

# ARMYTIMES

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## *How will Affordable Care Act affect Veterans? New VA website has answers*

The Veterans Affairs Department has launched a new website explaining the likely impact of the Affordable Care Act on former troops and their families.

**The site** addresses questions such as whether the law affects those already receiving VA health care (it doesn't), who is eligible for VA care, and options available to uninsured family members.

Under the Affordable Care Act, veterans who qualify for VA health care — including all who fall into the Veterans Affairs Department's eight health care priority groups — do not have to buy health insurance under the law's requirement that all individuals must have coverage.

VA wants all eligible veterans who aren't already in the system to visit the website and sign up.

"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," VA Secretary Eric Shinseki said.

For eligible veterans, VA health care carries no enrollment fees, monthly premiums or deductibles.

According to VA data, nearly 8.6 million veterans are enrolled in the Veterans Health Administration. An estimated 6.6 million more of the nation's 23 million veterans are eligible, but many have other insurance.

VA believes that roughly 1.3 million veterans are uninsured and may be eligible for VA care.

Nearly 1 million spouses and children of veterans also do not have health insurance. For them, the law created a health insurance marketplace where the uninsured can shop for a policy. By law, U.S. citizens who do not have health insurance and do not qualify for government programs could face penalties starting in January. Annual fines would start at \$95 for an adult, \$47.50 for a child and \$285 per family or 1 percent of family income, whichever is greater.

In 2016 and beyond, fines would rise to \$695 per adult and \$347.50 per child; and \$2,085 per family or 2.5 percent of family income, whichever is greater.

The fines would be paid out of an individual's tax return.

Federal and many state marketplaces or insurance exchanges are set to open for business on Oct. 1.

Visite the site at [www.va.gov/health/aca/](http://www.va.gov/health/aca/).

## **RESEARCHERS FIND BIOLOGICAL EVIDENCE OF GULF WAR ILLNESS**

By James Dao

The New York Times 6-14-2013

In the two decades since the 1991 Persian Gulf war, medical researchers have struggled to explain a mysterious amalgam of problems in thousands of gulf war veterans, including joint pain, physical malaise and gastrointestinal disorders. In some medical circles, the symptoms were thought to be psychological, the result of combat stress.

But recent research is bolstering the view that the symptoms, known collectively as gulf war illness, are fundamentally biological in nature. In the latest example, researchers at Georgetown University say they have found neurological damage in gulf war veterans reporting symptoms of the disease.

Using magnetic resonance imaging to study the brains of gulf war veterans before and after exercise, the researchers discovered evidence of damage in parts of their brains associated with heart rate and pain. Such damage was not evident in the control group, which included non-veterans and healthy veterans.

Such neurological damage, the researchers theorize, caused the veterans to be more sensitive to pain, to feel easily fatigued and to experience loss of short-term "working memory," all symptoms associated with gulf war illness.

Their study, published by the online medical journal PLoS One on Friday, does not try to explain the causes of the damage. It also found different patterns of damage in two groups of veterans, indicating that the disease — if it is indeed a single ailment — takes different paths in different people.

But the authors said the findings, along with other recent research, may offer clues in developing treatments and diagnostic tests for the illness, which currently is diagnosed through self-reported symptoms and has no definitive treatment.

Two other studies released by Georgetown this year have also pointed to neurological damage in the brains of veterans reporting symptoms of gulf war illness, including one that showed abnormalities in the nerve cells linking parts of the brain involved in processing feelings of pain.

The research makes clear that "gulf war illness is real," said Rakib U. Rayhan, the principal author of the new study. "There is objective evidence that something is wrong in the brains of these veterans." and fatigue.

Other experts offered more tempered views, noting that most of the subjects in the Georgetown study were self-selected and that their number was relatively small: 28 veterans with symptoms and 10 participants without symptoms.

Dr. Drew A. Helmer, director of the Department of Veterans Affairs' War-Related Illness and Injury Study Center in New Jersey, called the Georgetown studies "very preliminary" but also "a very important step forward."

But Dr. John Bailer, an emeritus professor at the University of Chicago who led a group that studied gulf war illness in 1996, said the new study did not provide enough data to determine whether the veterans' symptoms were linked to their deployments to Kuwait, or something entirely different.

"I am not questioning whether a substantial proportion of veterans of Desert Storm have symptoms related to their service," Dr. Bailer said in an e-mail. "I am questioning whether those symptoms have any cause other than the stress of war itself."

Studies by the Department of Veterans Affairs have estimated that as many as 250,000 of the nearly 700,000 service members who served in the Middle East in 1990 and 1991 have reported symptoms of gulf war illness, which is also known as chronic multi-symptom illness.

Gulf war illness has been the source of much frustration and dispute practically since veterans first reported symptoms in the 1990s. Many veterans say that their complaints were initially dismissed as psychological. Many also believe that their problems are the result of exposure to nerve agents, pesticides, herbicides and other chemicals, but that the government has been slow, or unwilling, to pinpoint causes.

Even some government researchers have made that case. At a Congressional hearing in March, Dr. Steven S. Coughlin, an epidemiologist who once worked for the Department of Veterans Affairs, asserted that the department had systematically played down the neurological basis of gulf war illness. At the same hearing, a member of an advisory panel to the department said the agency still seemed guided by the view that symptoms of gulf war illness were stress-induced.

"This is a throwback to early speculation from the 1990s that there was no problem, or that veterans just had random, disconnected symptoms," testified Dr. Lea Steele, a Baylor University epidemiologist who was a member of the Research Advisory Committee on Gulf War Veterans' illnesses.

USA Today reported on Friday that Eric K. Shinseki, the Secretary of Veterans Affairs, had taken steps to replace members of the advisory committee and reduce its independence. Advocates for gulf war veterans say the changes are meant to rein in a committee that has consistently been more aggressive than the department in saying that gulf war illness is a physical condition related to exposure to toxins.

In a statement, the department defended its research into gulf war illness.

"V.A. is clear in its commitment to treating these health issues and does not endorse the notion some have put forward that these physical health symptoms experienced by gulf war veterans arise as a result of PTSD or other mental health issues from military service," the statement said, referring to post-traumatic stress disorder.

Still, many veterans, like Ronald Brown, who was part of the Georgetown study, say their problems after returning from Kuwait in 1991 were not taken seriously.

An infantryman with the 82nd Airborne Division, he was at a base in southern Iraq when engineers destroyed the nearby Kamisiya ammunition depot containing nerve gas. The Pentagon has said that as many as 100,000 American troops could have been exposed to the toxic gas in that demolition.

