996 detected "strong potential of low level concentrations of dioxin," according to Air Force documents.

In December 1996, the Air Force requested the government terminate the sales, warning that "the potential for harm to individuals from dioxin contamination is great."

Employees at Davis-Monthan were not informed of the potential contamination until two years later, according to Air Force documents.

In 1998, the aircraft were fenced off in a restricted area and were largely untouched for another decade, before Air Force officials tried again to resolve the dilemma.

They had concerns that the Environmental Protection Agency or Arizona Department of Environmental Quality could request access and levy fines, which a base official calculated could reach \$3.2 billion.

"We are still at significant risk publicity wise and with AZ environmental law for these aircraft," an Air Force officer at Hill wrote in May 2009.

The tests by an Air Force environmental office on four planes that month indicated they could be destroyed without risk to workers. Years in the Arizona sun had "likely volatilized any remaining Agent Orange," reported Young.

"I join with Dr. Young in saying let's get on with it," Wayne Downs, hazardous-waste-program manager at Hill AFB, wrote Oct. 29, 2009. "Ben and Jerry's ice cream has more dioxin than these aircraft."

Some Air Force officials were uneasy about the failure to test all the planes. "This lack of information is causing us, and has the potential to cause us, a lot more trouble than it would have been to just sample the aircraft," Karl Nieman, an Air Force contractor at Hill, wrote in December 2009.

Normally, aircraft at Davis-Monthan slated for disposal are turned over to a defense agency, which would have the planes cut apart by a local metal recycler. But the agency balked, maintaining that the planes should be handled by a licensed hazardous-waste-disposal firm, a process that would require "worldwide" public notification, according to an Air Force memo.

Air Force officials instead contracted with a Navy aircraft disposal office in California, which used the same local metal recycler without the notification.

"If the Air Force wants quick and quiet disposal, the Navy option is preferable," stated an Air Force memo in September 2009.

The destruction was approved by Hill AFB in 2010. No notification of the EPA or Arizona environmental officials was required, according to the Air Force, which noted in its statement that the collaboration with the Navy included obtaining the required demilitarization and destruction certification.

On June 8, 2010, as two Air Force officials watched, the last truckload carrying 35,000 pounds of shredded aluminum metal from the Boneyard arrived at a furnace in Belleville, Mich.

The furnace was heated to nearly 1,400 degrees, hot enough to destroy any traces of dioxins. Workers dumped in the metal. By 11 a. m. the last of the C-123 remains were being poured into 2,000-pound blocks.

The blocks, the Air Force officials were told, would be sold to the automotive industry.

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AGENT ORANGE TIED TO AGGRESSIVE PROSTATE CANCER RISK

Men who were exposed to Agent Orange chemicals used during the Vietnam War are at higher risk for life-threatening prostate cancer than unexposed veterans, researchers have found.

What's more, those who served where the herbicide was used were diagnosed with cancer about five years earlier than other men, on average, in the new study.

"This is a very, very strong predictor of lethal cancer," said urologist Dr. Mark Garzotto, who worked on the



study at the Portland Veterans Affairs Medical Center in Oregon.

"If you're a person who's otherwise healthy and you've been exposed to Agent Orange, that has important implications for whether you should be screened or not screened," he told Reuters Health.

But one researcher not involved in the new study said it's hard to take much away from it, given the imprecise way it measured exposure.

Agent Orange - named after the giant orange drums in which the chemicals were stored - was used by the U.S. military to destroy foliage, mainly in southern Vietnam. The herbicide was often contaminated with a type of dioxin, a potentially carcinogenic chemical.

The Vietnam Red Cross Society has estimated that up to one million Vietnamese suffered disabilities or health problems as a result of Agent Orange, including children born with birth defects years after their parents were exposed.

Past research has also suggested that U.S. veterans who served where Agent Orange was used are at an increased risk of lymphoma and certain other cancers, including prostate cancer.

For the new study, researchers wanted to see whether exposure was more closely linked to slow-growing prostate cancers or aggressive tumors.

They analyzed medical records belonging to 2,720 veterans who were referred to the Portland VA for a prostate biopsy. About one in 13 of those men had been exposed to Agent Orange during the Vietnam War, according to their VA intake interviews.

One third of all men in the study were diagnosed with prostate cancer, about half of which were high-grade cancers - the more aggressive and fast-growing type.

When the researchers took men's age, race, weight and family history of cancer into account, they found those with Agent Orange exposure were 52 percent more likely than unexposed men to have any form of prostate cancer.

Separating out different types of tumors showed the herbicide was not linked to an increased risk of slower-growing, low-grade cancer. But it was tied to a 75 percent higher risk of being diagnosed with aggressive prostate cancer, the study team reported Monday in the journal Cancer.

"The increase in the rate of cancers was almost exclusively driven by the potentially lethal cancers," said Garzotto, also from Oregon Health & Science University.

More research is needed to figure out exactly why that is, he said. In the meantime, Garzotto said veterans who were exposed to Agent Orange should discuss that with their doctors.

But Dr. Arnold Schecter, from the University of Texas School of Public Health's Environmental and Occupational Health Sciences Program in Dallas, said there's a "big problem" with just asking veterans if they were exposed to Agent Orange or served in an area where it was sprayed.

"Of those most heavily exposed in the military as best we know, only a relatively small percentage of them had elevated dioxin from Agent Orange in their blood when tested by (the U.S. Centers for Disease Control and Prevention)," he told Reuters Health.

Schecter said that in Vietnam, people who have high levels of that type of dioxin in their blood live in places where the chemical has become integrated into the food supply - or were sprayed directly with Agent Orange.

