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# "Roll Call"



November 2009, Volume 3, Issue XI

## The Monthly Newsletter From The Marquette County Veterans Service Office

*Articles published in the newsletter are provided for general veteran & public information. They are taken directly from a wide variety of local, state and national publications and are edited only to accommodate the space provided.*

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### Red Cross to Distribute Holiday Cards

The American Red Cross again will sponsor a national "Holiday Mail for Heroes" campaign to receive and distribute holiday cards to service members, veterans and their families in the United States and abroad.

The card campaign includes those working and receiving care at Walter Reed Army Medical Center here.

A special P.O. Box address will be published the first week of November online at:

<http://www.redcross.org/holidaymail>.

In the meantime, people shouldn't send cards to Walter Reed unless they are addressed to a specific wounded warrior.

Due to security restrictions, Walter Reed cannot accept generic mail addressed to "A Recovering Soldier" or "Any Soldier." In past years, hundreds of cards were returned to senders because of generic addresses, many sent in response to misleading e-mails.

The American Red Cross and Pitney Bowes Inc. will partner for the third year to provide screening of all mail sent to the special P.O. Box address. Cards postmarked no later than Dec. 7 will reach service members recovering at Walter Reed.

### Obama Signs Veterans Spending Bill

President Barack Obama on Thursday signed into law a measure designed to keep funding for veterans' medical care steady amid future budget negotiations.

Noting the Veterans Affairs Department is providing care for veterans without a Congress-approved budget right now, Obama said the new law would guarantee timely and predictable funding by laying out the VA budget ahead of schedule. The president said the measure would let the VA know as much as a year ahead of time just how many tax dollars officials could expect to buy equipment, provide health care and hire employees.

The White House said changing the funding process was needed to protect veterans' programs, given that Congress has been late 20 of the last 23 years in passing a budget bill. Aides say the uncertainty of the budget process harms those who have served in uniform because of financial uncertainty for programs.

The VA provides health care for more than 23 million American veterans; as many as a quarter of the nation's population qualifies for VA coverage, either as veterans or family members of veterans. But the budget uncertainties have led to delays in replacing medical equipment or insufficient staff to handle their work.

### Secretary Announces Expansion of Veterans Appeals Board

Secretary of Veterans Affairs Eric K. Shinseki announced the addition of four new Veterans Law Judges to the Board of Veterans' Appeals (BVA), which will enable the board to increase the number of cases being decided.

"Veterans have earned the right to prompt, exhaustive and professional review of their claims for benefits,"

Secretary Shinseki said. "This expansion of BVA will enable Veterans to receive more expeditious decisions on their appeals."

BVA is an appeals body to which Veterans, their dependents or their survivors can go when they are not satisfied with decisions about claims for benefits administered by the Department of Veterans Affairs (VA). BVA reviews decisions on benefit claims made by local VA offices and issues decisions on appeals. The board currently has 60 Veterans Law Judges.

These law judges are attorneys experienced in Veterans law and in reviewing benefit claims. They are the only ones who can issue BVA decisions. Staff attorneys, also trained in Veterans law, review the facts of each appeal and assist the board members.

In fiscal year 2008, the board decided 43,757 appeals and handled 48,804 cases in fiscal year 2009. Most of the cases involve claims for disability compensation and pensions.

"We must foster a responsive approach when we consider Veterans," Shinseki said. "Reducing the backlog of benefits decisions and waiting times are essential to providing our Veterans and their families with the service they deserve."

VA provides a pamphlet entitled, How Do I Appeal, to anyone who is not satisfied with the results of a benefits claim that was decided by a VA regional office, medical center or another local VA office. The pamphlet explains the steps involved in filing an appeal. For more information about

BVA or to download a copy of the pamphlet, visit [www.va.gov/vbs/bva](http://www.va.gov/vbs/bva).

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## **DoD To Implement Retroactive Stop-Loss Special Pay**

The Defense Department announced today the services' implementation plans to provide retroactive stop loss special pay. Active, reserve and former service members who had their enlistment extended or retirement suspended due to stop loss are eligible for this special pay, if they served on active duty between Sept. 11, 2001 and Sept. 30, 2009.

Service members may begin submitting their claim for retroactive stop loss special pay on Oct. 21, 2009. In accordance with the 2009 Supplemental Appropriations Act, all applications must be submitted to the respective services no later than Oct. 21, 2010. Eligible personnel will receive a payment of \$500 per month for each month (or any portion of a month) that a member was retained on active duty due to stop loss.

