



The American Legion

Bruckenthal-Cann Post 385 Newsletter

Serving Weston, Pembroke Pines, Miramar, Davie, Southwest Ranches & Sunrise



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Chaplain's Corner

Bob Nagle

Last Surviving WW I Veteran to be buried at Arlington

Friends of the last living American-born veteran of World War I have persuaded federal officials to allow the 107-year-old to be buried at Arlington National Cemetery when he dies.

Frank Woodruff Buckles, who met with President Bush in Washington, D.C. in March, had been eligible for cremation and placement in a columbarium at Arlington, but daughter Susannah Flanagan said that he preferred a burial.

To be buried underground, Buckles would have had to meet a variety of criteria, including earning one of five medals, such as a Purple Heart; Buckles never saw combat.

After Flanagan first raised the issue with her father last year, friends took up the cause, privately calling and e-mailing the Pentagon, the White House and others in the federal government for an exception.

"I wasn't asking for this," Flanagan said. "I had asked to find out if he was eligible."

First, she received a phone call from Army Lt. Gen. David H. Huntoon Jr. Then, on March 19, a letter arrived at Gap View Farm in Charles Town, informing Buckles that upon his passing, he could be buried in the cemetery where many of his friends lie.

Two days later, an official certificate in a blue, leather-bound book arrived, signed by General Huntoon.

Buckles responded in his typically understated style: "He was like, 'No kidding,'" his daughter said with a chuckle. "He didn't jump up and down."

"He had an exception to policy," said cemetery spokeswoman Phyllis White.

Born in Missouri in 1901 and raised in Oklahoma, Buckles visited a string of military recruiters after the United States entered the "war to end all wars" in April 1917. He was rejected by the Marines and the Navy, but eventually persuaded an Army captain he was 18 and enlisted.

Buckles spent his tour of duty working mainly as a driver and a warehouse clerk in Germany and France. After Armistice Day, he helped return prisoners of war to Germany. And in January 1920, he returned to the States aboard the USS Pocahontas.

When his wife died years ago, she was cremated. And about a year ago, Flanagan began to wonder where her father would ultimately rest. When she asked his preference, he said, "Well, what about Arlington?"

It's a place where many of his friends are buried, and a place he has visited many times. So he was "surprised and pleased" by word that he, too, could be buried there, she said.

Adjutant's Report

So far this year we have been somewhat busy with our schools. We have sponsored 5 teams from Everglades and Cypress Bay High Schools with their JROTC Shooting Sports program.

We have presented 12 Boy Scouts Certificates of Accomplishment within our local Boy Scout troop in our area.

Some of our members participated at the Grand Opening of the new Sunrise V.A. Clinic, at the Pembroke Pines Veterans Day activities, and at the new National Cemetery for Wreaths Across America.

We were also present for the funeral of two of our members at the National Cemetery in Lake Worth.

In December we held our first Initiation of new members and about 20 members were initiated by our District 40 & 8 unit.

Our next big program will be the presentation of JROTC Awards to 8 high schools, Naval Sea Cadets and Civil Air Patrol units with their awards.

Our membership is going well, although we are at 120% renewal, we still have 82 members that have not renewed.

For God and Country,
Joe Motes, Adjutant

OUR MEETINGS FOR THE NEXT 8 MONTHS:

MARCH 3rd, 2009

APRIL 7th, 2009

MAY 5th, 2009

there will be no meeting JUN, JUL & AUG.

SEPTEMBER 1st, 2009

OCTOBER 6th, 2009

NOVEMBER 3rd, 2009

DECEMBER 1st, 2009

Our Post meets on the 1st Tuesday of each month at 7:00pm

at the Pembroke Falls Aquatic Center

Please check our website for the map or call me for information on each months meeting.

954-441-8735 or 954-559-3202.

VA Announces Changes to the Disability Rating Schedule

The Dept of Veterans Affairs (VA) announced changes in the way VA will evaluate traumatic brain injuries(TBI) and burn scars for purposes of determining the appropriate level of compensation veterans receive for these injuries.

VA has revised the Disability Rating Schedule in light of current scientific and medical knowledge in order to provide VA employees with more detailed and up-to-date criteria for evaluating and compensating veterans with these injuries.

Two groups of veterans may be affected by these changes. The first group includes veterans who will be awarded disability compensation for TBI and burn injuries in the future. The second group includes veterans already receiving compensation for these injuries whose disabilities are reevaluated under the new criteria.