Another researcher who has studied the effects of Agent Orange agreed that not having blood dioxin levels is a drawback, but said the findings are consistent with past research and general thinking about the chemical.

"Almost all studies have implicated that men with Agent Orange (exposure) either have higher-grade prostate cancer or a more aggressive clinical course,"

said Dr. Gregory Merrick, head of Wheeling Hospital's Schiffler Cancer Center in West Virginia, who also wasn't involved in the new research.

But, he added, as long as men are getting into the VA system and getting regular evaluations and treatment for cancer, Agent Orange exposure "is not a death sentence by any means."

SOURCE: <http://bit.ly/gzHzeL> Cancer, online May 13, 2013.

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FDA APPROVES NEW DRUG FOR ADVANCED PROSTATE CANCER XOFIGO APPROVED THREE MONTHS AHEAD OF SCHEDULE UNDER PRIORITY REVIEW PROGRAM

The U.S. Food and Drug Administration today approved Xofigo (radium Ra 223 dichloride) to treat men with symptomatic late-stage (metastatic) castration-resistant prostate cancer that has spread to bones but not to other organs. It is intended for men whose cancer has spread after receiving medical or surgical therapy to lower testosterone.

Prostate cancer forms in a gland in the male reproductive system found below the bladder and in front of the rectum. The male sex hormone testosterone stimulates the prostate tumors to grow. According to the National Cancer Institute, an estimated 238,590 men will be diagnosed with prostate cancer and 29,720 will die from the disease in 2013.

Xofigo is being approved more than three months ahead of the product's prescription drug user fee goal date of Aug. 14, 2013, the date the agency was scheduled to complete review of the drug application. The FDA reviewed Xofigo under the agency's priority review program, which provides for an expedited review of drugs that appear to provide safe and effective therapy when no satisfactory alternative therapy exists, or offer significant improvement compared to marketed products.

"Xofigo binds with minerals in the bone to deliver radiation directly to bone tumors, limiting the damage to the surrounding normal tissues," said Richard Pazdur, M.D., director of the Office of Hematology and Oncology Products in the FDA's Center for Drug Evaluation and Research. "Xofigo is the second prostate cancer drug approved by the FDA in the past year that demonstrates an ability to extend the survival of men with metastatic prostate cancer."

In August 2012, the FDA approved Xtandi to treat men with metastatic castration-resistant prostate cancer that has spread or recurred, even with medical or surgical therapy to minimize testosterone. Xtandi is approved for patients who have previously been treated the chemotherapy drug docetaxel.

Xofigo's safety and effectiveness were evaluated in a single clinical trial of 809 men with symptomatic castration-resistant prostate cancer that spread to bones but not to other organs. Patients were randomly assigned to receive Xofigo or a placebo plus best standard of care.

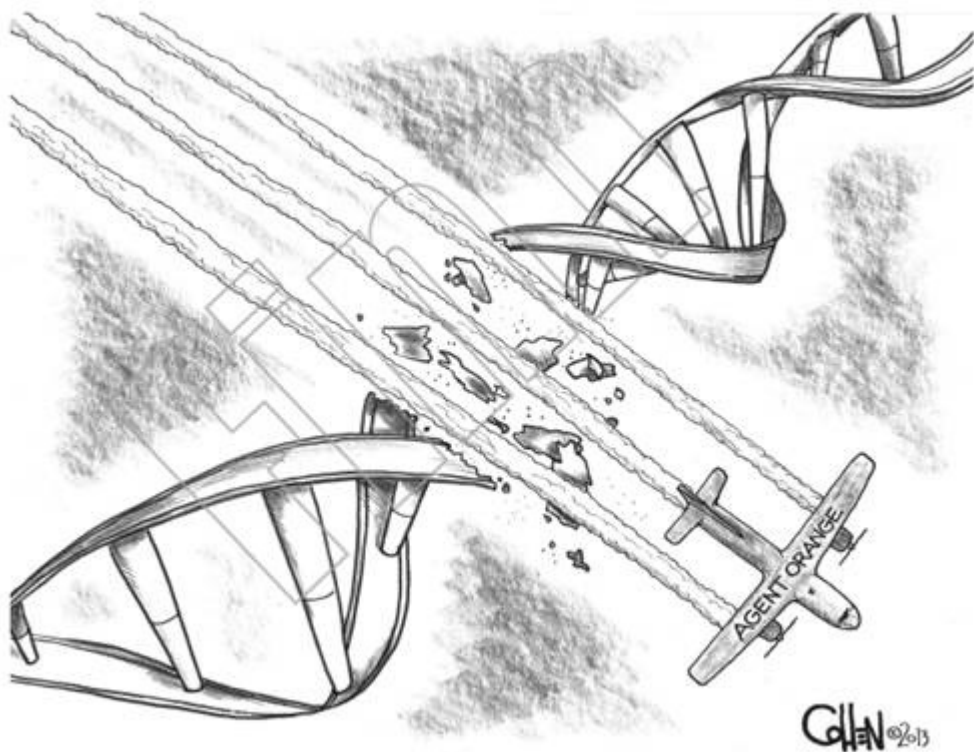
The study was designed to measure overall survival. Results from a pre-planned interim analysis showed men receiving Xofigo lived a median of 14 months compared to a median of 11.2 months for men receiving placebo. An exploratory updated analysis conducted later in the trial confirmed Xofigo's ability to extend overall survival.