Applicants for retroactive pay who are no longer in the military had to be honorably discharged, and for those who were stop loss in fiscal 2009, may only receive payment from one stop loss authority – either the money appropriated for stop loss special pay in the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009, or the money allocated for retroactive stop loss special pay in the Supplemental Appropriations Act of 2009, but not both.

Service members must provide documented proof they were stop loss with their claim. Family members of deceased service members should contact the appropriate military service for assistance in filing their claim.

Information on how to contact each of the services is listed below:

Army:  
<https://www.stoplosspay.army.mil>  
or email:  
retrostoplosspay@conus.army.mil

Navy: email NXAG\_N132C@navy.mil

Marine Corps:  
<https://www.manpower.usmc.mil/stoploss>  
or email:  
stoploss@usmc.mil

Air Force:  
<http://www.afpc.randolph.af.mil/stoploss/>

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## **GI Bill: Emergency Payments**

As of 2 OCT veterans were allowed to register online or at Veterans Affairs regional offices to receive emergency payments for education benefits. Veterans without a means to reach a regional office can also request courtesy transportation.

"Our veterans went the extra mile for their country," said VA Secretary Eric K. Shinseki. "One of the top priorities in transforming VA is to be, first and foremost, the advocate for veterans."

The emergency payments of up to \$3,000 became necessary when the department was unable to process in a timely fashion all of the applications for education benefits veterans can receive through the Post-9/11 GI Bill, which went into effect in August.

Some veterans were taking out loans or dipping into their savings to pay for college expenses they expected to be paid by the GI Bill benefits. Shinseki responded by saying veterans could receive emergency payments, which will eventually be deducted from future benefits, at any of the VA's 57 regional offices.

As of 4 OCT 14,301 GI Bill emergency checks had been issued in the Regional Offices and 10,605 requests had been submitted online totaling more than \$62 million.

Payments to Veteran-students are in the form of US Bank business checks. VA is asking for the support of local and national banks to honor and cash these emergency checks written to our Nation's Veteran-students. In many cases these checks are handwritten and could pose concerns of fraud from banks.

Therefore, VA has established a special customer service call-in number (1-800-827-2166) for banks to verify the validity of any US Bank check brought to them by a Veteran.

Any bank that calls this number will be connected directly to a VA employee who can access all necessary information and verify the check. Because some veterans live far from the centers, the VA is making it possible to register for the quick payment online at:  
<https://advancepay.gibill.va.gov/>

Those who choose to apply online will receive payments in the form of a check sent through the U.S. mail, which takes approximately six days.

VA is also making transportation available at no charge. Veterans are asked to bring proper identification and evidence of enrollment to receive the payments. "VA is adapting to meet the financial needs of our veteran-students who are on campus," Shinseki said. "They should be focusing on their studies, not worrying about financial difficulties."

VA officials said they do not know how many veterans will ask for the payments, but about 25,000 claims are pending that may result in payments to students.

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## **Proposed Automatic VA Enrollment for Returning Soldiers**

A bill to automatically enroll returning combat veterans in the veterans health care system is gaining some key support.

The nation's largest veteran's service organization, the American Legion, has endorsed the bill, H.R. 3441, as has Iraq and Afghanistan Veterans of America, founded in 2004 specifically to look out for the interests of people who served in Operations Iraqi Freedom and Enduring Freedom.

Also on board are Reps. Bob Filner (D-CA) the House Veterans' Affairs Committee chairman, and Patrick Murphy (D-PA) the first Iraq veteran elected to Congress, who is now a member of the House Armed Services Committee.

The chief sponsor of the bill, Rep. Michael Arcuri (D-NY) told the House Veterans' Affairs Committee's health panel 1 OCT that he hopes automatic enrollment would smooth the

transition between the military and veterans health care systems by putting a VA identification card and a list of all VA medical facilities within a 180-mile radius into the hands of combat veterans as they leave the military.

Combat veterans already are promised five years of post-service treatment at VA facilities without having to prove a direct service connection for their ailments, injuries or disease. But Arcuri said automatic enrollment would eliminate some problems and get veterans accepted into the VA "as soon as possible," while also ensuring everyone is aware of the care that's available.