Mr. Brown, 45, says that before the invasion, he was in top physical condition, regularly scoring high on Army physical fitness tests. But after Kamisiya was destroyed, he began experiencing headaches, nausea and shortness of breath. When he returned to the United States, he says he failed a fitness test badly. "I plain and simple couldn't get enough air," he said.

After leaving the Army in 1992, he said his health continued to deteriorate, to the point where he could not hold jobs. Doctors gave him diagnoses of migraines, fibromyalgia, irritable bowel syndrome and chronic fatigue syndrome. They gave him medications that did not seem to help and offered treatment for post-traumatic stress disorder, he said.

"I was told I had these problems because I was depressed. And yes, I was depressed," Mr. Brown said. "But that's part of having so many things wrong. That's not what caused it."

## SPECIALIZED AIRPORT SCREENING FOR DISABLED VETERANS

Veterans may avoid intrusive airport security screening procedures under the Helping Heroes Fly Act that President Obama has signed into law and new initiatives underway at the Transportation Security Administration (TSA).

Disabled American Veterans (DAV) is working with the TSA to enhance veterans' experiences through the TSA Care program. The program allows veterans with special needs to contact TSA with details of their itinerary to expedite the screening process. TSA Passenger Support Specialist then help guide them through the screening process.

"We continuously work with the military, airlines and veteran's groups such as DAV to insure that those who serve our country receive excellent service in return," said Mark Howell of the TSA. Disabled veterans with special travel needs should call TSA Cares in advance of their travel for special accommodations and expedited screening. TSA can be contacted by calling toll free at 1-855-787-2227 or via email at [TSA-ContactCenter@dhs.gov](mailto:TSA-ContactCenter@dhs.gov)

(Article from AL.com written by Buddy Casey)

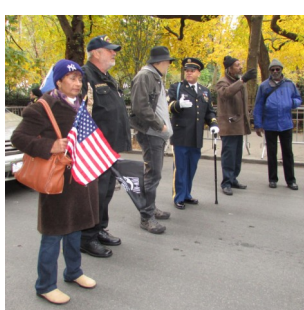
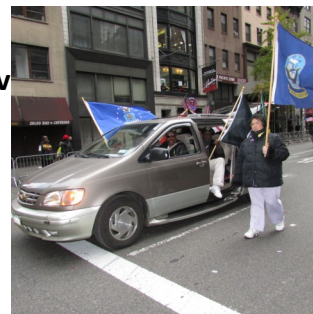
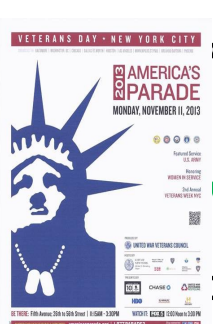
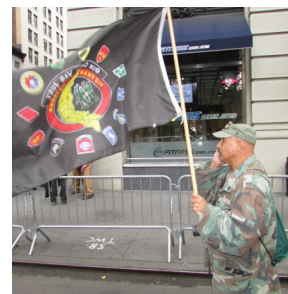




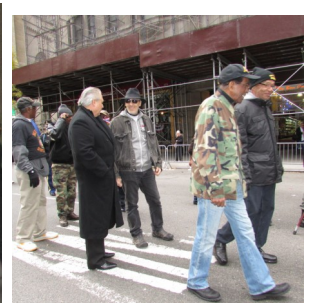
# 12 Years Straight!

# 2013 VETERANS' DAY PARADE

*THE SOLUTION TO THE*



VQLAN THANKS  
THE VETERANS  
WHO COME,  
AND THOSE WHO  
DON'T, EVEN  
BEING HELPED  
BY US!





## **HOW VA IDENTIFIES CLAIMS**

### **COMPENSATION “All Vets must read”**

#### **TYPES OF CLAIMS**

There are numerous types of claims that apply to disability compensation. They can be based on disabilities that existed when entering military service, but were made worse, disabilities that occurred during service, or disabilities that arose after you left military service. Additionally, there are claims that are filed for special circumstances.

#### **PRE-DISCHARGE CLAIMS**

Servicemembers that are within 180 days of separation or retirement from active duty or full time National Guard duty may file claims for disability compensation.

#### **CLAIMS BASED ON PRE-SERVICE DISABILITIES**

Individuals may enter military service with a known disability. Should this disability become worse due to military service, the VA may be able to pay compensation. This is known as aggravation; however, compensation can only be paid for the level of aggravation. For example, at entry into military service, an individual has a disabling condition that could be considered 10% disabling. In order for this condition to be considered aggravated, it would have to have worsened due to military service to at least 20%.

#### **CLAIMS BASED ON IN-SERVICE DISABILITIES**

These claims are based on disabilities that are a result of an injury or disease that occurred in active service, and in the line of duty. Injuries or diseases as a result of the Veteran's own willful misconduct or abuse of alcohol or drugs are excluded.

#### **CLAIMS BASED ON POST SERVICE DISABILITIES**

Claims for post-service disabilities would include claims for disabilities that are a result of disabilities considered to be service-related, even though the disability arose after service. There are various classifications of presumptive disabilities which can be based on location or circumstances of service or just by military service itself.

#### **CLAIMS BASED ON SPECIAL CIRCUMSTANCES**

Claims regarding compensation are not always based on an in-service event. In other words, after a disability has been determined to be service connected, there may be other types of claims a Veteran or surviving spouse may wish to file. This might include a claim for a temporary 100% rating due to surgery for a service-connected disability, or additional compensation based on being in need of regular aid and attendance.

#### **ORIGINAL CLAIM**

An original claim is the first claim you file for compensation from the VA. This can be filed by a service member, Veteran or survivors of deceased Veterans.

#### **REOPENED CLAIM**

A reopened claim is a claim filed for a benefit that could not be granted and the decision has become final, meaning that it is over one year old and has not been appealed. VA cannot reopen these claims unless new and material evidence is received. New evidence is evidence that the VA has never before considered in connection with the specific benefit claimed. Material evidence is evidence that is relevant to and has a direct bearing on the issue at hand.

#### **EXAMPLE ONE**

A Veteran was treated several times during service for pain in the right elbow. He filed a claim for service connection in 1989, but his claim could not be granted because no orthopedic abnormalities were found on VA examinations. Two years later, his private physician x-rayed the elbow and noted arthritic changes in the joint. The Veteran submitted the new evidence to the VA. Because it suggested a residual of his in-service elbow problems did exist, the VA reopened his claim.

