

# THE VETERANS MONTHLY



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## VA ANNOUNCES NEW SUICIDE RESEARCH STUDY

VA officials have recently announced that the department will be starting work on a major research project in conjunction with Florida State University and other government organizations. The project will examine the root causes of military suicides and work to develop sustainable strategies to address the problem. This focus was prompted by the fact that military suicides have steadily increased over the past five years.

According to a Defense Department task force, today's military suicide rate goes beyond the national average of 11.1 suicides per 100,000 people. The suicide rate of the military averaged 12.5 in 2009, with more expected this year. The task force reported that 309 members of the military died from suicide last year, up from 267 in 2008. In the four year period between 2005 and 2009, more than 1,100 service members committed suicide.

During the 2nd Annual Department of Defense/Veterans Affairs Suicide Prevention Conference held earlier this year, Secretary Shinseki expressed his frustration at the rising suicide rate. He said that each of the VA's 153 medical centers is staffed with

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*Bergmann & Moore, LLC provides premium legal services to Veterans and their dependents. While consultations and other services are offered free of charge, fees are charged for representation before VA on the condition that the case is won. Managed by former VA attorneys, Bergmann & Moore, LLC is composed of seasoned attorneys and support staff who are experts at obtaining benefits for their clients. The firm encourages Veterans and their dependents to make full use of the free services available to them through their local Veterans Service Officer and/or Veterans Service Organizations.*

suicide prevention coordinators who are making counseling among their top priorities.

In late September, the U.S. Army Medical Research and Materiel Command (USAMRMC) awarded \$17 million to the Military Suicide Research Consortium (MSRC). Internationally recognized researchers Thomas Joiner, Ph.D. of Florida State University, author of "Why People Die by Suicide," and Peter Gutierrez, Ph.D. of the Denver Veterans Affairs Medical Center's Mental Illness Research, Education and Clinical Center (MIRECC) will contribute their expertise as the consortium's co-directors. All participating institutions were awarded \$8.5 million to address this urgent public health issue affecting service members.

Joiner says he plans to examine social media as one way to reach out more effectively to those considering suicide. "There are in this 21st Century ways to communicate with people in real time, very quickly, that I think need to be capitalized on to make sure that suicide prevention is as widespread and disseminated as possible. I'm referring to things like social media and also texting and things of that nature."

According to Colonel Carl Castro, director of the Military Operational Medicine Research Program (MOMRP), "The innovative multidisciplinary approach of the MSRC facilitates rapid translation and dissemination of cutting-edge suicide research findings. This capability will enhance the military's ability to quickly identify those at risk for suicide and will result in more effective evidence-based prevention and treatment strategies. The MSRC is an integral component of the Army's suicide prevention research strategy and supports the ultimate goal of reducing suicides."

Combining civilian and military efforts in practice areas such as behavioral health, emergency departments and primary care clinics for the purpose of developing solutions to address the problem of military suicides is unprecedented and may pave the way for future collaborations. Through the use of cutting edge research methodology and a multidisciplinary approach, the MSRC is expected to yield new scientific findings regarding the causes of suicidal behavior. These findings are likely to assist in the development of more successful prevention interventions, treatments to decrease suicide, and risk assessment methods. The findings are also likely to provide answers on how to improve clinical practice. ■

The GWVI-TF Report can be read at [http://www.denver.va.gov/features/Denver\\_VAMC\\_Announces\\_Groundbreaking\\_Research\\_Initiative.asp](http://www.denver.va.gov/features/Denver_VAMC_Announces_Groundbreaking_Research_Initiative.asp).

## THE HISTORY OF VETERANS DAY

Veterans Day started life on November 11th, 1919 as Armistice Day and was created at the behest of President Woodrow Wilson. Originally intended to celebrate the close of the first World War, Congress expanded the holiday to honor all Veterans on June 1, 1954. It is still celebrated as Armistice Day in other parts of the world.