Joseph Wilson of the 2.5-million member American Legion, testifying at the same hearing as Arcuri, said a combat veteran and the veteran's family can easily be overwhelmed with information and miss out on VA health care enrollment. Because of that confusion, veterans "may reject enrollment and perhaps slip through the cracks during and after their transition," Wilson said.

Blake Ortner of Paralyzed Veterans of America raised the same point. "During the hectic activities of discharge, many military members leaving active duty may not consider the importance of enrolling in VA," Ortner said. "They may not think it is important if they have already identified employment that will provide health care benefits."

The one change Ortner said is needed is a clarification on National Guard and reserve members who serve in combat but are not discharged from service. They also would be enrolled in the VA program, he said. "They are no less deserving of automatic enrollment...and it may be even more important, as they do not have the long period of preparation often afforded to those being discharged from active service," Ortner said.

The House Veterans' Affairs Committee has heard complaints that Guard and reserve members may have a harder time than separated active-duty service members in receiving VA health care, especially

mental health services, because they lack the discharge papers commonly used by VA to prove eligibility.

VA officials have tried to rectify that by clarifying eligibility procedures, but possession of a VA identification card upon demobilization would resolve some of those difficulties, committee aides said.

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### **New Agent Orange Presumptive Diseases**

Relying on an independent study by the Institute of Medicine (IOM), Secretary of Veterans Affairs Eric K. Shinseki decided to establish a service-connection for Vietnam Veterans with three specific illnesses based on the latest evidence of an association with the herbicides referred to Agent Orange.

The illnesses affected by the recent decision are:

- B cell Leukemias, such as Hairy Cell Leukemia;
- Parkinson's Disease; and
- Ischemic Heart Disease.

Used in Vietnam to defoliate trees and remove concealment for the enemy, Agent Orange left a legacy of suffering and disability that continues to the present. Between JAN 65 and APR 70, an estimated 2.6 million military personnel who served in Vietnam were potentially exposed to sprayed Agent Orange. In practical terms, Veterans who served in Vietnam during the war and who have a "presumed" illness don't have to prove an association between their illnesses and their military service. This "presumption" simplifies and speeds up the application process for benefits.

The Secretary's decision brings to 15 the number of presumed illnesses recognized by the Department of Veterans Affairs (VA) attributable to Agent Orange.

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### **Referral Bonus Update**

A couple of years ago, Congress passed the law which allowed the services to pay military members a \$2,000 bonus for referring recruits for enlistment. This was billed as a "test

program," and only the Army chose to implement it. Under previous law, the program is set to expire on 30 SEP 09.

The House version H.R.2647 of the National Defense Authorization Act presently being decided on in conference committee would extend the program for three more years.

The Senate version S.1390 includes a provision to extend the program for one year. At this time, it looks like the Senate version will be passed into law.

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### **VA Contracted Care**

A Senate committee reviewing the increased use of contracted health care for veterans disability exams and treatment is growing increasingly skeptical that this is a cheaper or higher-quality alternative to using Veterans Affairs Department health care workers. About one-quarter of the medical exams required for compensation and pension claims are handled by contract doctors as part of an effort launched in 1996 to address delays in getting appointments.

VA also has turned to contractors under a pilot project to provide specialty care not available...or not available without a long wait...at veterans hospitals and clinics, and general and specialty care in rural areas or other locations far from VA facilities. But the Senate Veterans' Affairs Committee, which endorses the idea of reducing appointment wait times, is not sure the increased reliance on contract health care is a good thing.

Sen. Jon Tester (D-MT) said he doubts that an exam to determine a veteran's disability rating could be done as accurately by a contract doctor as by a VA physician with years of experience.

Sen. Richard Burr (R-NC) said he has heard from a North Carolina urologist who has decided to stop providing contract care to veterans because VA does not provide enough information about a veteran's medical condition in advance of an appointment, and does not do a good enough job monitoring

patients who had a one-time visit with a contract specialist.

Sen. Roland Burris (D-IL) pressed VA officials...without getting a direct answer....about why the department does not try to hire more doctors in places like the Washington, D.C., area, rather than rely on a contractor to provide disability exams.

A psychiatric clinical nurse testifying before the committee on behalf of the American Federation of Government Employees, an employee union, called contract care "over-utilized and under-scrutinized by many VA facilities in both rural and urban areas" and questioned whether reliance on contracts as a short-term fix for staff shortages and long patient waiting lists was in the best interests of veterans.