The most common side effects reported during clinical trials in men receiving Xofigo were nausea, diarrhea, vomiting and swelling of the leg, ankle or foot. The most common abnormalities detected during blood testing included low levels of red blood cells (anemia), lymphocytes (lymphocytopenia), white blood cells (leukopenia), platelets (thrombocytopenia) and infection-fighting white blood cells (neutropenia).

Xofigo is marketed by Wayne, N.J.-based Bayer Pharmaceuticals. Xtandi is co-marketed by Astellas Pharma U.S., Inc. of Northbrook, Ill., and Medivation, Inc. of San Francisco, Calif.

AMERICA'S FAVORITE WEED KILLER LINKED TO CANCER

It's shameful how few American media outlets have written about the latest scientific studies linking Roundup, the world's most popular and profitable weed killer, and cancer. Might it be because Monsanto, makers of Roundup and as we all know a generally bad corporate citizen with a litany of alleged crimes against humanity, spends billions in advertising and marketing and dedicates a good portion of that budget to print and television ads?



Monsanto spent \$1.28 billion on its various marketing programs in fiscal 2012, according to the company's annual report. All that money seems to have had an impact. I am only speculating, of course. But why else would the American media ignore the mounting evidence of links between Roundup and cancer?

The latest is a groundbreaking study showing that the active ingredient in the hugely popular herbicide fuels breast cancer by increasing the number of breast cancer cells through cell growth and cell division. This should be front-page news.

The study, which is to be published in the journal Food and Chemical Toxicology, focused on glyphosate, Roundup's primary chemical ingredient. After comparing how hormone-dependent and hormone-independent breast cancer cell lines were affected by glyphosate, researchers found that glyphosate fuels cancer cell lines that are hormone dependent.

There are in fact several recent studies that show glyphosate's potential to be an endocrine disruptor, which are chemicals that can interfere with the hormone system in mammals. These disruptors can cause cancer tumors.

A new peer-reviewed report in the journal Entropy, co-authored by Dr. Stephanie Seneff at the Massachusetts Institute of Technology (MIT), argues that glyphosate residues, found in most commonly consumed foods in the Western diet, "enhance the damaging effects of other food-borne chemical residues and toxins in the environment to disrupt normal body functions and induce disease."

None of this comes as a surprise to me. Roundup has already been linked to non-Hodgkin's lymphoma. A study published back in 1999 in the Journal of American Cancer Society by eminent oncologists Dr. Lennart Hardell and Dr. Mikael Eriksson revealed that exposure to glyphosate "yielded increased risks for non-Hodgkin's lymphoma." This alarming study was curiously not widely publicized.

Monsanto has tried to downplay the links between its products and diseases by putting big money into contract research companies like Exponent, which spews its scientific research findings on behalf of corporate clients, many of which are facing product liability concerns.

A study published in the journal Regulatory Toxicology and Pharmacology titled "Epidemiologic studies on glyphosate and cancer: A review," which



suggests there is no link, was apparently directly supported by Monsanto. The study's author has reportedly served as a paid consultant to Monsanto.

In 2009, a French court reportedly found Monsanto guilty of lying, falsely declaring that Roundup is "biodegradable," "environmentally friendly" and leaves the soil "clean."

Monsanto clearly does not want the world to know the truth about Roundup, one of its fattest cash cows. But what would you expect from a company that in the past brought us DDT, PCBs, and Agent Orange?

Bottom line: You may not read about it in your local newspaper or hear about it on your favorite TV news show, but Roundup has been repeatedly linked in scientific

studies to cancer, as well as many other diseases including Autism. Is there any reason why anyone should believe at this point that Monsanto can be trusted?

AGENT ORANGE ALPHABETIZED SHIPS LIST

[http://www.
publichealth.
va.gov/exposures/
agentorange/shiplist/
list.asp](http://www.publichealth.va.gov/exposures/agentorange/shiplist/list.asp)

If your vessel is not included in the Mobile Riverine Force, ISF Division 93 or listed designations (see "Find Your Ship" - [http://www.
publichealth.va.gov/
exposures/agentorange/shiplist/index.asp#find](http://www.publichealth.va.gov/exposures/agentorange/shiplist/index.asp#find)), check the

alphabetized list of ships below.

To search for your ship, look under the first letter of the formal ship name. For example, if your ship's name is USS Dennis J. Buckley, look under the letter "D" for Dennis.

Ships will be regularly added to the list based on information confirmed in official records of ship operations. Currently there are 285 ships on this list. Ship not on the list and you think it should be - ([http://www.
publichealth.va.gov/exposures/agentorange/shiplist/not-on-list.asp](http://www.publichealth.va.gov/exposures/agentorange/shiplist/not-on-list.asp))?

Questions about your eligibility for disability compensation? Contact your nearest VA benefits office.

SURVIVING SPOUSES' BENEFITS

Long Term Care Benefits Available to Surviving Spouses of Wartime Veterans

There are over 9 million surviving spouses of veterans currently living in the United States. Many of these surviving spouses are receiving long term care or will need some type of long term care in the near future, and there are funds available from the Veterans Administration ("VA") to help pay for that care. Unfortunately, many of those who are eligible have no idea that any benefits exist for them or that an attorney can help them become eligible.

Benefits Available

There are three types of pension benefits available that provide monthly cash payments to surviving spouses who either have low income, long term health care needs, or both. The pension benefit is referred to as "Death Pension." Below is an overview of the three benefits, and more detail will be provided on each benefit in the following paragraphs.

Death Pension. The VA provides a monthly cash payment to surviving spouses of veterans who meet active duty and discharge requirements, who are either 65 or older or disabled, and who have limited income and assets. A surviving spouse can receive up to \$661 per month (with additional payments available if dependent children are present in the home).