A shoe store owner from Emporia, Kansas named Alfred King had the idea to expand Armistice Day to celebrate the accomplishments of all Veterans. In 1953 he began a campaign to turn Armistice Day into a day honoring all Veterans and found that both local businesses as well as the local school board supported closing their doors on the holiday in support of Veterans. With the help of U.S. Representative Ed Rees, a bill for the holiday was quickly pushed through Congress. It was signed into law on May 26th, 1954 by President Dwight Eisenhower.

To learn more, visit [www1.va.gov/opa/vetsday/](http://www1.va.gov/opa/vetsday/)



## MEDICAL MINUTE

### MST AND MENTAL HEALTH OUTCOMES

Service members can experience a range of unwanted sexual behaviors in both military and civilian settings that they find traumatic. Contrary to popular belief, these experiences happen to both men and women. Military Sexual Trauma (MST) is the term used by VA to refer to experiences of rape, sexual assault or other acts of sexual harassment.

Title 38 of the U.S. Code defines MST as "psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the Veteran was serving on active duty or active duty for training." Basically, MST includes any sexual activity you are involved in against your will. ■



Swords to Plowshares is a not-for-profit organization that provides counseling, employment and training, housing, and legal assistance to more than 2,000 homeless and low-income Veterans annually in the San Francisco Bay Area and beyond.

Theresa Panepinto is the Director of Legal Services.

*Q. How did Swords to Plowshares get started?*

A. During the 1970s, Vietnam Veterans felt despised and were completely neglected. It was clear that more support was needed and that support was going to have to come from the community. So in response to the need, six Veterans concerned with the unmet needs of Vietnam Veterans established Swords to Plowshares in 1974. After four years, we became the first organization in 32 years to be certified by the VA to represent Veterans seeking benefits. And after five years, Swords won one of the first PTSD cases in the country.

*Q. What is the meaning behind your organization's name?*

A. The name Swords to Plowshares stems from a biblical reference: *They will beat their swords into plowshares and their spears into pruning hooks.* The name represents our mission of helping Veterans heal the wounds of war and re-assimilate into civilian life by becoming healthy, productive members of society. From our inception, employment and job training has been a key component of our services and mission. We understand that Veterans have leadership skills, dedication and so much potential to succeed when they return from war.

*Q. What is the mission of Swords to Plowshares?*

A. When their service ends, ours begins. We understand that war causes wounds and suffering that last beyond the battlefield. Swords to Plowshares' mission is to heal the wounds, to restore dignity, hope and self-sufficiency to all Veterans in need, and to reduce Veteran homelessness.

*Q. What services do you offer Veterans?*

A. With a long track record of success in helping Veterans lead healthy and stable lives, we offer the most comprehensive services to Veterans anywhere in the country. Our model of care is based on the philosophy that the obstacles Veterans face - including homelessness, unemployment and disability - are interrelated and require an integrated network of support. Swords to Plowshares provides counseling and case management, employment and training, housing and legal assistance to homeless and low-income Veterans in the San Francisco Bay Area.

*Q. What will Swords to Plowshares look like in 10 years?*

A. There is an increase in soldiers returning from current wars who need help to assimilate back into society. Many need immediate care and support, but, like Vietnam Veterans, some will suffer with the invisible wounds of war for years. It may be decades from now and Swords to Plowshares will be there to provide the wrap-around services they will need - just like we do now with Veterans of past wars.

There will always be a need for Swords to Plowshares to fill in the gaps where the government is unable to meet the needs of our Veterans. Today, the federal government, Veterans and their families rely heavily on community-based organizations like Swords to Plowshares to deliver locally-based, wrap-around services. The same will be true in ten years. ■

To learn more, visit [www.swords-to-plowshares.org](http://www.swords-to-plowshares.org)



Secretary Shinksei with a Swords to Plowshares Veterans Academy resident

## VETERANS' BENEFITS ACT OF 2010 SIGNED IN LAW

President Obama recently signed the Veterans' Benefits Act of 2010 into law. It is expected to improve upon a wide range of VA benefits available to Veterans and their dependants. Below are a few of the most important points.