"Contract care requires that VA give up a certain degree of control to a for-profit outside entity," said Mary Curtis, a nurse and clinical care coordinator at the VA medical center in Boise, Idaho. "In the short term, the effect is that VA may be less able to control costs, quality of care, provider qualifications and medical privacy or ensure that care is delivered timely and is geographically accessible," Curtis said.

"In the long term, excessive use of contract care may deplete the VA health care system of the staff, equipment and other resources it needs to continue to provide veterans with a full range of services.

The diversion of large numbers of veterans to contract providers may also weaken VA's research capacity and academic affiliations." VA officials and representatives of the major health care contractors defended the quality and cost of care. Tim McClain, president and chief executive officer of Humana Veterans Health Services, which provides specialty care, said his company does not undermine VA.

He called his company's work an "effective backstop." VA officials said they are restructuring their contract oversight from local authority to more centralized control so they can better monitor services and costs.

## **Kidney Disease**

Many patients with chronic kidney disease (CKD) die prematurely, but many of those deaths aren't directly related to kidney problems, according to background information in the study. Researchers analyzed data collected from 15,368 adult participants of the U.S. National Health and Nutrition Examination Survey III. Of those people, 5.9% had CKD.

Based on the frequency and intensity of physical activity, the participants were divided into inactive, insufficiently active and active groups. They were followed for an average of seven to nine years. The study found that 28% of CKD patients were inactive, compared with 13.5% of those without CKD. Active and insufficiently active CKD patients were 56% and 42% less likely to die during the study than inactive CKD patients. Similar exercise-related benefits were noted in those without CKD.

"These data suggest that increased physical activity might have a survival benefit in the CKD population. This is particularly important as most patients with stage III CKD die before they develop end stage renal disease," wrote Dr. Srinivasan Beddhu, of Salt Lake City Veterans Administration Healthcare System and University of Utah, and colleagues. The study appeared online 8 OCT in the Clinical Journal of the American Society of Nephrology.

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## **Chapter 61 Retiree Legislation**

Like a sequel to a bad horror movie, the Disabled Veterans' Tax has once again reared its ugly head and The American Legion is furious. American Legion National Commander Clarence E. Hill said, "The 2010 National Defense Authorization Act should be renamed the Unfinished Business Act of 2009. For more than a century, disabled military retirees had to unfairly forfeit portions of their retirement pay to offset their disability, even though they were the only Americans required to do this.

Finally, after way too long, Congress and the White House promised to correct the injustice. Their piecemeal

approach now has service-connected military retirees in three distinct groups - those who get all, those who get some, and those who get none.

The president's promise, at least for Chapter 61 medical retirees who were forced by ailments or injuries to leave service before completing 20 years of service, is now being broken."

Although there are some portions of the Defense Authorization Act that The American Legion fully supports, Hill promised to use all of The American Legion's resources to reinstate the scheduled phase-out of the Disabled Veterans' Tax, also known as concurrent receipt.

The principle behind concurrent receipt is that the Department of Defense should pay retirees an annuity for total years served and VA should fully compensate them for their disabilities. For many thousands of disabled retirees, retired pay is still reduced or offset by their disability compensation. "There are good provisions such as a 3.4% pay raises for active-duty, Guard and Reserve members and a freeze on Tricare inpatient co-payment increases, so the baby does not necessarily need to be tossed with the bathwater," Hill said. "But this bathwater is pretty contaminated and must be cleansed."

Moreover, the National Defense Authorization Act dropped a previously approved Senate provision that expressed the sense of Congress that military retirement and health benefits are the primary offset to the extraordinary demands and sacrifices inherent in a military career, that career members deserve a health benefit commensurate with their sacrifices, and that the Department of Defense needs to look at other ways to reduce health care spending than shifting more costs to military beneficiaries.

"When Congress drops language that would protect military beneficiaries from more cost-shifting, it means in plain English, "watch your wallet," Hill said. "These are not second-class citizens, but rather America's heroes. It is time for a new bill to be introduced...Lest We Forget Act...to

address the nation's unfinished business concerning the military community.

If Congress won't budge, then it's time for the Commander-in-Chief to take care of his troops - past, present and future service members. The American Legion is not about to let this go." Another provision that The American Legion strongly objects to is the elimination of a measure that would have ended compensation penalties for survivors of military personnel who died of service-caused casualties.