VA Publishes Interim Rules on Presumption of Service Connection for Lou Gehrig's Disease (ALS)

An interim final rule establishes a presumption of service connection for ALS for any veteran who develops the disease at any time after separation from service. ALS is a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnic backgrounds in the U.S. and is often relentlessly progressive and almost always fatal.

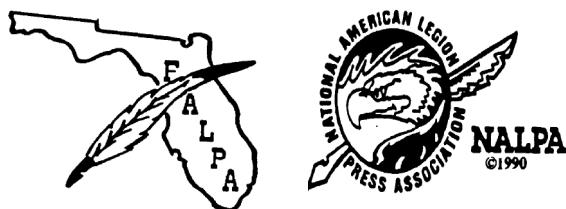
This interim final rule is effective Sept 23, 2008. The presumption is based upon a November 2006 report by the National Academy of Sciences Institute of Medicine(IOM) on the association between active service and ALS.

Claims for Non-Hodgkin's Lymphoma

VA has regulations specify that service in Vietnam, including the offshore waters of Vietnam during the Vietnam Era, together with the development of non-Hodgkin's lymphoma manifested subsequent to such service, is sufficient to establish service connection for that disease.

This regulation does not require herbicide exposure as the basis for a presumptive grant of service connection. A veteran's service in Vietnam, including service in the offshore waters of Vietnam, is the sole basis for presumptive service connection when non-Hodgkin's lymphoma is diagnosed following service.

Information from VFW State Service Office, SUNVET Article, October 2008.



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VA MILEAGE REIMBURSEMENT: Veterans traveling to and from Department of Veterans Affairs medical facilities started being reimbursed for their travel at a higher rate effective 17 NOV. The increase, from 28.5 cents per mile to 41.5 cents per mile, was mandated by law this year, and Congress provided funding for the increase. Veterans who have service-connected disabilities, receive VA pensions or have low incomes are eligible for the reimbursement. The deductible that applies to certain mileage reimbursements will stay the same for now, at \$7.77 for a one-way trip and \$15.54 for a round trip, with a cap of \$46.62 per month. On Jan. 9, these deductibles will decrease to \$3 for a one-way trip, \$6 for a round trip, with a maximum of \$16 per month.

PERSONALITY DISORDER' SEPARATIONS: Under pressure from Congress and following the Army's lead, the DoD has imposed a more rigorous screening process on the services for separating troubled members due to "personality disorder." The intent is to ensure that, in the future, no members who suffer from wartime stress get tagged with having a pre-existing personality disorder which leaves them ineligible for service disability compensation. Since the attacks of 9/11, more than 22,600 service members have been discharged for personality disorder. Nearly 3400 of them, or 15%, had served in combat or imminent danger zones. Advocates for these veterans contend that at least some of them were suffering from Post-Traumatic Stress Disorder (PTSD) or traumatic brain injury but it was easier and less costly to separate them for personality disorder. By definition, personality disorders existed before a member entered service so they do not deemed a service-related disability rating. A disability rating of 30% or higher, which most PTSD sufferers receive, can mean lifelong access to military health care and on-base shopping.

Over the last 18 months, lawmakers and advocates for veterans have criticized Defense and service officials for relying too often on personality disorder separations to release member who deployed to Iraq, Afghanistan or other another areas of tension in the Global War on Terrorism. A revised DoD instruction (No. 1332.14), which took effect without public announcement 28 AUG 08, responds to that criticism. It only allows separation for personality disorder for members currently or formerly deployed to imminent danger areas if:

- 1) The diagnosis by a psychiatrist or a PhD-level psychologist is corroborated by a peer or higher-level mental health professional;
- 2) If the diagnosis is endorsed by the surgeon general of the service, and
- 3) If the diagnosis took into account a possible tie or "co-morbidity" with symptoms of PTSD or war-related mental injury or illness.

Sam Rutherford, director of officer and enlisted personnel management in the Office of the Secretary of Defense, said adding "rigor and discipline" to the process when separating deployed members for personality disorder is "very important," considering what is at stake for the member. Last year several congressional hearings focused on overuse of personality disorder separation after *The Nation* magazine exposed apparent abuses in a MAR 07 article. It described the experience of Army Specialist Jon Town. In OCT 04, while Town stood in the doorway of his battalion's headquarters in Ramadi, Iraq, an enemy rocket exploded into the wall above his head, knocking him unconscious. When he came to, Town was numb all over, bleeding from his ears, and had shrapnel wounds in his neck. For two years he struggled with deafness, loss of memory and depression before the Army, in SEP 06, separated Town after seven years' service. He was separated for a pre-existing personality disorder and without disability benefits. Writer Joshua Kors suggested there might be thousands of veterans like Town, separated administratively to save the services billions of dollars in benefits.