- No longer can service members be charged early termination fees for certain contracts (e.g. apartment leases or mobile phone contracts) after they receive orders to relocate to an area where the contract is not supported.
- VA will now be obliged to operate a database of Veteran-owned small businesses as well as service-connected Veteran-owned small businesses in order to prevent contracting with businesses that falsely claim to be owned by a Veteran.
- The Institute of Medicine will be obliged to carry out a thorough review of best treatment practices for chronic multi-symptom illness in Gulf War Veterans.
- Dedicated services for homeless Veterans will receive \$10 million in additional funding.
- 100% disabled Veterans will receive free Service members' Group Life Insurance coverage for two years following their separation from active or reserve duty.
- A recently-expired VA work-study program will be reauthorized and the type of work available for participating Veterans will be expanded. This is expected to open up opportunities for Veteran students who want to undertake work study in state Veteran agencies and congressional offices, among many other federal opportunities.

While the focus of the Veterans' Benefits Act of 2010 rests largely on the interests of younger Veterans, it is nevertheless a smart move towards improving the federal benefits available to all Veterans. Returning Veterans should find this development especially helpful in their effort to transition back to civilian life.

To learn more, visit  
[www.govtrack.us/congress/bill.xpd?bill=h111-3219](http://www.govtrack.us/congress/bill.xpd?bill=h111-3219)

## NEW LEADERSHIP BECOMES PERMANENT AT ARLINGTON NATIONAL CEMETERY

As part of its response to issues like burial discrepancies and outdated recordkeeping, the Army has selected Patrick K. Hallinan as the new superintendent of Arlington National Cemetery. Hallinan had been serving as acting superintendent since June and previously worked in VA's cemetery system for more than 30 years. He first began working for VA as a temporary laborer in the 1970s. He eventually worked his way up to Director of the Office of Field Programs for VA's cemetery system, where he was responsible for VA's cemetery policy and oversaw VA's 131 cemeteries and five Memorial Service Network offices. As director of the Calverton National Cemetery, Hallinan was awarded the "VA Secretary's Award" for his facility's efforts on behalf of the families of the Veterans who were victims of the 9/11 terrorist attacks.

Calverton received VA's highest quality management award, the "Robert W. Carey Quality Award," during Hallinan's tenure. Before joining VA, he served in the Marine Corps as an infantry squad leader during the Vietnam-era. He attended college in the evening under the GI bill while working full-time in the cemetery. He is also a life member of Disabled American Veterans.

Secretary of the Army John McHugh strongly endorsed the selection, stating "Pat Hallinan's unique experience in national cemetery management, combined with his proven leadership and ability, made him the only choice possible for this important job. I have every confidence in Pat and Executive Director Kathryn Condon to strength management and oversight, and restore America's confidence in the operation of this most hallowed ground." Hallinan referred to the position as "the honor of a lifetime."

The Army also announced that the cemetery's employees – from grounds crews to upper management – will receive training from VA, which manages more than 100 cemeteries across the country. Unlike VA, the Army's cemeteries program does not have an official educational training program and previously relied upon on-the-job training. Secretary McHugh has sought to rectify this lack of training by entering into a formal agreement with VA to allow Arlington National Cemetery employees to enroll in VA's National Cemetery Administration Training Center. ■

# SLUGGISH ECONOMY MEANS NO COLA INCREASE FOR 2011

## THE ABSENCE OF INFLATION AND ITS IMPACT ON YOUR BENEFITS

It has recently been determined that, for the second year in a row, those receiving military retirement pay, Veterans' disability or survivor's benefits, and Social Security retirement pay will not receive the annual payment increase with which such recipients have become accustomed. With the announcement that there will be no Cost of Living Adjustment (COLA) with regard to 2011 payments, we have seen confusion over what COLA is and why it will not apply for a second year.