"So the Unfinished Business Act of 2009 reneges on the phase-out of the Disabled Veterans' Tax, continues the Widows' Death Tax and exposes countless military retirees and their families to massive Tricare fee increases," Hill said. "Is Congress expressing the thanks of a grateful nation? Is this really the Year of the Military Family?"

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## VA Transparency

American Legion National Commander Clarence E. Hill says he is concerned about a VA directive that refuses public disclosure of inspection reports that might reflect negatively upon VA facilities. "I am bothered by VA's practice of designating facility reports that measure timeliness and quality of care as 'protected documents' for internal use only. VA administrators as well as veterans who turn to VA for their health-care would benefit from knowing the state of affairs at VA facilities."

Hill's statement was prompted by VA's refusal to readily disclose information contained in a report issued by the Long Term Care Institute (LTCI), an organization hired by VA to provide quality reviews of its Community Living Centers (CLC).

The reports issued by the LTCI assess the quality of care in VA facilities and provide recommendations for addressing any deficiencies. Of the more than 100 CLC reports, one from JUN 08, detailed incidents of wholesale neglect of some veterans residing in the Philadelphia CLC. This report was

recently obtained by a Pittsburgh newspaper under the Freedom of Information Act and became the basis of a critical story in the paper. Many veterans objected to the fact that it took an investigative reporter to bring the matter to light.

VA maintains that information provided in the LTCI reports constitutes quality management activities protected by federal statute. This code (38 U.S.C. § 5705) provides that records and documents created by the Veterans Health Administration (VHA) as part of a designated medical quality-assurance program are confidential and privileged and may not be disclosed to any person or entity except when specifically authorized by the statute.

There is no authority contained within the statute for disclosure to members of the news media, says VA. The department argues further that congressional oversight committees are able to obtain copies of quality-assurance documents when they are requested for official oversight purposes. VA also points out that the situation in question occurred more than a year ago and that leadership took swift action once it surfaced.

A VA spokesperson says: "Many changes have been implemented at the Philadelphia Veterans Community Living Center, including disciplining and terminating personnel contracts, installing a new leadership team, hiring specialists in the areas of wound care and staff training, installing new equipment in the Nutrition and Food area, and beginning nearly \$10 million in construction projects. The Department of Veterans Affairs places the highest priority on the safety, security and dignity of all of our Veteran patients."

"That is all well and good, but we still believe it is the responsibility of the VA to make the findings in this report, and others like it, accessible to its stakeholders...America's veterans," Hill said. "We can work together to improve the VA health-care system by identifying any deficiencies realized in these reports."

If, for instance, The American Legion is aware of deficiencies and problems affecting the health and welfare of our veterans in VA care, we can assist with resolving them, as we have for decades. "In particular, The American Legion's 'A System Worth Saving' program is employed to follow up on GAO reports, IG inspections and independent findings to identify where positive steps have been made by the VA to improve identified issues," Hill added. "Without the ability to use all information available, an incomplete and misleading picture emerges.

Conversely, a hand-in-hand cooperative approach is to everyone's benefit, especially the most deserving parties of all our nation's veterans.

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## NDAAs 2010 Update

A House and Senate committee agreement has been reached on FY2010 Defense Authorization Bill. After review of the 2010 NDAA documents found at the House of Representatives Armed Services Committee website:

<http://armedservices.house.gov/> and ballyhooed by the House Armed Services Chairman Ike Skelton, the following "promised" provisions have been eliminated:

- BROKEN PROMISE #1, TRICARE: The Senate-passed Sec. 706 of S. 1390 to express the sense of Congress that military health benefits are a primary offset to the adverse conditions of service, that career military people have earned health benefits consistent with their decades of sacrifice, and that Defense leaders need to find other ways to cut health costs than imposing large fee hikes on beneficiaries was eliminated. (Now more than one million military retirees and families will suffer the DOD 21% increase. Both the President and Defense Secretary Gates promised fee increases would not happen!)

- BROKEN PROMISE #2, CRDP or CONCURRENT RECEIPT DISABILITY PAY: The House-passed Sec. 121 of Division D of H.R. 2647 to phase out compensation penalties for thousands forced from service due to service-caused disabilities was eliminated. (Hey, the President's

Budget for 2010 includes full restoration of concurrent receipt! So the "military retiree disability tax" continues for 500,000 military retirees! What happened?)