Last year, moved by this story and others, the Senate adopted an amendment to the fiscal 2008 defense authorization bill from now president-elect Barack Obama (D-IL), Kit Bond (R-MO) and Joseph Lieberman (IND-CT). It directed Defense officials to report on service use of personality disorder separations, and the GAO to study how well the services follow DoD's rules for processing such separations. The Army meanwhile reviewed its own use of personality disorder separations for more than 800 soldiers who had wartime deployments. That review quickly found some "appalling" lapses, said an official, including incomplete files and missing counseling statements. A few months ago the Army tightened its own rules for using personality disorder separations. In JUN, the Defense Department reported to Congress that it would add rigor to its personality disorder separation policy, previewing the changes implemented in late AUG. The Navy strongly had opposed the changes because it frequently uses personality disorder separations to remove sailors found too immature or undisciplined to cope with life at sea. Requiring their surgeon general to review every personality disorder separation from ships deployed in combat theaters would be too burdensome, the Navy argued. But Defense officials insisted on the changes.

The DoD report in JUN showed the Navy led all services in personality disorder separations. For fiscal years 2002 through 2007, the Navy total was 7554 versus 5923 for the Air Force, 5652 for the Army and 3527 for the Marine Corps. The Army led in personality disorder separations to members who had wartime deployments, with a total of 1480 over six years. The Navy total was 1155, the Marine Corps 455 and the Air Force 282. DoD said it found no indication that personality disorder diagnoses of deployed members were prone to systematic or widespread error.

Nor did internal studies show a strong correlation between personality disorder separations and PTSD, brain injury or other mental disorders. "Still, the Department shares Congress' concern regarding the possible use of personality disorder as the basis for administratively separating this class of service member," the report said. In late OCT, GAO released its findings based on a review of service jackets for 312 members separated for personality disorder from four military installations. It said the services were not reliably compliant even with the pre-AUG regulation governing separations. For example, only 40 to 78% of enlisted member separated for personality disorder had documents in their files showing that a psychiatrist or qualified psychologist determined that their disorder affected their ability to function in service.

DOD DISABILITY EVALUATION SYSTEM: In JAN 08 Congress ordered the Pentagon to drop its disability ratings rules and strictly follow the VA's criteria in assigning ratings to injured and wounded service members. In March, the Army said it would comply. All the other services were to follow suit. The change in law was among the most significant changes to emerge in the wake of 2007's Walter Reed scandal. Veterans' groups hailed the change, having complained for years that the military had shortchanged wounded combat veterans on their disability ratings and compensation. But seven months later, the Army still isn't living up to its promise, at least not when it comes to assessing troops suffering from post-traumatic stress disorder. The VA ratings schedule says PTSD sufferers should receive a minimum 50% disability rating from the rating agency and then be reassessed within six months to determine if the initial evaluation should be changed for the longer term. But a number of soldiers suffering from PTSD have been given disability ratings of just 10%, and then separated from service without the required follow-up assessment. Worse, the Pentagon seems to be gearing up for a broader policy change that would take this approach to PTSD across all the armed services, according to veterans' advocates.

This should hardly come as a surprise — it is just the latest in a string of unconscionable decisions coming from the office of Pentagon personnel chief David Chu. This is the same executive who sought to cut combat pay for troops in the war zones and once proposed shunting off the Defense Department's obligations for military retirees onto the VA. Over the past three years, he has advocated doubling and tripling some of the health care fees paid by many military retirees. And just a few weeks ago, Chu narrowed the definition of "combat related" to reduce the number of disabled troops who might benefit under another provision of the 2008 Defense Authorization Act, which says some disabled troops do not have to return any severance pay they receive from the military before they can draw disability payments from VA. Chu's definition of combat related is significantly narrower than the one already in use to determine eligibility for a separate program for disabled retirees called Combat Related Special Compensation.