Death Pension with Housebound Allowance. A slightly higher monthly payment is available to surviving spouses of wartime veterans (who meet the same service requirements as Service Pension) but who are confined to their home for medical reasons. A surviving spouse can receive up to \$808 per month (with additional payments available if dependent children are present in the home).

Death Pension with Aid and Attendance. The highest monthly benefit is available when a surviving spouse requires the assistance of another person to perform activities of daily living, or is blind or nearly so, or is a patient in a nursing home. This benefit, often referred to simply as "Aid and Attendance" is the most widely-known and talked-about benefit as it offers the highest possible monthly payment. A surviving spouse can receive up to \$1056 per month (with additional payments available for dependent children).

Tip: While Aid and Attendance is the most popular VA benefit, it is important to remember that Death Pension (with no additional allowances) is available to surviving spouses who do not require assistance with activities of daily living but are either disabled or 65 or older and have low income.

Eligibility Requirements

Valid Marriage. The surviving spouse and the veteran must have been married for at least one year prior to the veteran's death. This particular requirement is met, however, if the couple was married for any period of time and a child was born to them before or during the marriage, if the marriage occurred before or during the veteran's service, or if the marriage occurred prior to the following dates:

World War II veteran January 1, 1957

Korean War veteran February 1, 1965

Vietnam War veteran May 8, 1985

Persian Gulf war veteran January 1, 2001

Next, the surviving spouse must not have remarried or lived with someone and held themselves out as married, unless the remarriage ended prior to November 1, 1990, by death, or unless legal proceedings to end the remarriage were started by November 1, 1990. Additionally, the surviving spouse must have been living with the veteran at the time of the veteran's death. If the couple was living apart, it must have been for medical, business, or other reasons besides marital discord, unless the marital discord was not the fault of the surviving spouse.

Wartime service and discharge. As noted above, the deceased veteran must have met certain service and discharge requirements before the surviving spouse can be considered for any type of pension benefit. The deceased veteran must have served 90 days of active duty with at least one day beginning or ending during a period of war. After September 1, 1980, the active duty requirement increases to 180 days. In addition, the veteran must have been discharged under circumstances other than dishonorable.

Disability. To qualify for any type of pension benefit, a surviving spouse must also be 65 or older or be permanent and totally disabled.

Permanent and total disability includes a claimant who is:

In a nursing home; Determined disabled by the Social Security Administration; Unemployable and reasonably certain to continue so throughout life; or Suffering from a disability that makes it impossible for the average person to stay gainfully employed. Asset and Income Requirements

The financial eligibility requirements of any pension benefit address a claimant's net worth and income. A claimant is the individual filing for benefits. A surviving spouse should have no more than \$50,000 in countable assets. Retirement assets are counted, but a claimant's home and vehicle are not. However, the \$50,000 limit is a guideline only - it is not a rule set by the VA. The VA looks at a claimant's total net worth, life expectancy, income and medical expenses to determine whether the surviving spouse is entitled to any monthly death pension benefits.

Tip: Many times the most difficult task in this area is to reduce a claimant's assets down to the applicable level (or what one hopes will be acceptable to the VA). The assistance of legal counsel is important to insure the right strategies are used with minimal impact on Medicaid in the future.

A surviving spouse must have Income for VA Purposes ("IVAP") that is less than the benefit for which he or she is applying. IVAP is calculated by taking a claimant's gross income from all sources less countable medical expenses. Countable medical expenses are recurring out-of-pocket medical expenses that can be expected to continue throughout a claimant's lifetime. If a claimant's IVAP is equal to or greater than the annual benefit amount, the veteran or surviving spouse is not eligible for benefits. Table 2 below shows the applicable income and pension amounts for surviving spouses.

Is the Surviving Spouse Housebound?

If a surviving spouse qualifies for regular death pension and is housebound, her maximum allowable income increases (as does the annual benefit amount). The VA defines housebound as being substantially confined to the home or immediate premises due to a disability that will likely remain throughout the claimant's lifetime. A surviving spouse with no dependent children who is housebound is eligible for benefits of up to \$808 per month.

Unreimbursed medical expenses will reduce a surviving spouse's income dollar for dollar after a small co-pay (5% of the annual pension amount) is met. But remember, to be eligible for an additional allowance for being housebound, the surviving spouse's IVAP must be less than the annual income threshold.

To illustrate, a surviving spouse with \$20,00 in annual income would not be eligible for a special monthly pension for being housebound. However, if the surviving spouse is able to show annual income of \$20,000 and unreimbursed medical expenses of \$25,000, the veteran

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DID YOU KNOW?
VA offers monetary assistance to Veterans with specific service-connected physical disabilities, so they can construct or modify a home to best meet their needs.

WHAT RENOVATIONS QUALIFY?

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- Covered porches, ramps, and walkways
- Garages, carports, and passageways
- Doors, windows, and flooring materials
- Security items
- Concrete or asphalt walkways
- Sliding doors, handrails, and grab bars

For a full list, contact: sahinfo.vbaco@va.gov

To learn more, visit www.benefits.va.gov/homeloans or call 1-800-827-1000

WHO IS ELIGIBLE?

Veterans or Servicemembers, with a permanent and total service-connected disability, who have experienced one or more of the following conditions:

- Loss of or loss of use of both arms and/or both legs
- Blindness in both eyes or only light perception
- Certain severe burns
- Certain severe respiratory injuries

For additional eligibility information, contact: sahinfo.vbaco@va.gov

HOW TO APPLY:

Fill out and submit VA Form 26-4555 at www.eBenefits.va.gov or call 1-800-827-1000 to have a claim form mailed to you.