#### **EXAMPLE TWO**

A Veteran was discharged from service in 1977. He filed an original claim for service connection for pes planus (flat foot) 20 years later. The VA was unable to grant his claim because pes planus was never noted in the Veteran's service treatment records. In 2001, he attempted to reopen his claim by submitting a statement from his private physician confirming the diagnosis of pes planus. The VA was unable to reopen the claim because, while the evidence was "new," it was not "material," in that it failed to demonstrate the Veteran was diagnosed with pes planus during service.

#### **NEW CLAIM**

A new claim is a claim for a benefit that may or may not have been filed before. Generally, the decision made on the claim is based entirely on new evidence. These may include claims for:

- \*An increased disability evaluation
- \*Special monthly compensation
- \*Individual unemployability

A new claim differs from a reopened claim in that a decision on the claim is totally independent of any evidence submitted in connection with an earlier claim.

# MS FRASER

by Anthony J. Williams

*Our thoughts and prayers are with you  
As we remember the distinguished person that you are  
Your inner exquisiteness shall always  
Stand at the top of our spirits  
As your voice in our memory  
Echoes love and kind heartedness*

*Your caring and professionalism  
Has traveled beyond mountains  
In our lives.*

*Your dedication to the work of  
Helping Veterans  
Assist the red, white and blue  
Is like a drop of honey  
In the center-most portion  
Of every beat of our heart.*

*Just seeing you in your office,  
As we travel the miles to our recovery  
We are challenged to do better.*

*We miss the glow in your eyes  
And the peacefulness in your voice.  
Your smile is like a serene blue sunset.  
Yet so fiery and sweet.*

*We pray that you get better soon!*

*Pictures provided by Founder/President VQLAN . He remembers who tried to help.  
God Bless You!*



## NEW COURT SEEKS JAIL ALTERNATIVES FOR THOSE FROM THE MILITARY



Bronx Supreme Court Justice Leonard Livote

The Bronx Hall of Justice is introducing a program designed to help military veterans facing felony charges avoid jail time. The Bronx Veterans' Treatment Court is being modeled after specialty drug and mental health programs that work with defendants and the District Attorney's office to find counseling and treatment alternatives. "Research continues to draw a link between substance abuse and combat-related mental illness," said Siobhan Morris, the Veterans Justice Outreach Coordinator at the James J. Peters VA Medical Center in Kingsbridge. Left untreated, mental health disorders common among veterans can directly lead to involvement in the criminal justice system," said Morris.

Nationwide the number of veterans receiving mental health care from the U.S. Dept. of Veterans Affairs increased 34% from 2006-2010, with 1,203,530 receiving treatment in 2010 alone, according to the U.S. Government Accountability Office. "We should have some way to recognize their service, to take that into account," said Bronx Supreme Court Justice Leonard Livote. The 60-year-old Queens native knows a thing or two about service: he retired as a Colonel from the Army Reserve in 2011, after serving for 27 years. Livote will oversee the program as the presiding judge of the special court in addition to his work as a trial judge. Working with the Bronx County District Attorney's office, Livote has already started four cases this summer and will see 22 more next month. The program will be officially unveiled Monday. The majority of cases will be drug offences or other low-level, non-violent felony charges, according to the judge. "The beauty is that this is small," Livote said of the program. "I have the luxury of giving people time." In addition to treatment, a key component of the specialty court will be the assignment of additional veterans to act as court mentors to the defendants.

The volunteers are meant to help keep participants on track with treatment and offer a helping hand from someone familiar with their circumstances. "Veterans respond favorably to this structured environment given their past experiences in the Armed Forces," Morris said of the program. Brooklyn and Queens currently have similar veterans' court models that were started in 2010. If successful, Livote would like to see the Bronx program expanded. "This is my chance to give back," he said. "It is something that was lacking in the Bronx."

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***The Borough of Manhattan*** is the only New York city borough that does not have a Veterans' Treatment Court. The Manhattan Veterans Advocacy Council, Chairman and member of VQLAN Anthony J. Williams, Harvell Ford and the Bronx Veterans Court, Kenneth Goldstein Ledr UDCO Mentor are distributing petitions for Veterans to sign requesting that the Manhattan District Attorney Cyrus R. Vance start a Veterans Treatment Court in Manhattan. The Bronx Veterans Court Mentor Coordinator Dwayne B Gathers e-mailed the petition to Anthony. The Two Veteran organizations hope to have more than 1000 signatures to be delivered to the office of the Manhattan District Attorney on December 2, 2013. They were busy getting signatures during the November 11, 2013 Veterans Day Parade up 5th Ave., in New York City. by Anthony J. Williams

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## WHEN WOMEN COME MARCHING HOME

Service: 'When Women Come Marching Home' is a portrait of the courage of several women veterans transitioning from active duty to civilian lives. Having experienced horrific traumas, the women are challenged with both physical and mental injuries, and difficulties in receiving benefits and care.

From the deserts of Afghanistan to rural Tennessee, from Iraq to New York City, these women wrestle with prosthetics, homelessness, Post Traumatic Stress Disorder (PTSD) and Military Sexual Trauma. Their pictures and videos shot in Iraq and Afghanistan speak volumes. Told through their voices during every day life in kitchens, grocery stores and even therapy sessions, the documentary is a wake-up call to the unknowing civilian population to the challenges female veterans face returning from duty.

ARTICLE FROM [worldchannel.com](http://worldchannel.com).



## **MILITARY HOSPITAL SHRINKING SERVICES TO MEET SPENDING CUTS**

Gregg Zoroya USA TODAY



Patients at Walter Reed National Military Medical Center and other premier military hospitals are being sent to private doctors and having surgery and other treatment delayed because of furloughs to medical personnel, according to interviews and internal documents.

"Please show (patients) the utmost understanding and care while we are asking them to accept longer wait times and in some cases, curtailed or limited services," Rear Adm. Alton Stocks, hospital commander, told staff in a July 12 message.

A "colleagues" memo issued in recent days says inpatient beds are in "critically short supply" because of furloughs of civilian staff triggered by federal spending cuts known as sequestration. The memo encourages "dispositions/discharges as soon as possible." Hospital spokesperson Sandy Dean explained this direction, saying, "We are encouraging health care providers to be more efficient when handling their paperwork instead of writing discharge orders later in the day ... no patient has been or will be discharged before it is medically appropriate."

With cases of post-traumatic stress disorder and other mental health problems at an all-time high, Dean says civilian caregivers in the hospital's in-patient mental health section are furloughed, reducing beds there from 28 to 22.