Lawmakers had assumed defense officials would use the definition already in place and were stunned to find a new and narrower interpretation. Indeed, Sen. Ben Nelson, D-Neb., already has drafted an amendment to the pending 2009 defense authorization bill directing the Pentagon to use the more generous definition of combat related for both programs. A similar retroactive correction is needed to force the Pentagon to live up to its legal responsibilities regarding the assignment of disability ratings for all medical conditions — including PTSD. A central theme coming out of the Walter Reed hearings was the need to get the Defense Department and VA to share a single government standard in assessing disabilities. Congress' intent was to make the VA standard apply across the board. The Pentagon needs to comply with that direction.

VET SUPPORT FROM STATES: Old soldiers never die — they just move to Florida. It is a durable trend reflected in great numbers after World War II, recently reinforced by the military men and women who served in Afghanistan and Iraq and who are again marching home to the state. Florida's intrinsic amenities and expanded veterans' services are magnets that have boosted the state past Texas for the second-largest veteran population at 1.75 million, according to the latest tally. Only California is home to more veterans, with 2.1 million. But the Sunshine State is the hot draw. Even as the nation's veteran population withered 16.5% since 1980, Florida increased its ranks by nearly 400,000. Forecasters predict the state will surpass California within 20 years. "The Southeast, and Florida in particular, is an attractive region for military veterans and retirees," said Jay Agg, national communications director for AMVETS, noting that the state has one of the organization's fastest-growing and most active departments. "Florida is already renowned as a friendly and hospitable retiree destination, but it is also a draw for veterans and military retirees because of its significant military community," Agg said.

Adding to that allure, say advocates for veterans, has been the lack of a state income tax, a generally strong economy and mild winters. Across Central Florida, veteran tallies eclipse 1980 totals: Orange County, for example, now boasts 77,947 veterans, up from 68,100 in 1980; Seminole has 38,802 veterans, up from 28,670; and Volusia is home to 57,809 vets, up from 41,139. Many World War II veterans headed south after the war. It was a migration pattern mirrored in the 1980 and 1990 U.S. censuses, with retiring vets favoring the amenities of the Pacific Northwest and Sun Belt states, according to one study. Last year, America was home to 9.3 million veterans 65 and older. In Florida, almost half of the state's veterans -- 760,000 -- are more than 65 years old. But younger veterans — there were 1.9 million in the U.S. younger than 35 in 2007 — also are responding to the lure of the South. "The demographics of Florida's veteran population are changing due to the passing of our older World War II-era population and the addition of younger veterans who claim Florida as their home state," said Steven Murray, a retired Air Force lieutenant colonel and current communications director for the Florida Department of Veterans Affairs. About 160,000 veterans who served in Iraq and Afghanistan call Florida home, he said.

The unrelenting southerly shift has increased demand for veterans' health care in the Sun Belt. In response, the VA has opened new outpatient clinics throughout Florida and OK'd new hospitals, including one scheduled to open in Orlando in 2012. Already, state VA officials are seeing the first waves of younger veterans who are settling here and needing services. Last year, 14,338 Florida veterans sought VA treatment, including 2,250 in Orlando. Murray said the state is well-situated to handle that burden. "Our biggest challenge is reaching out to our state's veterans," he said. "There are many federal, state and local agencies available to assist veterans and their families as they transition out of the military." He recommends veterans begin by contacting their county veteran-service office. Staff members can inform them of benefits "earned by virtue of their military service," he said. Such services include health care, job opportunities, housing and financial assistance. Timothy W. Liezert, director of the Orlando VA Medical Center, is confident that Central Florida can support the sure-to-swell numbers of recent veterans who will call Florida home. One team has been hired to deal directly with veterans of Iraq and Afghanistan, he said. "With the new medical center coming to the Lake Nona area," Liezert said, "they may see this as an opportunity to get the best care in the world and an opportunity for jobs as well."

VA PRESUMPTIVE VIETNAM VET DISEASES: The Department of Veterans Affairs presumes that specific disabilities diagnosed in certain veterans were caused by their military service. If one of these conditions is diagnosed in Vietnam Vet, VA presumes that the circumstances of his/her service (i.e. exposure to Agent Orange) caused the condition, and disability compensation can be awarded. This includes DIC education and CHAMPVA for spouses of veterans rated 100% or surviving spouses late-veterans that died from discussed medical problems. The following disabilities may be presumed for those who served in the Republic of Vietnam between 1/9/62 and 5/7/75:

- chloracne or other acneform disease similar to chloracne*
- porphyria cutanea tarda*
- soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma)
- Hodgkin's disease
- multiple myeloma
- respiratory cancers (lung, bronchus, larynx, trachea)
- non-Hodgkin's lymphoma
- prostate cancer
- acute and subacute peripheral neuropathy*
- type 2 diabetes
- chronic lymphocytic leukemia

Note*: Must become manifest to a degree of 10% or more within a year after the last date on which the veteran was exposed to an herbicide agent during active military, naval, or air service.