James' IVAP:
Income \$1500
Unreimbursed recurring medical expenses \$3000
Total IVAP (\$1500)

The maximum monthly benefit that James could qualify for is \$1,056 - death pension with an allowance for aid and attendance. Because James has a negative IVAP of \$1500, he is eligible for the full death pension with aid and attendance benefit. However, his assets are too high. But because James has negative income of \$1500, one option may be to take a portion of his liquid assets and convert them into an income stream through the use of an immediate annuity or promissory note. As long as James's IVAP remains a negative number or \$0, he can qualify for the full death pension with aid and attendance amount.

The Application Process

While the application process for special monthly pension can be agonizingly slow - some applications take over a year before the VA makes a decision - the benefit is retroactive to the month after application submission. Having the proper documentation in place at the time of application (for example, discharge papers, medical evidence, proof of medical expenses, death certificate, marriage certificate and a properly completed application) can cut the processing time in half.

Tip: Benefits are retroactive to the month after application submission. Therefore, it is imperative for potential claimants to seek legal help immediately to become eligible and to apply as quickly as possible.

Other Benefits

Dependency and Indemnity Compensation ("DIC"). DIC is a monthly benefit paid to a surviving spouse whose veteran spouse died (1) while on active duty, (2) from a service-related injury or disease, or (3) from a non service-related injury or disease, and who was receiving or was entitled to receive VA compensation for a totally disabling service-connected disability for the 10 years immediately preceding the veterans death, or since the veteran's release from active duty and for at least 5 years immediately preceding death, or for at least one year before death if the veteran was a former prisoner of war who died after September 30, 1999.

Like death pension, DIC is a monthly payment provided to the surviving spouse. However, the surviving spouse does not have to prove a medical need, nor are there income or asset limits for DIC. The basic monthly rate of DIC is \$1,154 for an eligible surviving spouse. See Table 3 below for the definition of "surviving spouse" for DIC purposes.

Burial Reimbursement. A surviving spouse who paid for a veteran's burial and/or funeral may be eligible for partial reimbursement if the veteran's death was due to the following:

The veteran died because of a service-related disability, The veteran was receiving VA pension or compensation at the time of death, The veteran was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay, The veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, 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, The veteran had an original or reopened claim pending at the time of death and has been found entitled to 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. Reimbursement for Service-Related Death. VA will pay up to \$2,000 toward burial expenses for deaths on or after September 11, 2001. VA will pay up to \$1,500 for deaths prior to September 10, 2001. If the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

Reimbursement for Nonservice-Related Death. VA will pay up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance for deaths on or after December 1, 2001. The plot-interment allowance is \$150 for deaths prior to December 1, 2001. If the death happened while the veteran was in a VA hospital or under

VA contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed.

Conclusion

Time is of the essence for surviving spouses who may be eligible for benefits available through the Veterans Administration. Failing to apply as soon as possible after a veteran's death could result in the loss of monthly payments the surviving spouse would otherwise be eligible to receive. It is imperative for those who work with surviving spouses of veterans to be aware of these benefits and to help potential claimants obtain legal help to qualify for these benefits. If you know of someone who may be eligible, please give us a call - we would be happy to help!

Table 1: Wartime Periods

World War I April 6, 1917 through November 11, 1918, inclusive. If the veteran served with the United States military forces in Russia, the ending date is April 1, 1920. Service after November 11, 1918 and before July 12, 1921 is considered World War I service if the veteran served in the active military, naval, or air service after April 5, 1917 and before November 12, 1918. World War II December 7, 1941, through December 13, 1946, inclusive. If the veteran was in service on December 31, 1946, continuous service before July 26, 1947, is considered World War II service. Korean Conflict June 27, 1950, through January 31, 1955, inclusive. Vietnam Era The period beginning on February 28, 1961, and ending on May 7, 1975, inclusive, in the case of a veteran who served in the Republic of Vietnam during that period. The period beginning on August 5, 1964, and ending on May 7, 1975, inclusive, in all other cases. Future Dates The period beginning on the date of any future declaration of war by the Congress and ending on a date prescribed by the Presidential proclamation or concurrent resolution of the Congress. Mexican Border Period May 9, 1916, through April 5, 1917, in case of a veteran who during such period served in Mexico, on the borders thereof, or in the waters adjacent thereto. Persian Gulf War August 2, 1990, through date to be prescribed by Presidential proclamation or law.

Table 2: 2011 Pension Benefit Figures - Surviving Spouse

Type of Benefit	Maximum Annual Pension Rate (Income Limit)	Monthly Maximum Annual Pension Rate (Income Limit)
Death Pension	\$7,933	\$661
One dependent child	\$10,385	\$865
Housebound	\$9,696	\$808
One dependent child	\$12,144	\$1,012
Aid and Attendance	\$12,681	\$1,056
One dependent child	\$15,128	\$1,260
Each additional dependent child	\$2,020	\$168

Table 3: Marriage Requirements for DIC

The veteran and surviving spouse were validly married before January 1, 1957 The surviving spouse was married to a service member who died on active duty, active duty for training, or inactive duty training The surviving spouse married the veteran within 15 years of discharge from the period of military service in which the disease or injury that caused the veteran's death began or was aggravated The surviving spouse was married to the veteran for at least one year The surviving spouse had a

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- Clothing accessories
- Shoes (all kinds)
- Baby items
- House and glassware
- Books, toys, bikes
- Stereos, radios, portable TVs
- All bedding, draperies, curtains
- Kitchenware
- Usable small furniture & rugs
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- Tools (all kinds)
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- Visit: <http://www.vvadonations.org>

would be eligible for \$9,696 in annual death pension with housebound allowance (paid on a monthly basis) because the surviving spouse has negative IVAP.