COLA is an annual adjustment provided to account for inflation, which is an increase in the overall prices of goods or services in an economy. A dollar not buying "what it used to" is the result of inflation. COLA adjustments are made so that those receiving benefits are able to purchase the same amount of goods and services from year to year. In order to determine whether there is sufficient inflation to warrant a COLA increase, federal law requires that such calculations are made – and have been made for the past 35 years – using the Consumer Price Index (CPI). The CPI is maintained by the Bureau of Labor Statistics and is calculated using the same methods as in many other countries. Using the CPI, average inflation for July, August, and September from the previous year is compared to the same months in the current year. The results of the calculations are applied to the following year. For example, the CPI from the summer of 2010 was compared to the CPI of 2009 to determine if a COLA increase should be provided for 2011. Until 2009, every year these calculations resulted in a COLA increase – so some extra money was paid out to beneficiaries. However, in calculations for 2010 and now for 2011, the formula did not trigger an increase because there was no inflation shown.

Interestingly, in 2009 – the last year a COLA increase was paid out – the increase was the biggest given in 27 years. The nearly six-percent increase was largely due to a sharp but short-lived spike in the price of energy and fuel costs in 2008 (remember when gas was over \$4 per gallon?). In 2009, the calculations actually showed deflation – meaning that, overall, the prices of goods actually declined. While the pertinent

regulations require a COLA increase when there is inflation, they do not mandate a COLA decrease during periods of deflation. As such, payments were not decreased for 2010 because of deflation; rather, there was just no "bonus" COLA payment made. The recently completed comparison between the summers of 2010 and 2009 showed no change because price drops in electricity, natural gas, apparel, and non-food items during 2010 balanced out the increase in prices of other goods over the past year.

**“This is simply unacceptable and we need to find a solution.”**

- Congressman Henry Cuellar (D-Texas)

Contrary to popular opinion, the decision to provide COLA for any given year and the amount of the increase when it is provided are not political decisions – they are mathematical determinations based upon widely accepted economic indicators. Some people complain there is no COLA when they notice that the price of a single good (for example, bread) or even a category of goods (clothing) has recently increased in their hometown. These observations might be true, but they do not mean that the CPI is wrong. The CPI accounts for all consumer goods and services (including food and energy) across the country. So while bread and clothing might be more expensive in one area, the CPI would also account for decreases in these items in other areas of the country or a decrease in the price of something else – like electricity.

But mathematical determinations aside, there is no shortage of evidence to indicate that Veterans are suffering and that the lack of an increase in COLA will end up hurting a lot of people. Gas, electricity, and water bills are rising. Rent is rising. Health insurance costs are rising. Food costs are going up. It is a hard sell to make the case to someone suffering under the burden of these rising costs that conditions do not warrant a COLA. At the end of the day, Veterans and their dependants will see the value of their monthly benefit check reduced. While the amount will be relatively small, it represents just one more incremental reduction in income at a time of economic uncertainty. Our nation's leaders should be willing to do more for those that have sacrificed so much of themselves for our country. ■

For more information, please visit:  
<http://www.airforcetimes.com/news/2010/10/military-COLA-retirees-101510w/>

# A SPOTLIGHT ON SERVICES AVAILABLE TO WOMEN VETERANS

## A BRIEF LOOK AT THE EVOLUTION OF FEMALE MILITARY SERVICE IN AMERICA

Women did not officially serve in the military until the Army and Navy Nurse Corps were established in 1901 and 1908, respectively. Prior to that time, however, women served with the armed forces as contract and volunteer nurses, cooks, laundresses and even in disguise as soldiers. The first woman ever awarded a disability pension by Congress was Margaret Corbin. She was wounded when she took over her fallen husband's cannon in the Battle of Fort Mifflin during the American Revolution. Dr. Mary E. Walker, a contract surgeon in the Union Army during the Civil War, was the first female POW and received the Medal of Honor for her work on the battlefield and in military hospitals without regard to her own safety. She is the only woman to have received this honor.