VA TINNITUS CARE: Hearing loss is presently the most common veterans' disability with tinnitus (i.e. persistent ringing in the ear) ranking second. In fiscal 2007, VA dispensed nearly 350,000 hearing aids to veterans. Nearly 850,000 veterans receive compensation for service-connected hearing disabilities. Tinnitus is the number one service-connected health condition for Iraq and Afghanistan veterans, with nearly 70,000 diagnoses. Defective hearing ranks third, with almost 60,000 cases. One of VA's 14 Centers of Excellence, the National Center for Rehabilitative Auditory Research (NCRAR) at the Portland OR VA Medical Center, conducts research to support hearing rehabilitation, education, professional training, and technology development. NCRAR researchers are working on more than 30 hearing loss and tinnitus projects, including the connection between traumatic brain injuries and hearing loss. Researchers are also working with engineers to develop a portable ototoxicity measuring device. The hope is that this device will improve the ability to detect and monitor hearing loss among soldiers in the field and that resulting from treatment with some medications.

VA DIABETES MELLITUS CARE: The occurrence of Type 2, or adult onset, diabetes is increasing, particularly for the Vietnam Era veteran. For veterans of Vietnam, there is a statistically higher incidence of Type 2 diabetes. Because of this, the Veterans Affairs Department declared a link between Vietnam service and the disease. This means that if you have served in Vietnam and now have Type 2 diabetes, you are eligible for service-connected disability compensation and health care connected with this condition through the VA. The term "service in Vietnam" means that at some time between 9 JAN 62, and 7 MAY 75, you were in Vietnam. Service in the waters offshore or in the air does not qualify you unless during that time you set foot in Vietnam and have some way to prove it. For most veterans who served in Vietnam, their service is clearly shown on their separation papers, the DD-214.

If you have qualifying service, you should obtain a statement from your treating doctor that you are currently being treated for the disease. The more detail you provide, the easier it will be for the VA to handle your claim, so try to get a copy of your treatment records for the past year. A successful claim could entitle you to monetary compensation and treatment for your diabetes. The evaluation will be assessed through a VA examination, during which a VA doctor will evaluate your current condition. The VA will then assign an evaluation through the rating process. The evaluation could be as little as zero percent disabling to 100% disabling, which would result in monthly compensation for your condition. Service connection can also be granted for secondary conditions directly related to the diabetes, for example, diabetic retinopathy. Once service connection has been established, you can reopen your claim if the condition progresses or other secondary conditions are discovered. In addition, if service connection is established, you are entitled to care for this condition at any VA medical facility. Medical care includes prescription drugs required to treat the condition. Both the medical care and prescription drugs are provided without cost for veterans service connected for the condition. If you've never filed a claim with the VA before, or you know someone who may benefit from this information, contact your local Veterans Service office.

VA INTERIM BENEFIT LAWSUIT: Two veterans' groups have filed a suit in an effort to get a federal court to order interim benefits for veterans if a claim for disability compensation takes longer than 90 days to be processed. Vietnam Veterans of America and Veterans of Modern Warfare want an interim payment equal to what is paid for a 30 percent disability rating — between \$356 and \$497 a month, depending on the number of dependents — if an initial claim takes more than 90 days or an appeal of a denied claim takes longer than 180 days. The suit, filed 10 NOV in the U.S. District Court for the District of Columbia, is an attempt to use the federal court system to tackle the Department of Veterans Affairs claims processing bureaucracy, said Robert Cattanach, one of the attorneys handling the case. VA officials had no immediate comment. Spokesman Phil Budahn said VA officials learned about the suit only after it was filed, and are working on a response. "Veterans need prompt action and they need it now," Cattanach said. "The Department of Veterans Affairs is failing miserably."