Does the Surviving Spouse Require the Aid and Attendance of Another?

If a surviving spouse can show, through medical evidence provided by a primary care physician or facility, that he or she requires the aid and attendance of another person to perform activities of daily living, that surviving spouse may qualify for an additional monthly death pension allowance commonly referred to as "aid and attendance."

The VA defines the need for aid and attendance as:

Requiring the aid of another person to perform at least two activities of daily living, such as eating, bathing, dressing or undressing; Being blind or nearly blind; or Being a patient in a nursing home. Table 2 below shows the applicable pension amounts for each type of VA pension available to a surviving spouse.

Tip: The maximum death pension for a surviving spouse is \$1,056 per month (\$12,681 per year). The VA pays this amount directly to the surviving spouse regardless of where he or she is living.

Qualification

As stated above, the VA looks at a surviving spouse's total net worth, life expectancy, and income and expenses to determine whether the spouse should qualify for special monthly pension. Unlike Medicaid, there is no look-back period and no penalty for giving assets away. However, one must use caution when considering a gifting strategy to qualify a surviving spouse for death pension benefits as this will cause a period of ineligibility for Medicaid which could be as long as five years. Other Medicaid planning strategies may apply when trying to qualify a surviving spouse for death pension with aid and attendance.

Tip: The client's trusted advisors must work together to determine the best combination of strategies and financial products that will gain eligibility for monthly death pension but not disqualify the client from Medicaid.

An illustration. James, age 82, is the surviving spouse of a World War II veteran. James' total monthly income consists of Social Security income of \$1500 per month. James was diagnosed last year with dementia and now lives in an assisted living facility as he needs help bathing, dressing and taking his medication. The assisted living facility costs \$3000 per month. James has liquid assets totaling \$100,000.

child with the veteran, and cohabitated with the veteran continuously until the veteran's death, or if separated, was not at fault for the separation is not currently remarried. *

* A surviving spouse who remarries on or after December 16, 2003, and at or after age 57, is entitled to continue to receive DIC.

To comply with the U. S. Treasury regulations, we must inform you that (i) any U. S. federal tax advice contained in this article was not intended or written to be used, and cannot be used, by any person for the purpose of avoiding U. S. federal tax penalties that may be imposed on such person and (ii) each taxpayer should seek advice from their tax advisor based on the taxpayer's particular circumstances.

Why I Do What I Do

Some people ask me why I do what I do, attempting to transform the lives of Veterans Incarcerated. Some say they are only criminals. They broke the law and have to pay. Most people don't consider that maybe PTSD has something to do with choices made at a young age, or that self-medicated drug use, in order to forget the horrors of combat, could lead to addiction and imprisonment. I work with Vets who took part in the invasion of Iwo Jima, and fought in the Solomon Islands during WWII. I work with decorated Vets who were turned around after the war and made bad choices. What I tell these people is that the men I train for successful and productive releases back into their communities were Veterans first, and they must be recognized for their service and their sacrifice. They didn't run when they were called to war, and we can't run from them when they extend their hand. What follows, is the recollections of a Vietnam warrior named Tony. After 40 years, he's finally on his way home.

"From Fort Benning, Georgia, we sailed across the ocean together, sharing the stories young men share on the way to a place they are not sure they will return from. The stories moved from plans to marry the high school sweetheart to business ventures to be undertaken upon their return, and what the first things we would do when we got back. Eventually, the conversation would drift to the fact that we might have to actually take a life or lose ours. These were solemn talks and were always followed by a period of time when it got real quiet. Everyone knew what everyone else was thinking about.

We finally arrived at the First Air Cavalry Division, the first full Division to sail the ocean to a war in a place called Vietnam. It was August, 1965. We built an area called Camp Radcliff and complained about the heat, food, work, and of course, when we were going to get into the fight with this enemy, the Communists. We drank and bragged about what we would do when the enemy showed himself. I was a rifleman of the Alpha Team, First Platoon. First Squad, Alpha Company, 2nd Battalion 7th Cavalry (Custer's outfit).

On November 16th, we went to support the First Battalion 7th Cavalry at a place called LZ X-Ray in the Ia Drang Valley in the Central Highlands of South Vietnam. As we arrived, my first view of the battle was a medic putting the guts of a man back into his body, and I got so scared, my trigger finger pulled the trigger of my M-16 and my first round of the war went safely into the ground in front of me. We were placed in positions that were occupied by other troopers and they returned to the rear area for rest and recuperation. The First Battalion had been surrounded by 2000 NVA regulars and the battle had been bitter. The US forces had lost 79 KIA and 125 wounded. The enemy had sustained an estimated 1,334 KIA.

On the morning of the 17th, we walked to another place called LZ Albany and were immediately overrun. In this battle, we would lose 151 KIA and 121 wounded, plus four MIA. I became the only private to survive the first platoon of Alpha Company. All my friends were dead, and I clearly recall thinking "what happens to all those dreams and plans that these guys had, and I remember thinking how come I was alive and they were dead. Had I done something wrong? Had I not done my job right? I had just turned 19, and since I joined the Army from a Catholic orphanage, I had not shared any plan or story because I had none to share. The swollen, maggot-infested bodies of my friends were all I had left then...and at times, still today.