- BROKEN PROMISE #3, SBP/DIC: The Senate-passed Sec. 652 of S. 1390 that would end compensation penalties for survivors of military personnel who died of service-caused conditions was eliminated. (So 61,000 brave widows continue to suffer the "widow's death tax" and be deprived of benefit purchased from the retirement pay of the military spouse!)

Veterans who want to express their disappointment with the Joint Committee's decision can do so by sending an editable preformatted message to their elected officials via [http://capwiz.com/usdr/issues/alert/?alertid=14147886&queueid=\[capwiz:queue\\_id\]](http://capwiz.com/usdr/issues/alert/?alertid=14147886&queueid=[capwiz:queue_id])

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## Senate Punts on Medicare and TRICARE Fix – For Now

Despite a strong push from the American Medical Association and others, the Senate failed to muster enough votes to repeal the flawed statutory formula that will impose a 21% cut in Medicare and TRICARE payments to doctors this coming January unless the law is changed.

On Oct 20, MOAA President VADM Norb Ryan Jr. (USN-Ret) was one of three major association leaders invited by Sen. Debbie Stabenow (D-MI) to speak at a press conference to highlight the importance of passing Stabenow's "Medicare Physician Fairness Act" (S. 1776) to protect against repeated cuts in 2010 and subsequent years.

"The current flawed formula for Medicare doctor payments puts every military beneficiary at risk, because military TRICARE payments are tied to Medicare's," said Ryan, speaking at the press conference in the U.S. Capitol building.

"Access to health care already is the single biggest problem for military beneficiaries of all ages," Ryan asserted. "The 21% cut to Medicare and TRICARE payments called for

under current law would make that problem exponentially worse by causing large numbers of doctors to stop seeing elderly and military patients. The last thing troops in combat should have to worry about is whether their sick spouse or child can find a doctor to treat them."

Ryan said MOAA members already had generated more than 16,000 messages in the space of four days urging their legislators to support Stabenow's legislation.

Stabenow said she introduced her bill to get Congress "to rethink how we look at physician care and physician payments." She said Congress has acted to stop such cuts seven times in the past, but most have only been one-year fixes that necessitated reversing even bigger cuts the following year. "We need to stop the band-aid approach, be honest about [future budgets], and lay a foundation for real physician payment reform."

Ryan signed MOAA letters to every senator on October 20, urging them to vote for S. 1776, but the vote failed after several senators expressed concern about how to pay for the bill, which would cost \$250 billion over the next 10 years.

After the failed vote, Senate leaders pledged to find a way to approve and fund at least a one-year fix before the end of December to ensure the 21% cut in Medicare and TRICARE payments won't go into effect.

The problem with this approach is that current law requires compounding annual cuts – forcing a 26% payment cut in January 2011 – so putting off a permanent fix only increases the cost of doing that later.

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## New All-terrain Vehicles Arrive in Afghanistan

The first mine-resistant, ambush-protected all-terrain vehicles designated for southern Afghanistan arrived here Oct. 22 by air transport.

After months of government testing, the Defense Department awarded a contract in June to Oshkosh Corp. to supply an initial order valued at \$1.05

billion for more than 2,000 of the vehicles, known as M-ATVs.

"This is a very different environment than Iraq, so as we came in and continued to fight the fight in Afghanistan, we realized it requires a little bit different equipment or modification than what we have," said Army Lt. Col. Richard Haggerty, the Regional Command South deputy director for acquisitions, logistics and technology.

With an independent suspension system designed for off-road mobility, the M-ATV is built specifically to navigate Afghanistan's rugged landscape.

"The M-ATV really answers some of the challenges of the terrain, high altitudes and the real unevenness of a lot of the terrain out there," Haggerty said.

The M-ATV seats four passengers and one gunner, and features an armor system with a "V" shaped hull engineered to protect occupants from enemy attack.

"It looks like a modified, huge, heavy-duty Jeep," said Anthony Deluca, the Kandahar site lead for the mine-resistant, ambush-protected, or MRAP, program. "It's got very good suspension systems, and everyone raves about how well it functions in the field."

While some original MRAP vehicles may weigh nearly 60,000 pounds, the M-ATV weighs about 25,000 pounds, including standard equipment and fuel.

"We're trying to get the soldier exactly what he needs to be successful in the battlefield," Haggerty said.

The initial eight vehicles will be used to train drivers and mechanics with units selected to receive M-ATVs.