It is no coincidence that the suit was filed one day before Veterans Day. John Rowan, president of the Vietnam Veterans of America, said more than half a million veterans "will wake up on Veterans Day still awaiting their benefits" because VA takes, on average, 182 days to process an initial claim and 4½ years or more to an appeal. "These unacceptable and excessive delays cause veterans and their families irreparable harm," he said. "Financial hardship can become extremely dire while waiting." Donald Overton, Veterans of Modern Warfare's executive director, called it a "terrible irony" that today's military has sophisticated weapons of war but the VA claims system remains antiquated. "All of us should be outraged," Overton said. The lawsuit asks the court to require the VA to present a plan within 30 days for speedier claims processing. If the VA fails to come up with such a plan, the suit asks the court to order an "equitable remedy," which the veterans' groups believe would be interim payments equal to what someone would receive if they had a 30% disability rating. The interim payments would continue until the claim is resolved. Cattanach said interim payments "are not a lot of money" but would be enough for "basic support."

The 90-day and 180-day standards sought by the lawsuit are the groups' estimates of what is reasonable. Federal law does not include any specific requirement about how long claims processing can take. Providing interim benefits while awaiting claims decisions is an idea that has bounced around veterans' groups and Congress for several years as the backlog of pending claims has grown. There has been some reluctance to endorse the idea because of concern that the promise of quick payments might encourage veterans to file unsubstantiated claims and deliberately make them complicated so they would take longer than 90 days to complete. Cattanach said faster claims processing is more important now than ever. "Disabled vets have a very difficult time finding jobs, especially in this economy," Cattanach said. While veterans eventually received backdated payments if claims are decided in their favor, veterans suffer in the meantime. "Providing back pay whenever the VA gets around to it" does not make up for the hard times, he said. "Under the law, excessive delays amount to the same thing as benefits denied."

DISABILITY EVALUATION SYSTEM: Wounded service members leaving the military will have easier, quicker access to their veterans benefits due to the expansion of a pilot program that will offer streamlined disability evaluations that will reach 19 military installations, representing all military departments. The Department of Veterans Affairs (VA) announced 7 NOV the expansion of the Disability Evaluation System (DES) pilot which started in the National Capitol Region in coordination with Departments of Defense (DoD). The pilot is a test of a new process that eliminates duplicative, time-consuming and often confusing elements of the two current disability processes of the departments. The initial phase of the expansion started on 1 OCT with Fort Meade, Md. and Fort Belvoir, Va. The remaining 17 installations will begin upon completion of site preparations and personnel orientation and training, during an 8-month period from NOV 08 to May 09. "The decision to expand the pilot was based upon a favorable review that focused on whether the pilot met its timeliness, effectiveness, transparency, and customer and stakeholder satisfaction objectives," said Sam Rutherford, Director, officer and enlisted personnel management, Office of the Under Secretary of Defense for Personnel and Readiness. "This expansion extends beyond the national capital region, so that more diverse data from other geographic areas can be evaluated, prior to rendering a final decision on worldwide implementation."

The remaining installations to begin the program are: Army: Fort Carson, Colo.; Fort Drum, N.Y.; Fort Stewart, Ga.; Fort Richardson, Alaska; Fort Wainwright, Alaska; Brooke Army Medical Center, Texas; and Fort Polk, La. Navy: Naval Medical Center (NMC) San Diego and Camp Pendleton, Calif. ; NMC Bremerton, Wash. ; NMC Jacksonville, Fla. ; and Camp Lejeune, N.C. Air Force: Vance Air Force Base, Okla.; Nellis Air Force Base, Nev.; MacDill Air Force Base, Fla.; Elmendorf Air Force Base, Alaska.; and Travis Air Force Base, Calif. In November 2007 VA and DoD implemented the pilot test for disability cases originating at the three major military treatment facilities in the national capitol region. To date, over 700 service members have participated in the pilot over the last ten months. The single disability examination pilot is focused on recommendations from the reports of the Task Force on Returning Global War on Terrorism Heroes, the Independent Review Group, the President's Commission on Care for America's Returning Wounded Warriors (the Dole/Shalala Commission), and the Commission on Veterans' Disability Benefits.