When we got back to Camp Holloway in Pleiku, my mail from a Red Cross pen pal was given me out of the 'dead bag' and Costello said "we thought you were dead with all the others." I was dead in a sense and continued to be for a long, long time. I went on to become a hero in the eyes of some, and today I believe my actions under fire that were termed heroic were only my attempt to try to never let happen again at any other place, what happened

at Albany. The only reason I survived was because SP/4 Tommy Sylvester had been the first man shot, and in taking him to the rear for medical and evacuation, I had been spared. I should have been killed with the rest of my outfit. I received the Cross of Gallantry for that action, from the South Vietnam government, and nothing from my own government. I began to learn the agenda of this war had very little to do with what we were told it was about, and began to see that leadership sought recognition for actions that other men did. At 19, I was not well versed socially or politically, and couldn't believe what I thought I was seeing. When we returned to the base camp, all my friends stuff had been boxed and stacked in a squad tent and the bunks they slept in were occupied by new guys, all ready to got to war. I remember thinking 'how many of these are not going to make it.'

In January, we went on Operation Masher/White Wing, and these men I didn't even know began to die. Our losses from the 28th through the 31st of January were 121 KIA and 220 wounded. By the end of February, the total losses were 228 KIA and 834 wounded. We were credited with having killed 1,342 enemy soldiers and capturing 633. By March 1966, I was a very different boy. I received a Bronze Star W/V Device for that action...Bravery Under Fire. We went on to serve in Operation Jim Bowie, Operation Lincoln, Operation Mosby I, Operation Davy Crockett, and Operation Nathan Hale. I was sent back to the USA against my wishes in July of '66. I was a trained killer, and Jim Kelly, my friend and Platoon Leader needed me. I was ordered into a jeep and until three years ago, I thought he too was dead.

Total losses for the first tour of the First Cavalry Division are hard to realize some times. The US lost 579 KIA, 1,842 wounded, and four missing in action. The enemy lost 4,059 KIA and 794 prisoners of war captured.

Today, I am 59 years of age and have spent about thirty years in and out of hospitals, jails, prisons, rehab centers, homeless shelters, and halfway houses. I don't feel sorry for myself anymore, and I clearly see what was done to us in the name of defending America. As a misguided punishment for what I did and for surviving, I managed to sentence myself to a life where I am not counted, am not trusted, am not needed or wanted. I have punished myself far worse than any court could. To be dead and yet walk the earth with the constant memory of my fallen comrades, along with the lives that I destroyed.

I am, at this writing, serving 110 months in the Bureau of Prisons and have five years of real sobriety, being proactive in my own recovery. I fight the good fight and I know that if I don't, no one will care and no one will cry for me. I could easily blame my life on the war and subsequent treatment I received from the Army upon my return home, but what good would that do. There are many very ill Veterans who need help in coming home. Now that I am making the journey myself, I want to spend the rest of my days helping others come home.

In prison, I have found the indifference and apathy that was in the Veterans Administration and military. But today, I do what is good and try to be a person of integrity and compassion. I only regret not having come out of this emotional coma sooner. But the old saying, 'better late than never', couldn't be more true. I'm going to go to The Wall some day and say goodbye to my friends, and apologize for these wasted years that I could have lived for them, if not myself.

For almost forty years, I have been a useless wandering soldier with the truth of war on his heart. Today, I tell the truth to myself and others, and when I have to cry, I do it openly and unashamed. There is no more reason for shame, and the tears come from love. There can be no shame in that.

I once swore to defend the Constitution against all enemies, foreign and domestic. Today, I have returned to my country and its social/political circumstances. The difference today, is that I understand who and what I am, and what my responsibilities are.

I hope all the men who survived are happy and well, and have put our past behind us...not in every breath we take and every face we see, and every noise we hear. Peace.

Tony

Joint Efforts, Inc.

AN OLD GUY AND A BUCKET OF SHRIMP

This is a wonderful story, and it is true. You will be pleased that you read it, and I believe you will pass it on. It is an important piece of American history. It happened every Friday evening, almost without fail, when the sun resembled a giant orange and was starting to dip into the

blue ocean. Old Ed came strolling along the beach to his favorite pier.. Clutched in his bony hand was a bucket of shrimp. Ed walks out to the end of the pier, where it seems he almost has the world to himself. The glow of the sun is a golden bronze now.

Everybody's gone, except for a few joggers on the beach. Standing out on the end of the pier, Ed is alone with his thoughts...and his bucket of shrimp. Before long, however, he is no longer alone. Up in the sky a thousand white dots come screeching and squawking, winging their way toward that lanky frame standing there on the end of the pier.

Before long, dozens of seagulls have enveloped him, their wings fluttering and flapping wildly. Ed stands there tossing shrimp to the hungry birds. As he does, if you listen closely, you can hear him say with a smile, 'Thank you. Thank you.'

In a few short minutes the bucket is empty. But Ed doesn't leave. He stands there lost in thought, as though transported to another time and place.

When he finally turns around and begins to walk back toward the beach, a few of the birds hop along the pier with him until he gets to the stairs, and then they, too, fly away. And old Ed quietly makes his way down to the end of the beach and on home. If you were sitting there on the pier with your fishing line in the water, Ed might seem like 'a funny old duck,' as my dad used to say. Or, to onlookers, he's just another old codger, lost in his own weird world, feeding the seagulls with a bucket full of shrimp.

To the onlooker, rituals can look either very strange or very empty. They can seem altogether unimportant maybe even a lot of nonsense. Old folks often do strange things, at least in the eyes of Boomers and Busters. Most of them would probably write Old Ed off, down there in Florida . That's too bad. They'd do well to know him better. His full name: Eddie Rickenbacker. He was a famous hero in World War I, and now he was in WWII. On one of his flying missions across the Pacific, he and his seven-member crew went down. Miraculously, all of the men survived, crawled out of their plane, and climbed into a life raft.