Most serious combat wounded and other medical cases are given priority as routine treatments are delayed, officials said. Military families complain on the National Military Family Association website of waiting longer for medical appointments, immunizations for infants and getting someone to answer the phone at small medical clinics.

Similar cutbacks occurring across military medicine are "definitely impacting our ability to deliver health care," said Maj. Gen. Richard Thomas, commander of 11 Army hospitals in the western United States. Just in the first month of furloughs, 10,000 routine patient appointments in the western Army medical region had been delayed because of staffing shortages, Thomas says. The Pentagon's top medical official, Jonathan Woodson, Assistant Secretary of Defense for Health Affairs, called the cuts illogical and a significant threat.

"We simply cannot continue to sustain the burdens placed on the military medical system if sequester remains the law of the land," Woodson says. "The men and women who have fought tirelessly on the battlefields of Iraq and Afghanistan ... deserve much, much more than this."

Thomas said that by sending patients to a network of private doctors who contract with the government for services, the Pentagon will spend more money in order to compensate for the automatic spending cuts.

"As we curtail ... we will inevitably refer more care out to the network," he says. "We'll end up spending more money in the long run."

The automatic cuts, which many in Congress have vowed to keep in place through 2014, led the Pentagon to furlough more than 640,000 civilian workers for 11 days between July 8 and the end of the fiscal year on Sept. 30.

For the Army, which has the largest medical system within the military, all but 6,600 of its 44,000 civilian medical workers are being furloughed.

"The impact on morale is huge," says Thomas, adding that some caregivers have quit, lured to the Department of Veterans Affairs for jobs. "VA is parked right outside our installations and they're poaching our players."

For Erika Townes, a nurse at the Malcolm Grow Medical Center, an out-patient clinic at Andrews Air Force Base near Washington, D.C., furloughs mean canceling family vacation, cutting groceries and losing \$200 per paycheck every two weeks.

"It frustrates me because I make less than \$50,000 a year and, not to toot my own horn, but I'm a damn good nurse. ... I put a lot of passion into what I do. So you're going to punish me because you can't fix your own budget?" says the veteran nurse, a mother of four whose husband is disabled.

At Walter Reed, the primary care facility for troops wounded in Afghanistan, the number of operating rooms has been cut from 23 to 20 Monday through Thursday and to 10 on Friday, when most civilians take their weekly furlough day, according to a memo dated July 15 from Navy Capt. Philip Perdue, Deputy Chief of Surgery.

"Sorry to be the bearer of bad news; this is being forced on all of us," he writes.

The sprawling Walter Reed campus in Bethesda outside Washington is a joint military operation that in 2011 combined the National Naval Medical Center and the Walter Reed Army Medical Center.

With the spending cuts, 10%-20% of beds are now left vacant in surgery, in-patient mental health, maternal child services and critical care. Surgeons are urged to finish operations by 3 p.m. each day, **according to an internal memorandum.**

**Contributing: Tom Vanden Brook**

## **Veterans' Guide to the Affordable Care Act**

The VA has started a web-site for Veterans who want to know how the new Health Care Law affects them. Veterans can log onto [www.va.gov/aca](http://www.va.gov/aca) to find answers to questions based on the level of health care coverage in the VA. They can also learn how to enroll in VA coverage.

The Affordable Care Act will not change any of the health care benefits or out-of-pocket cost for Veterans who receive health care through the VA.





# Veterans Quality Of Life Access Network Inc. Intake Sheet Info 2012

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL
GUEST	30	60	88	61	59	33		1	35	70	36	8	481
UPGRADE		3	14	11	6	3		1	3	8	4	2	55
CLAIM	6	9	23	14	18	10			5	18	6	1	110
PENSION	14	28	46	30	26	22			19	40	12	4	241
BENEFITS	1	3	3	5	2	2				2	7		25
HOUSING	3	12	20	12	12	5			4	14	3	1	86
4138		3	7	4	2	1			1	2		1	21
180	3	7	17	9	7	4			4	8	1		60
526	4	3	4	2	4	3		1	1	2	3	2	29
INFORMATION	22	28	48	38	44	26		1	26	42	20	6	301
RECORDS		1	1							1			3
AGENT ORANGE	2		2	1	1	1							7
HEALTH CARE	3	6	9	11	3	2			3	8	3		48
EDUCATION	11	8	12	10	8	3			2	18	6		78
JOBS	3	2	9	6	6	2			2	4	1		35
FOOD		2	1							1			4
PTSD	1	2	1		1								5
CLOTHES		1		1	1					1			4
CAMP LEJEUNE									1	1			2
REFERRALS										4			4
COMPENSATION	14	28	46	30	26	22			19	32	12	4	233
LOANS	2	1	2	4	4	3				3			19
LAWYER REFERRAL		2	9	10	1				2	8	2	2	36
CALL CLAIM STATUS CK													0
VCAA LETTER		3	6	3	1	5			2	40	2	1	63
FILL OUT FORMS		4	12	5	7	5			2	12	2		49
BURIAL INFORMATION										1			1

**VQLAN MAKING THE DIFFERENCE!**  
**ACTIONS SPEAK LOUDER THAN WORDS!**  
 Office open two days a week, four hours per day.



# THOUSANDS OF AILING VETERANS WAIT FOR VA TO CLEAR BACKLOG

## USA TODAY's VIEW

Since 2001, the government has trained, equipped and deployed more than 2.5 million men and women to serve in Iraq and Afghanistan. But those who came home with brain injuries, post traumatic stress disorder or other serious afflictions have too often found that the military's efficiency ended abruptly when they filed a claim with the Department of Veterans Affairs.

Veterans filing a new disability claim can wait a year or more to get an answer from the VA, potentially costing them thousands of dollars a month in disability payments even as they get VA medical treatment.

### DELAYS LAST A YEAR OR MORE

The backlog of claims more than four months old stand at almost a half-million. The delays used to be even worse. Under relentless pressure from Congress, Veterans groups and the news media, the VA finally started shrinking the claims backlog this year. But the lethargic department doesn't plan to clear it completely for at least two more years, and Veterans will still have to wait up to four months for an answer on their claims. That's a pitiful, unambitious goal, and there's deep concern that the VA can't even meet it.

Things got this bad because no one at the VA apparently had the wit to look at the numbers and plan for the enormous wave of Veterans that would be coming their way. The problem is bipartisan. It began to get serious on President George W. Bush's watch and got worse under President Obama. Most of the causes are obvious: Huge numbers of Vets filing claims, an antiquated system that keeps most records on paper despite a long-promised effort to digitize them, and a maddening disconnect between the VA and the Pentagon over Veterans' medical records.