VA CATEGORY 8 CARE: President-elect Barack Obama has vowed to reverse or sharply modify many of the Bush administration's policies. Based on his campaign promises he wants to expand VA health care for veterans. Congress voted in 1996 to do that, but the agency has exercised its authority to suspend enrollments as needed. Obama has said that led to 1 million veterans being turned away, and he has promised to reverse the policy. He also said he would improve screening and treatment for mental health conditions and traumatic brain injury; expand the number of housing vouchers and start a program to help veterans at risk of being homeless; add more rural veterans centers; create an electronic system to transfer medical records from the military; and improve preventative health options. The Senate Veterans Affairs Committee is also expected to push for changes at the VA. Congressional Quarterly reports, "As the new president moves to bring troops home from Iraq and fortify" the US presence in Afghanistan, the Senate Veterans Affairs Committee "will be spurring" the VA to "ramp up its capacity to provide medical, readjustment, disability and housing benefits to veterans and their families." The committee "is likely to try to rebuild the VA compensation system from the ground up. That could include creating a uniform information technology system to manage VA claims and figuring out what should be included in claims notification letters."

BURIAL IN ARLINGTON: Arlington National Cemetery does not make prearrangements. However, upon the passing of the veteran or veteran's spouse, the surviving spouse or personal representative should contact a local funeral home to arrange for any desired services in the home town. While the surviving spouse or personal representative is at the funeral home, the funeral director should telephone the Interment Office at Arlington National Cemetery (703) 607-8585 to arrange for the interment service. Before scheduling the service, the cemetery staff will need to determine the eligibility of the deceased. Upon verification of eligibility, they will schedule the interment. You can assist in the process ahead of time by making sure you have the proper documentation and your survivor(s) know where to locate that information. The key document required is your DD-214 (discharge/separation from the military). The DD-214 generally provides all required information for verifying eligibility. The Web site www.arlingtoncemetery.org contains detailed information on the documentation required for verification of eligibility. Funeral honors available to eligible retirees, (regardless of interment at Arlington) consist of a minimum of two uniformed armed forces members (one from the service of the deceased), the folding and presentation of the American flag, and ceremonial bugle or a recording of "Taps" if a bugler is unavailable.

It is important to understand military funeral honors are not automatic. The next of kin must request the honors and the funeral director must contact DoD by calling (877) 645-4667. For information about Chaplain Services at the Cemetery, contact the following: Air Force Chaplain (703) 607-8954; Navy Chaplain (703) 607-8960; Army Chaplain (703) 607-8959. Funeral services are provided Mon thru Fri, except federal holidays, during the hours 9:00 a.m. through 3:00 p.m. Family and friends should arrive at the cemetery approximately one half hour prior to the scheduled service time and must provide their own transportation for funeral services at the Cemetery. They will be required to drive from the administration building or chapel to the gravesite. The cemetery is open year round (365 days) for visitation from 8:00 a.m. through 5:00 p.m. 1 OCT thru 31 MAR and 8:00 a.m. through 7:00 p.m. 1 APR thru 30 SEP.

Starting early next year, the Army will allow full military funeral honors at Arlington for all soldiers killed in action. Full military honors include a caisson, band, colors team and an escort platoon in addition to the standard honors of a firing party, bugler and chaplain. In the past, the caisson was available only for officers killed in action because of limited availability. The persons specified below are eligible for ground burial in Arlington National Cemetery. The last period of active duty of former members of the Armed Forces must have ended honorably. Interment may be casketed or cremated remains.

- Any active duty member of the Armed Forces (except those members serving on active duty for training only).
- Any veteran who is retired from active military service with the Armed Forces.
- Any veteran who is retired from the Reserves is eligible upon reaching age 60 and drawing retired pay; and who served a period of active duty (other than for training).
- Any former member of the Armed Forces separated honorably prior to 1 OCT 49 for medical reasons and who was rated at 30% or greater disabled effective on the day of discharge.
- Any former member of the Armed Forces who has been awarded one of the following decorations: Medal of Honor; Distinguished Service Cross (Navy Cross or Air Force Cross); Distinguished Service Medal; Silver Star; Purple Heart.

- The President of the United States or any former President of the United States.

- Any former member of the Armed Forces who served on active duty (other than for training) and who held any of the following positions:

- a. An elective office of the U.S. Government
- b. Office of the Chief Justice of the United States or of an Associate Justice of the Supreme Court of the United States.
- c. An office listed, at the time the person held the position, in 5 USC 5312 or 5313 (Levels I and II of the Executive Schedule).
- d. The chief of a mission who was at any time during his/her tenure classified in Class I under the provisions of Section 411, Act of 13 AUG 46, 60 Stat. 1002, as amended (22 USC 866) or as listed in State Department memorandum dated 21 MAR 88.