Women who were not nurses first enlisted in the Navy and Marine Corps during World War I. During World War II, 432 American military women gave their lives and 88 were prisoners of war. Seven women died in the line of duty while serving in Vietnam. Over 10 percent of those serving in Afghanistan and Iraq have been women, and over 100 women have lost their lives in these conflicts. Today, women are the fastest growing group within the Veteran population. Approximately eight percent of all Veterans are female.

In order to address the needs of the female Veteran population, the Women Veterans Health (WVH) Strategic Health Care Group was established. This group works to ensure that timely, equitable, high-quality and comprehensive health care services are provided in a sensitive and safe environment at VA health facilities worldwide. The VA first began providing medical and psychosocial services for women in 1988 when women represented 4.4 percent of all Veterans. The VA Women Veterans Health Program also provides services for homeless women Veterans.

VA health care for eligible women Veterans includes general health evaluation and counseling, including gender-specific primary care such as cervical cancer screens, mammograms, hormone replacement therapy, and maternity care. It also



includes mental health evaluation and assistance for issues such as PTSD, depression, anxiety disorders, and domestic violence. Special services are available for women who have experienced military sexual trauma (MST). VA provides free, confidential counseling or treatment for mental and physical conditions related to MST. Specialty care is available involving the management and screening of chronic conditions such as heart disease, diabetes, cancer, glandular disorders, osteoporosis, and fibromyalgia as well as sexually transmitted diseases. In FY 2008 and 2009, PTSD, hypertension and depression were the top three diagnostic categories for women treated by VHA.

Women Veterans who are interested in receiving health care from the VA should contact the nearest VA Medical Center and ask for the Women Veterans Program Manager. Each VA Medical Center nationwide has a Women Veterans Program Manager designated to advise and advocate on behalf of women Veterans. This manager coordinates all the services a female Veteran may need. To find the nearest VA health care facility call (877) 222-VETS (8387). Many State Departments of Veterans Affairs also have designated Women Veterans Coordinators to help women Veterans. ■

For more information, please visit: [www.nasdva.net](http://www.nasdva.net) or [www.iava.org/content/women-military](http://www.iava.org/content/women-military).



# VETERAN EVENTS CALENDAR

HERE IS A LIST OF SOME EXCITING  
EVENTS HAPPENING NATIONWIDE  
THROUGHOUT DECEMBER

## **Trains to Victory: America's Railroads in World War II - Lecture and Book Signing**

Wisconsin Veterans Museum  
30 West Mifflin Street - Madison, WI 53703  
Telephone: (608) 267-1799  
December 4th, 2010  
[http://dva.state.wi.us/pa\\_events.asp](http://dva.state.wi.us/pa_events.asp)

## **18th Annual Veterans Holiday Celebration**

West Los Angeles VA Campus  
11301 Wilshire Blvd. - Los Angeles, CA 90073  
Telephone: (866) 955-8387  
December 5th, 2010  
<http://www.vhcevent.org/information.htm>

## **Chehalis Veterans Museum Annual Poker Run**

Chehalis Veterans Museum  
100 SW Veterans Way - Chehalis, WA 98532  
Telephone: (360) 740-8875  
December 18th, 2010  
<http://www.veteransmuseum.org/>

## **Veteran Christmas Party**

Love and Living Hope's Patriot House  
8353 Spence Drive - North Richland Hills, TX 76182  
Telephone: (817) 235-1689  
December 18th, 2010  
<http://loveandlivinghope.com/events.php>



# CLAIMS PROCESS ADVICE

## **VA CLAIMS PROCESS 101**

Once the VA Form 9 has been filed after the issuance of the statement of the case (SOC), you are not required to send VA any more paperwork. The Board of Veterans Appeals (BVA) will determine the outcome of your appeal using the same evidence used by the regional office when it made its decision. However, BVA will also consider your VA Form 9, SOC, and any other evidence (such as recent civilian medical treatment records and other non-government documents) that you feel support your claim. Be aware that anything beyond the VA Form 9 and SOC (or SSOC) must be submitted to the office in possession of your claims folder.