Captain Rickenbacker and his crew floated for days on the rough waters of the Pacific. They fought the sun. They fought sharks. Most of all, they fought hunger and thirst. By the eighth day their rations ran out. No food. No water. They were hundreds of miles from land and no one knew where they were or even if they were alive. Every day across America millions wondered and prayed that Eddie Rickenbacker might somehow be found alive.

The men adrift needed a miracle. That afternoon they had a simple devotional service and prayed for a miracle. They tried to nap. Eddie leaned back and pulled his military cap over his nose. Time dragged on. All he could hear was the slap of the waves against the raft..

Suddenly, Eddie felt something land on the top of his cap. It was a seagull!

Old Ed would later describe how he sat perfectly still, planning his next move. With a flash of his hand and a squawk from the gull, he managed to grab it and wring its neck. He tore the feathers off, and he and his starving crew made a meal of it - a very slight meal for eight men. Then they used the intestines for bait. With it, they caught fish, which gave them food and more bait . . . and the cycle continued. With that simple survival technique, they were able to endure the rigors of the sea until they were found and rescued after 24 days at sea.

Eddie Rickenbacker lived many years beyond that ordeal, but he never forgot the sacrifice of that first life-saving seagull... And he never stopped saying, 'Thank you.' That's why almost every Friday night he would walk to the end of the pier with a bucket full of shrimp and a heart full of gratitude.

Reference: (Max Lucado, "In The Eye of the Storm", pp..221, 225-226)

PS: Eddie Rickenbacker was the founder of Eastern Airlines. Before WWI he was race car driver. In WWI he was a pilot and became America's first ace. In WWII he was an instructor and military adviser, and he flew missions with the combat pilots. Eddie Rickenbacker is a true American hero. And now you know another story about the trials and sacrifices that brave men have endured for our freedom.

As you see as the WWII veterans pass on I want to make sure that this will be passed on. It was a great story that I didn't know. You got to be careful with those old guys. You never know what they may have done.

This is for all those Old Timers that never say a thing that live and die each day in America unbeknownst to us some of the sacrifices that made for our country. God bless each and every one of them.

10 WAYS TO KEEP WOMEN OUT OF VETERAN SERVICE ORGANIZATIONS



1. CALL ME HONEY, SWEETHEART, DARLING, OR GUY
I’m not your honey, sweetheart, or darling. I’m definitely not a guy, so please just call me by my first name.
2. TELL A SEX JOKE DURING AN OFFICIAL MEETING
I personally believe I have a great sense of humor, but there’s a time and place for everything. The keyword here is to use “appropriate” humor.
3. LAUGH AT THE SEX JOKE, ESPECIALLY IF YOU ARE IN A POSITION OF LEADERSHIP
When you are in a position of leadership, your reaction can easily sign off on things. Good leaders express disagreement by not laughing. The best leaders are the ones that stand up and say something.
4. DEMAND RESPECT AND ATTENTION UNTIL A WOMAN IS SPEAKING, IN WHICH CASE, PLEASE TAKE THIS OPPORTUNITY TO CARRY ON SIDE CONVERSATIONS AND TAKE SILLY PHOTOS
As they say on ESPN, “C’mon man!” Let’s put the golden rule into effect here. If you’re asking for my undivided attention, please provide me with the same courtesy. Respect is important to everyone.
5. GRAZE MY SHOULDER AS YOU THANK ME FOR MY SERVICE
I prefer a handshake.
6. CONSTANTLY ADJUST YOUR PANTS AS YOU THANK ME FOR MY SERVICE
Again, I prefer a handshake.
7. INSIST GUESTS ABIDE BY YOUR ORGANIZATIONS’ FORMALITIES, ESPECIALLY THOSE GUESTS WHO JUST GOT OUT OF THE MILITARY AND ARE BAFFLED BY THE SIGHT OF PEOPLE WEARING HATS INDOORS
In the military, we are not authorized to wear our hats indoors. Give me time to understand new traditions and formalities. A warm welcome means I might just come back. Heck, I may even join.
8. MAKE SURE THE ONLY WOMEN IN YOUR PROMOTIONAL MATERIALS (BOTH PRINT AND WEB) ARE SPOUSES
Women served too. Don’t just tell us, show us.
9. HOLD ON TO THE NOTION ONLY WOMEN ARE SPOUSES
Auxiliaries provide direct support to veteran service organizations. To qualify for membership, one of the requirements is to be a family member of the veteran who belongs to the organization. Typically, this excludes men. Please make your auxiliaries open to men and women; spouses and partners.
10. AFTER STATING MY MILITARY SERVICE, PLEASE REMIND ME THAT I AM MORE THAN WELCOME TO JOIN THE AUXILIARY
I am a woman. I served in the military. I AM the veteran.



CHAPTER 1031 MASSING OF COLORS



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VVA CA State Council contact info inside - page 2

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To:

In this issue:

- Chapter Activities-Events
- Legislative Information
- Veteran Benefit Information
- Agent Orange Information

And more...

VVA & CSC Meeting Dates & Events

Zephyr Deadline for October issue September 21, 2013

CSC Full Council - August 23-25, 2013, Fresno, CA

CSC Full Council - October 25-27, 2013, Fresno, CA

CSC Full Council January 24-26, 2014, Fresno, CA

CSC Full Council - April 25-27, 2014, Fresno, CA

CSC Full Council - August 23-24, 2014, Fresno, CA