Efforts to fix the problem haven't always fared well. In 1979, an average VA employee processed 135 claims a year, according to the House Veterans' Affairs Committee, but as of 2012 that had dropped to 73 per year—even as the VA had hired thousands of new employees to handle the load.

The VA often explains the delays by noting that Veterans' claims have become more complicated, but the department has been making that same argument since at least 1994, when it told Congress the time to resolve claims had risen because of their "increasing complexity."

The department has done some things right. VA Secretary Eric Shinseki deserves great credit for initiatives such as making Vietnam War Veterans eligible for medical problems stemming from Agent Orange and other causes. That made the backlog worse, but it was the correct thing to do.

And the department has worked hard lately to get the backlog under control, including requiring processors to work 20 hours of overtime a month. But the overtime ends September 30, which is one reason critics in Congress and Veterans groups doubt the department will meet the goal of clearing the backlog by the end of 2015.

The debate over the problem too often seems sterile. Behind the numbers are men and women with real problems, many of them severe, whose best hope is help from the government that sent them to war.

USA Today reporter Greg Zoroya put a face on the statistics recently by focusing on Mickey D'heron, a New Jersey firefighter and Army Reserve vet who served in 2008 and 2009 in Iraq, resulting in PTSD that cost him his job and almost cost him his family while the VA kept him waiting.

Stories like that should light a fire under the VA. Continuing to make ailing Vets wait is a national disgrace.

## OPPOSING VIEW

### VA AGGRESSIVELY ATTACKING BACKLOG

Too many Veterans are waiting too long to receive earned benefits. That has never been acceptable. While much work remains, the claims backlog has decreased 20% since March and is now at its lowest point in more than two years.

#### 100,00 claims cleared monthly

In the past three years the Department of Veterans Affairs has expanded access to disability benefits for hundreds of thousands of Veterans - from those with multiple deployments in Iraq and Afghanistan to those exposed to Agent Orange in Vietnam or diagnosed with PTSD. While these decisions were the right choices, we knew pending compensation claims would increase.

VA is aggressively addressing the backlog of claims through a comprehensive plan that is making clear progress. We have examined the process from beginning to end to find ways to speed the delivery of benefits for all and have partnered with Veteran groups and other organizations in this effort.

VA is ending our reliance on outdated paper systems and transitioned every VA office to an electronic processing system to fundamentally transform the way we do business. For the first time, Veterans can apply for compensation benefits on line using an application similar to tax preparation software. Working with the Defense Department and other federal agencies, VA has improved digital access to medical records and other documentation needed to make compensation decisions—a critical component in reducing wait times. Today 50% of disability claims are being processed electronically—and that volume is growing daily.

We have prioritized decisions for Veterans who have waited the longest and mandated overtime for all claim specialists across the country. At the same time, the VA has completed more than a million claims in each of the past three years, levels never reached before. The accuracy on these decisions has increased in over 90%. More than 100,000 Veterans are receiving decisions on their claims each month.

Thanks to the strong leadership of President Obama and VA Secretary Eric Shinseki, and the support of Congress, transformation of our compensation claims process is well underway. At the same time, VA continues to provide high quality health care to millions of Veterans every day.

Fixing a decades-old problem is never easy. Yet there is tremendous energy and momentum within the VA, and across the federal government, to end the backlog for good in 2015, and uphold our commitments to current and future generations of Veterans.

Allison A. Hickey is undersecretary for benefits for the Department of Veterans Affairs.

### DISABLED VET SUES KFC OVER DOG BAN

A highly decorated Army war hero is suing the operators of a KFC in The Bronx, saying they violated federal law by refusing to serve him because he has a registered service dog. Disabled Army National Guard Sgt. Charles Hernandez, 50, says he relies on Valor—a 4-year-old Labrador retriever-great Dane mix posttraumatic stress disorder and spinal-cord injuries related to three decades of service that included a tour in Iraq. (Full Story) [nypost.com/2013/08/22](http://nypost.com/2013/08/22)



## ***MORE SHIPS ADDED TO LIST FOR Find your ship DISABILITY DUE TO AGENT ORANGE EXPOSURE***

**U.S. MEDICINE** By Sandra Basu

WASHINGTON - The VA has updated its list of U.S. Navy and Coast Guard ships that can be used by Vietnam-era veterans to determine if they qualify for presumption of Agent Orange exposure. That enables the veterans to seek VA disability compensation for associated diseases.

The evolving list now includes 244 ships, including some open-sea vessels.

The Agent Orange Act of 1991 established that Vietnam veterans with any of the diseases linked to Agent Orange were presumed to have been exposed if they served in specific areas during service and so could claim disability.

The issue of whether "Blue Water" veterans, those who served on open ships off the shore of Vietnam, as opposed to rivers and inland streams within the country, should be eligible remains controversial, however.

An IoM report in May 2011 concluded that "it could not state with certainty that exposures to Blue Water Navy personnel, taken as a group, were qualitatively different from their Brown Water Navy and ground troop counterparts. Indeed, the paucity of scientific data makes it impossible to determine whether or not Blue Water Navy veterans were exposed to Agent Orange-associated TCDD during the Vietnam War."

Because the VA only compensates veterans who served on the ground or on inland waterways in Vietnam for diseases associated with Agent Orange, Blue Water veterans have not been automatically eligible for related disability benefits.

In its policy, the VA stipulates that, to claim service-connection for diseases related to Agent Orange Exposure, "that Blue Water Veterans must have actually stepped foot on the land of Vietnam or served on its inland waterways anytime between January 9, 1962, and May 7, 1975." Veterans are urged to check VA's list of ships and must have evidence confirmed through their military records to show that they were aboard one of the listed ships.

Blue Water veterans who did not set foot in Vietnam or serve aboard ships that operated on the inland waterways of Vietnam anytime between those dates "must show on a factual basis that they were exposed to herbicides during military service in order to receive disability compensation for diseases related to Agent Orange exposure. These claims are decided on a case-by-case basis," the VA website states.

The exception is Blue Water veterans with non-Hodgkin's lymphoma "who may be granted service-connection without showing inland waterway service or that they set foot in Vietnam," according to VA.

Categorized in: Dec. 2012 Dept. of Veterans Affairs News

Ships or boats that were part of the **Mobile Riverine Force, Inshore Fire Support (ISF) Division 93** or had one of the following designations operated on the inland waterways of Vietnam. Veterans whose military records confirm they were aboard these ships qualify for presumption of herbicide exposure.

During your Vietnam tour, did your ship or boat have one of the following designations?