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## Enlistment Age Restrictions

One would think that age to enlist in the U.S. military would be a simple category. One is old enough, or too old, right? Unfortunately, it doesn't quite work that way.

By federal law (10 U.S.C., 505), the minimum age for enlistment in the United States Military is 17 (with parental consent) and 18 (without parental consent). The maximum age is 42. However, DOD policy allows the individual services to specify the maximum age of enlistment based upon their own unique requirements.

The individual services have set the following maximum ages for non-prior service enlistment:

Active Duty Non-Prior Service:

Army - 42;

Air Force - 27;

Navy - 34;

Marines - 28;

Coast Guard - Age 27.

Note: up to age 32 for those selected to attend A-school directly upon enlistment (this is mostly for prior service).

Reserve Non-Prior Service:

Army Reserves - 42;

Army National Guard - 35

(changed from 42 in Aug 2009);

Air Force Reserve - 34;

Air National Guard - 40

(changed from 34 in Aug 2009);

Naval Reserves - 39;

Marine Corps Reserve - 29;

Coast Guard Reserves - Age 39.

Age waivers for non-prior service enlistments are very rare and when they are granted are usually for only a few months. The age limit for prior service enlistment for most of the branches is the same as above, except that an individual's total previous military time can be subtracted from their current age.

For example, let's say that an individual has four years of credible military service in the Marine Corps and wants to join the Air Force. The Air Force could waive the individual's maximum enlistment age to age 31 (Maximum age of 27 for the Air Force, plus four years credible service in the Marines).

For the Marine Corps and the Marine Corps Reserve, the maximum age of enlistment for prior service is 32, after computing the prior-service age adjustment.

For the Army and Air National Guard, the maximum age for prior service enlistment is 59, as long as the member has enough years of prior service to be able to complete 20 years of creditable service for retirement by age 60.

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### **Holiday Mailing Deadlines for Overseas Military**

The Christmas holiday mailing deadlines are now available on the Military Postal Service Agency website at:

<http://hqdainet.army.mil/mpsa/xmas.htm>.

Express Mail Military Service is available to selected military post offices. Check with your local post office to determine if this service is available to your APO/FPO address.

PAL is a service that provides air transportation for parcels on a space-available basis. For more information, contact your local post office.

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### **VA Aid & Attendance Benefit**

Aid and attendance (A&A) is an additional monetary amount paid to eligible veterans (those veterans receiving service-connected disability compensation or nonservice-connected disability pension) who have been determined to need the regular aid and attendance of another person in order to fulfill their personal daily living needs such as bathing, feeding, dressing, attending to the wants of nature, or to protect themselves from the hazards of daily living.

There are two ways to determine eligibility:

- A&A Compensation: Veterans who have a service-connected disability rated at a 100 percent rate and who are so helpless as to need the aid and attendance of another person, are entitled to special monthly compensation (SMC) based on need for A&A. The amount of SMC will vary depending on the level of A&A needed. A veteran evaluated at 30 percent or more disabled is entitled to receive an additional payment for a spouse who is in need of the aid and attendance of another person.

- A&A Pension: A&A is a benefit paid in addition to a monthly pension. This benefit may not be paid without eligibility for a pension. A veteran may be eligible for A&A when the veteran requires the aid of another person in order to perform personal functions required in everyday living, or the veteran is bedridden, in that his disability or disabilities requires that he or she remain in bed apart from any prescribed course of convalescence or treatment, or the veteran is a patient in a nursing home because of mental or physical incapacity, or the veteran is blind, or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes or concentric contraction of the visual field to 5 degrees or less.

A&A may be granted during the initial evaluation of a claim for disability compensation or pension if the evidence is present or in the claims folder. If a veteran is already in receipt of disability compensation or a pension and wishes to request this benefit because condition(s) have subsequently worsened, he needs to submit Veterans Affairs Form 21-4138 or write a letter indicating that his condition(s) have worsened such that he feels that he is in need of aid and attendance. VA will schedule an examination and collect other evidence to make the determination.

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### **Injured, Stressed Veterans Suffer More Headaches**

Veterans who suffered physical injuries or developed post-traumatic stress disorder after combat in Iraq or Afghanistan may suffer recurrent headaches, a new study suggests.

In surveys of 308 veterans, researchers found that those who had suffered combat injuries were at greater risk of developing migraine headaches. Meanwhile, those who screened positive for post-traumatic stress disorder (PTSD) had elevated rates of both migraine and tension-type headaches.