You can obtain these additional pieces of evidence by contacting the person or office that maintains these records. If it is military or VA-related records you are interested in, your VSO or VA regional office representative is adept at locating VA treatments records, service medical records, and other government records you feel warrant BVA consideration. If it is civilian records you need, call the individual or office that has them and explain for what purpose they are needed.

Once everything is compiled and handed in to the right office, your claims folder, which now includes everything you have submitted in support of your claim, will be added to the BVA's docket. The docket is the record of all appeals awaiting Board consideration. The date that you submit your VA Form 9 (or similar substantive appeal) will be your official docket date. Cases are adjudicated in order of docket date. Typically, it takes about 12-16 months after filing your VA Form 9 to get a decision from the BVA .

The appeals process can take quite some time and has tested the fortitude of even the most determined Veterans. The important thing to remember during this process is that you must never give up. You did a great service to our country by serving as a member of our armed forces and should appeal VA's decision as far as you are able.

For additional information, please visit [www.vetlawyers.com](http://www.vetlawyers.com)

# VSO SPOTLIGHT

**THOMAS GORMAN, VETERANS SERVICE OFFICER FOR DEPT. OF NAVAJO VETERANS AFFAIRS**



The Navajo Nation spans across the states of Arizona, Utah, and New Mexico and covers some 27,000 square miles. Visitors from around the world come to hear the Navajo language spoken. The language is not only the heritage of a rich culture, but proved to be an invaluable asset during World War II when Navajo Code Talkers used it to communicate troop positions and deceive the Japanese. The heroism of the Code Talkers is today reflected in the service of modern Navajo warriors.

Website: [www.navajo.org](http://www.navajo.org)

Know a VSO who should be honored? Email us at [drohde@vetlawyers.com](mailto:drohde@vetlawyers.com) and we'll feature them in a future issue.



**Q: How many Veterans do you serve inside the Nation?**

A: At this time, at least 1,800.

**Q: How long have you been a VSO?**

A: I became a VSO 12 years ago, in 1998. I am a Veteran and was a social worker and school counselor before going to work for the Tribe.

**Q: What are some of the challenges you face in your work?**

A: Challenges are many and cover nearly every aspect of life. Challenges like housing, jobs, remoteness from services, and lack of infrastructure (such as good roads, water, sewer, and power) are especially formidable. Also included as a challenge is the distance to VA facilities such as Prescott and Phoenix, Arizona, and Albuquerque, New Mexico. Transportation is lacking and the cost to get to VA facilities is too much for most Veterans and their families.

There is also a lack of understand with regard to the health care needs of Veterans. In addition to this, the Navajo Nation government does not formally recognize its own Veterans. Veterans must rely on organizations such as the Indian Health Service, the DNA (People's Legal Service), and the All Veterans Auxiliary (AVA) to get the care and attention they need. Although it is a young organization, the AVA has proven to be especially capable at assisting Veterans in need.

**Q: What can you share with us about the Prescott VA Medical Center's new clinic?**

A: Since the spring of 1976, legislation has been in place. Now it has become a reality, and we can recapture our real statistics. For now it is a pilot project - a satellite clinic - but it is headed down the path to being a standalone clinic because land has been donated by the Sandoval family of Chinle to construct real buildings and a Veterans nursing home, with housing for medical staff. Although our Veterans programs are for Navajo Veterans, the VA clinic, Federally funded, will be for ALL Veterans. The clinic will employ staff knowledgeable in the care of Veterans who before now have had to travel from our remote area to the VA centers as cited above.

**Q: How many VA claims do you handle?**

A: On average, we handle 100 claims per month from Veterans and families, with higher numbers in the summer, lower numbers in the winter. About half of those claims are disability claims. The disability claims are for diabetes, PTSD, Agent Orange, and combat-related wounds. About 20 percent are mostly for domestic violence, substance abuse, referrals for placement, re-evaluation, and upgrades due to aging.

**Q: Does each district in the Nation have a dedicated VSO?**

A: Yes. I am one of five VSOs who are certified to provide information and work with benefits. ■



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