- APG (Patrol Craft Tender)
- LCM (Landing Craft, Mechanized)
- LCU (Landing Craft, Utility)
- LCVP (Landing Craft, Vehicle, Personnel)
- LST (Landing Ship, Tank)
- PBR (Patrol Boat, River)
- PCF (Patrol Craft, Fast or Swift Boat)
- PG (Patrol Gunboat)
- WAK (Cargo Vessel)
- WHEC (High Endurance Cutter)
- WLB (Buoy Tender)
- WPB (Patrol Boat)
- YFU (Harbor Utility Craft)

FOR A FULL ALPHABETICAL LIST GO ON LINE TO  
<http://www.publichealth.gov/exposures/e/shiplist/list.asp>

### ***WE THE PEOPLE***



***FOR THE PEOPLE***

***BY THE PEOPLE***



# Serious doubts remain about VA's ability to secure Veterans' data

Monday - 9/30/2013, 6:37 PM EDT

The Veterans Affairs Department has done little over the last two months to satisfy House lawmakers' concerns about the security of the data of more than 20 million Veterans.

The department also is under pressure for more details about the extent of "repeated compromises" of VA's network by nation states.

The rising tensions between the House Veterans Affairs committee's majority and VA come as a report surfaced showing Veterans are at a higher risk of identity theft than the average citizen.

Federal News Radio obtained a December 2012 [report](#) by ID Analytics showing Veterans near military bases in Alaska, New York, Colorado, Ohio and Kentucky have a higher risk ratio for identity theft than non-Veterans in the same areas. ID Analytics focuses on consumer risk management through the use of analytics and real-time insight into consumer behavior,

A House Veterans Affairs Committee staff member said the committee knew about the report and it is one of the main reasons for the continued pressure on the department to answer questions about how it's protecting the Veterans' data.

The committee's frustration with VA's answers boiled over at a July 12 briefing with House and Senate Veterans Affairs committee staff members, VA IT executives and Homeland Security Department.

Stephen Warren, VA's Acting Assistant Secretary for Information and Technology and chief information officer, failed to provide answers to satisfy some staff members, multiple sources confirmed.

"The meeting was of little to no value and did not serve its intended purpose," said a House Veterans Affairs Committee staff member. "DHS and Warren spent the bulk of the hour long meeting providing a broad 40-minute overview of nationwide cyber security challenges." Sources confirm Eric Hannel, the Subcommittee on Oversight and Investigations Staff Director, walked out of the meeting with about 10 minutes left after his questions to VA officials about how they are protecting agency networks were repeatedly not answered to his satisfaction.

The House VA Committee staff member would not confirm Hannel walked out of the meeting.

But they say one of the most important questions they wanted Warren to answer during the meeting was, "How many times has VA's system been hacked within the last year?"

The staff member said Warren would not answer the question directly.

An internal memo written by Matt Santos, a Congressional Relations Officer at VA, obtained by Federal News Radio, stated, "Before Mr. Warren could complete his presentation HVAC staffer Eric Hannel abruptly began asking pointed questions regarding vulnerabilities in public facing websites that contain Veteran [personally identifiable information] PII, numbers of applications scanned for vulnerabilities, and Windows 7 patches. Most notably, Mr. Hannel claimed that he can use tools 'available on the Internet' to get behind VA's websites to access PII for millions of Veterans. Mr. Warren requested clarity regarding the vulnerabilities to allow VA to fix existing problems Mr. Hannel had recognized. Mr. Hannel would not give any details but repeatedly requested that Mr. Warren admit that he knows the vulnerabilities. The exchange ended with Mr. Hannel walking out of the room claiming that VA had 'wasted' his time by hiding the truth."

The House VA committee staff member said the committee had someone at the meeting the entire time.

A VA spokesperson wouldn't comment on the meeting or the ID Analytics report, but said in an email, "The Department of Veterans Affairs treats the protection of Veteran and other sensitive information with the utmost care. Over the past decade, the VA created an information protection program in response to both exposures and increasing cyber risks from all fronts, internal and external. The VA has embarked on a cultural transformation with respect to protecting VA information. This transformation is similar to how healthcare accrediting bodies have shifted away from predictable audit schedules and pre-defined checklists toward longitudinal reviews of how policy is defined, supported, communicated, implemented, monitored and improved." Senate Veterans Affairs Committee staff members also attended the briefing.

A spokesman for the majority side said, "We are trying to put together something with [ranking member] Sen. [Richard] Burr's staff to get more information from the VA on cyber security." The spokesman wouldn't offer more details about the committee's plans.

The briefing with both committees came after Warren asked for a closed door meeting to discuss the nation state attacks first exposed at the [June 4 hearing](#) before the House VA committee. This was at least the third meeting this year between the VA and the House committee staff about the agency's cyber security challenges.

The House committee staff member said lawmakers still are waiting for a response from the agency to a [June 13 letter](#) sent to the VA Secretary Eric Shinseki asking three questions about what lawmakers believe is the VA's inability to be forthcoming about the cyber-attacks.

"VA leadership recognizes that information security goes beyond information technology and has put measures in place to protect Veteran information and ensure that every VA employee and contractor is trained in their role in protecting that data," the VA spokesperson said. "All organizations, including federal agencies, face constantly evolving cyber security threats. The VA aggressively combats such threats through a multi-layer approach of technical controls, managerial controls, internal reviews, deployment of continuous monitoring tools, outside reviews from the VA's independent Office of Inspector General and collaboration with U.S.-Computer Emergency Readiness Team (US-CERT). The VA and all federal agencies, report cyber security incidents to the US-CERT in accordance with US-CERT guidelines."

To that end, Santos wrote that the VA told the committee that it would be among the first to [implement the Einstein 3 cyber program](#) provided by DHS. The committee and former VA officials allege that the agency isn't doing enough to protect Veterans' data.

Before the June 4 hearing, letters to the Hill obtained by Federal News Radio allege [VA is short cutting](#) its accreditations and authorizations (A&A), which previously were known as certifications and accreditations (C&A), process for its IT systems. The VA's former Chief Information Security Officer Jerry Davis alleges the agency's process is flawed and is putting data and systems at a higher risk.

The ID Analytics report supports the allegations that Veterans' data is at greater risk. The report reviewed two databases containing the personal information of more than 20 million veterans. Sources say the VA has been receiving reports from ID Analytics since it lost the laptop with the data of 26 million Veterans in 2006.

An email to ID Analytics asking for comment on the report was not immediately returned. The reports showed veterans "have substantially higher alert rates than the non-Veteran population. This indicates a higher level of activity in the marketplace for the Veteran population, which could indicate higher risk of identity misuse."