The findings, say the researchers, suggest that veterans with either physical injuries or PTSD should also be asked about chronic headaches.

Dr. Niloofar Afari and colleagues at the University of California, San Diego and the Veterans Affairs San Diego Healthcare System report the findings in the journal *Headache*.

A few past studies have suggested that PTSD may be associated with higher headache risks. But because PTSD often arises after a physical injury, it has not been clear whether the stress disorder itself is linked to headache risk.

In the new study, physical injury and PTSD were each independently associated with higher headache risks.

Of the veterans Afari's team assessed, 40 percent screened positive for PTSD, while 17.5 percent had combat-related physical injuries only.

When it came to headache, 10 percent said they had been diagnosed with migraine, 10 percent reported a diagnosis of tension-type headache and 6 percent said they had been diagnosed with both.

Overall, vets with physical injuries only had more than twice the risk of recurrent headaches as those without such injuries. The risk was four times higher among veterans with PTSD versus those without the disorder.

When the researchers looked at headache type, they found that physical injuries were related to migraines only, while PTSD was linked to migraines and tension headaches.

PTSD could raise headache risk for a number of reasons, according to the researchers.

There is some evidence, for example, that psychological stress can help trigger headaches via the body's physiological responses to stress, including chronic activation of parts of the nervous and hormonal systems.

It's also possible that some people have underlying vulnerability to both PTSD and chronic headaches.

Whatever the reasons, the researchers write, "our findings

underscore the need to assess for PTSD and headache co-occurrence and to provide adequate treatment for the symptoms of both."

As for physical injuries, the researchers found that general injuries, but not head injury specifically, were related to higher migraine risk.

That finding, Afari's team writes, is in line with those from another recent study -- suggesting that combat-related physical injury in general is a risk factor for headaches in veterans.

More studies are needed to confirm the current findings and understand the potential reasons for them, the researchers say. But the implication, they write, is that veterans could benefit from comprehensive assessments of their physical, mental and emotional health.

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### **Face of Defense: Wounded Warrior Continues to Lead**

The noncommissioned officer corps often is considered the backbone of the Army, but defining what it means to be a part of that brotherhood is not as easy as it sounds.

A wounded warrior now serving in the plans, training, mobilization and security directorate at the U.S. Army garrison here believes that attaining NCO status does not automatically make a soldier a leader.

Though his injuries prevent him from accomplishing the basics such as physical training, weapons training or physically showing other soldiers how to perform tasks, Sgt. 1st Class Chris Edwards has elected to remain in the Army and continue to serve.

After becoming an NCO, Edwards said, a soldier usually goes through a transition period before becoming an effective leader, and learning humility is an important aspect of that transition.

"I think that the easiest way to transfer from being an NCO to a leader is for one, you have to be humble," he said. "In the grand scheme of life, you're not better than anybody else.

Yes, you're a higher rank. You've probably been in longer than your troops. But to really be a leader, you have to take the needs of your soldiers before the needs of yourself. Once your troops figure out that you're there for them and not the other way around, that's when you become a leader. That's when they give you the respect.

"You earn the respect; you haven't demanded it," he continued. "They give it to you freely, and it's a much better environment."

An NCO doesn't need to yell and scream to get respect, Edwards said. "It irritates me to no end to see a young NCO yelling and screaming at his guys," he said. "You could get twice as far with just a calm word and explaining to them what they're doing wrong instead of yelling at them."

The transition from being an NCO to being a leader comes with maturity, Edwards said, "because then you're leading your troops, you're not telling them what to do."

Edwards said that being an NCO has taken on a totally different perspective for him since he was injured, but the meaning of being an NCO remains as intact in his mind as when he was able to lead his soldiers into battle.

"Being a wounded warrior, I chose to stay on active duty," he said. "I didn't need to, but it's just that I love being an NCO. I don't think there's any greater honor than leading troops into battle."

But things are much different for him now, Edwards acknowledged. "I'm just being around the guys," he said. "I'm helping out the younger troops with whatever it might be - helping to spread a little bit of knowledge, a little bit of wisdom.

"Being an NCO is a once-in-a-lifetime thing," he continued. "Once you leave, you're done. I mean, you can always retire and sit around reliving the glory days, but I wasn't ready for that, so I chose to stay in and still live them."