- Any former prisoner of war who, while a prisoner of war, served honorably in the active military, naval, or air service, whose last period of military, naval or air service terminated honorably and who died on or after 30 NOV 93

- The spouse, widow or widower, minor child, or permanently dependent child, and certain unmarried adult children of any of the above eligible veterans.

- The surviving spouse, minor child, or permanently dependent child of any person already buried in ANC.

- The parents of a minor child, or permanently dependent child whose remains, based on the eligibility of a parent, are already buried in ANC.

- The widow or widower of:

- a. A member of the Armed Forces who was lost or buried at sea or officially determined to be missing in action.

- b. A member of the Armed Forces who is interred in a US military cemetery overseas that is maintained by the American Battle Monuments Commission.

- c. A member of the Armed Forces who is interred in Arlington National Cemetery as part of a group burial.

Note: A spouse divorced from the primary eligible, or widowed and remarried, is not eligible for interment.

Provided certain conditions are met, a former member of the Armed Forces may be buried in the same grave with a close relative who is already buried and is the primary eligible.

VA DIRECT DEPOSIT: Every month, 730,000 veterans or survivors look for their compensation, pension checks or educational assistance payments in their mailboxes. Nearly all receive them, but theft and mail delays cause problems for some veterans, which can be prevented by direct deposits. The Department of Veterans Affairs (VA) is urging those veterans and family members now receiving paper checks to join nearly 3.1 million others whose VA payments are safely deposited electronically. "VA is teaming up with the Treasury Department in a new campaign to protect government beneficiaries against the theft of funds and of their identities," said Secretary of Veterans Affairs Dr. James B. Peake. "Veterans earned -- and rely on -- the financial support we send them every month. I urge them to help VA ensure they get those funds reliably and safely by signing up for direct deposit." Peake cited several easy ways to sign up for direct deposit:

- Calling VA toll-free at (800) 333-1795.
- Enrolling online at www.GoDirect.org.
- Contacting a VA regional benefits office or their financial institution.

Information about direct deposits will be included in VA's monthly compensation and pension envelopes throughout 2009. The VA Secretary urged veterans to remember that direct deposits relieve worry about mail delivery being delayed by severe weather or natural disasters. The deposits also eliminate trips to banks or credit unions to deposit checks, while providing immediate access to money at the same time each month.

**Nathan Bruckenthal - Adam Cann
American Legion Post 385
2133 NW 208 Terrace
Pembroke Pines FL 33029-2320**

FIRST CLASS MAIL

2008 - 2009 Post 385 Officers

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roadbridgeeng@yahoo.com

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2ND VICE COMMANDER - ALBERTO DARBY

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ADJUTANT & FINANCE OFFICER - JOSEPH MOTES

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954-436-7168
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VA EMERGENCY CARE: At some time in your life, you may need emergency care. For veterans enrolled in the VA Health Care system when it is not possible for you to go to a VA medical center, you should go to the nearest hospital that has an emergency room. If you are in an ambulance, the paramedics will usually take you to the closest emergency room. A medical emergency is when you have an injury or illness that is so severe that without immediate treatment, the injury or illness threatens your health or life. Use your best judgment in deciding whether or not it is a medical emergency. If you believe it is call 911 or go to the nearest emergency room. You do not need to call the VA before you obtain emergency care. However, if you are admitted, your family, friends or hospital staff should contact the nearest VA medical center as soon as possible to provide information about your emergency room visit. If the doctor wants to admit you to the hospital, and it is not an emergency you must obtain approval from the VA. You, a friend, a family member, or someone from the non-VA hospital must call the closest VA medical center and speak to the patient transfer or patient administration representative. This must be done within 72 hours of your arrival at the emergency room. If a VA bed is available and if you can be safely transferred, you must be moved. If you refuse to be transferred, the VA will not pay for any further care.

VA will not pay for emergency care if you are in jail. Usually the jail has responsibility for providing you with medical care. VA will only pay for emergency care outside the US if your emergency is related to a service-connected condition. Contact the VA Health Administration Center at (877) 345-8179. You can find more information on the Foreign Medical Program at <http://www.va.gov/hac/hacmain.asp>. All claims should be filed with the nearest VA medical center as quickly as possible. Time limits usually apply. You may have to pay for a portion of your emergency care dependent on several factors which vary according to the care you received. Your local VA medical center's patient benefits counselor can explain these and other factors and their impact on your particular circumstance. You can also get answers to your questions on the Health Administration Center Internet website at <http://www.va.gov/hac/hacmain.asp> under Non-VA Care.