ID Analytics found credit card fraud is the most common way the criminals use the stolen identity.

ID Analytics also recommended the VA take eight steps including reviewing log files to see if employees are stealing identities and selling them to criminals, investigate VA facilities within 20 miles of reported misuse and compare the data of Veterans who say they were victims of identity theft with data provided in the report, and provide any matches with a higher degree of protection.

The company suggested to the VA that it consider offering "individualized assistance to affected veterans," which could include credit monitoring, identity monitoring, fraud alerts or credit freezes.

The House committee staff member didn't say what the next steps chairman Jeff Miller (R-Fla.) would take to ensure VA is doing more to protect the data of Veterans.



## SHUTDOWN HOLDING UP MILITARY, VA BENEFITS Gregg Zoroya USA TODAY 10-9-2013

The government shutdown is denying an array of financial benefits to families of troops killed in combat, training or by other causes in the military. In addition, services to veterans were further curtailed Tuesday as the Department of Veterans Affairs exhausted some carryover funding and furloughed 7,000 workers who process compensation claims.

### [Shutdown stops funds for families to greet fallen troops](#)

As a result, the VA cut off public access Tuesday to all 56 regional offices where veterans routinely walk in to file claims for compensation of combat- or other service-related wounds, injuries or illnesses. Major veteran service organizations expressed outrage Tuesday that these facilities were temporarily shuttered because many of their employees use this office space to assist veterans in preparing what are often complex compensation claims. "Because Congress and the White House refuse to speak to each other, our country's veterans are suffering more with each passing day of this extremely dangerous impasse," said Daniel Dellinger, National Commander of the American Legion, the largest veterans organization with 2.4 million members. It remains unclear whether the VA will be sending out compensation checks on Nov. 1 to about 3.8 million veterans who rely on them, department spokeswoman Victoria Dillon says. While the VA is continuing to process compensation cases this month, funding for this will run out by the end of October if the shutdown continues, she says. The VA pays out about \$5 billion the first of each month to veterans in compensation and pension payments, Dillon says. Meanwhile, the families of four soldiers and a Marine killed in Afghanistan since the shutdown last week are not receiving a \$100,000 death gratuity or any unpaid income due to their loved ones, or being reimbursed for burial expenses, the Pentagon says.

"Unfortunately, as a result of the shutdown, we do not have the legal authority to make death gratuity payments at this time," says Navy Lt. Com. Nate Christensen, a Pentagon spokesman.

House Speaker John Boehner, R-Ohio, said Tuesday that the chamber will advance a bill Wednesday addressing military death benefit payments. "The House is going to act specifically on this and I hope the president will sign it," he said.

Senate Armed Services Chairman Carl Levin, D-Mich., said Democrats were focused on reopening the full government. The Senate has rejected all but one piecemeal fix in the shutdown impasse. The exception was a bill providing military pay during the shutdown. "We're trying to get the government open to deal with all these issues," Levin said.

Other Pentagon costs affected by the shutdown:

- Reimbursing families for travel to Dover Air Force Base in Delaware for meeting the remains of their loved one brought back from war.

- The cost of memorial services, caskets and other burial expenses.
- Paying the travel expenses of families who wish to be at the bedside of a direly wounded service member brought from combat to an Army hospital in Germany.

"We are keeping a close eye on those survivors," he says. "We're ready to pay out as soon as the money comes through. We care a great deal about them." News of this cut in death reimbursements by the Pentagon was first reported by the online publication, Defense One. Payments that are continuing during the shutdown, according to Christensen, include the processing of a \$400,000 death insurance policy and a monthly survivor benefit stipend amounting to a percentage of the slain service member's base pay.

The VA said its success in reducing a backlog of compensation claims is now in jeopardy because it can no longer require employees to work overtime to cut through the delayed cases. The department began in May placing workers on a mandatory overtime schedule of at least 20 hours per month and succeeded in reducing the backlog by 30%. Mandatory overtime was to continue through November, followed by voluntary overtime. But that ended with the shutdown, and the backlog of compensation cases pending longer than four months has held steady at nearly 420,00 cases, Dillon says.

# HAPPY HOLLIDAYS!

V.Q.L.A.N.

*WOULD LIKE TO  
WISH YOU AND  
YOUR FAMILY  
HAPPY  
HOLLIDAYS  
AND A  
PROSPEROUS  
NEW YEAR*



¡Feliz Navidad y próspero Año Nuevo!

MERRY CHRISTMAS!



***The Female Face of PTSD: Women Veterans Bring Home Invisible Scars Too***  
***Mental health challenges related to their service are a fact of life for many returning U.S. military personnel, and not just the men.***



As the media pays more attention to the invisible scars soldiers can bring home from service, a common picture has emerged: that of the strong, battle-hardened young man who is susceptible to post-traumatic stress disorder (PTSD).

But there is another face of mental illness in the U.S. Armed Forces, and it's a female one.

Certainly, far fewer women than men join the armed forces. And until very recently, women were formally banned from combat. But plenty of women veterans are dealing with the unexpected after effects of military service

According to the Veterans Administration:

Many symptoms of depression overlap with the symptoms of PTSD. For example, with both depression and PTSD, you may have trouble sleeping or keeping your mind focused. You may not feel pleasure or interest in things you used to enjoy. You may not want to be with other people as much. Both PTSD and depression may involve greater irritability. It is quite possible to have both depression and PTSD at the same time.



## COMMON CLAIMS

Since October 2009, the Veterans Affairs has received nearly 45,000 allegations of mistreatment and wrongdoing in the military veteran medical care system. Unfortunately, these numbers represent just a fraction of veterans medical care errors committed in VA Hospitals.

Generally, about one in ten of all veterans medical care malpractice complaints are pursued in court. While some medical negligence is obvious, some is far more difficult to recognize.

In most situations, valid veterans claims of malpractice consist of two elements:

1. a mistake, which is a violation of the standard of care expected of military medical treatment providers
2. significant injuries because of the mistake, which are called "damages." While it is a difficult reality, recovery for mistakes that don't result in significant injuries is often hard to pursue.

- \* STANDARD OF CARE VIOLATIONS
- \* SIGNIFICANT INJURIES
- \* HOSPITAL ERRORS
- \* SURGICAL ERROR
- \* EMERGENCY ROOM MISTAKES
- \* MEDICATION ERRORS
- \* FAILURE TO DIAGNOSE & MISDIAGNOSES
- \* BIRTH INJURIES
- \* TRAUMATIC BRAIN INJURY & POST TRAUMATIC STRESS DISORDER

FOR ADDITIONAL READING AND INFORMATION GO TO  
<http://www.takepart.com/article2013/04/23/female-military-veterans-plagued-ptsd>

## ***BARRY G. CAMPBELL***

***Founder and President  
Veterans Quality of Life Access Network Inc.***

“Divide your bread with the hungry, bring the homeless into your house, when you see the naked cover him, and do not divert eyes from your own flesh.

Isaiah 58:7



Our mission has always been to lead our Veterans into a growing relationship with God, for it's beneficial and refining nature, but also for the representation of power.

Veterans Quality of Life Access Network, wouldn't dare attempt the work of God unless He also provided power for achieving, but also for its representation to satisfy.

This signifies the priority of intimacy with God, because we recognize how essential this truth is. Our staff members regularly gather to pray for Veterans Quality of Life Access Network, our partners and each other as well.

Reliance on Him, His continual guidance supplies the resources and strategies needed to spread the good news around the world.

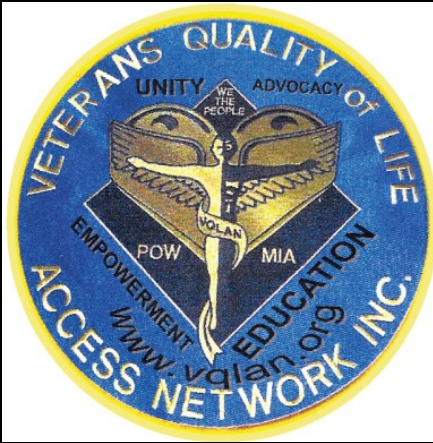
So as you can see, Veterans Quality of Life Access Network must depend entirely on the Lord. Apart from Him, even our best efforts would be useless in advancing His kingdom. He is the source of every good and perfect gift, the greatest of which is the indwelling presence of Jesus Christ. Because He's always near, we will never have to do anything in our own strength or wisdom. This is the promise we rest in the joy we experience and the energizing truth that inspired us to do His work. A petition to end hunger in the world and feed our people!

“God's nature is not affected by time, place, people, or circumstance.” He never makes a mistake in what He says or does, because His knowledge is perfect. His sovereignty is complete, and all is within His sight. Every promise is guaranteed in Jesus Christ (Cor. 1:20). For all our days He's the One we can count on. Hallelujah!

Thank you for your support,

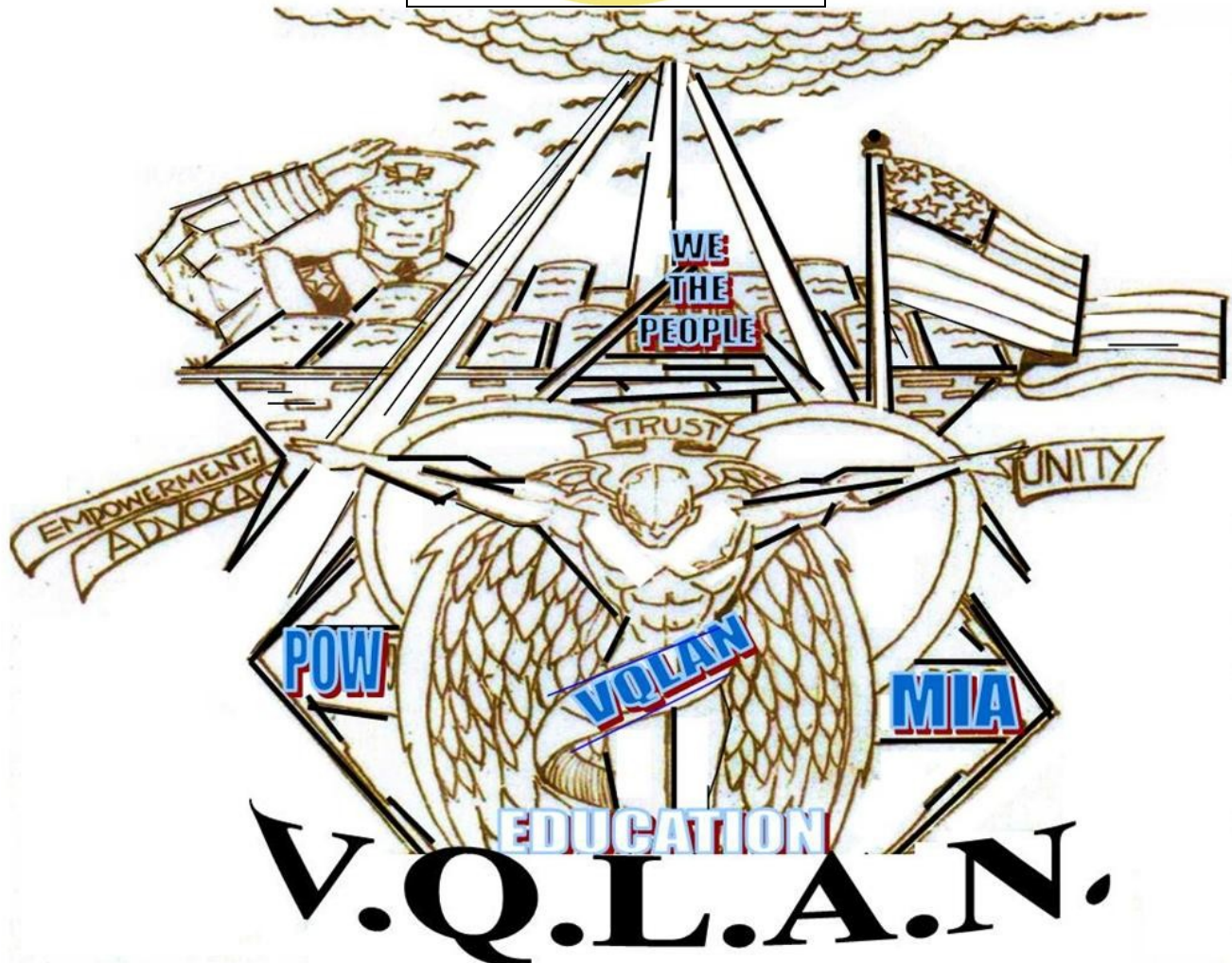
***Barry G. Campbell***  
***Founder/President***





**IN A  
CLASS  
BY ITSELF**

**MANY ARE CALLED  
FEW ARE CHOSEN**



**VETERANS QUALITY OF LIFE ACCESS NETWORK**

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**ABOVE  
AND  
BEYOND**

