

# VETERANS JOURNAL



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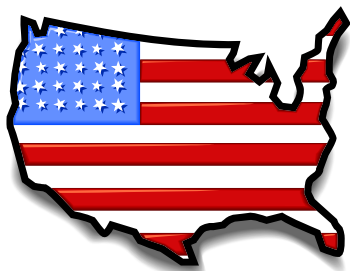
*Spring 2007 Issue*

*Doug Lay, Director*  
*John Warrix, Assistant Director*

The information in this journal is being provided to make the veteran community aware of some current events, activities and veterans issues that are of mutual concern. From time to time, we will include some relevant information important enough to be repeated to insure that veterans and their families are aware of the full range of benefits and entitlements available to them.

"Our troops - and their families - want, need and deserve the full support of the country - and the Congress. Moms and dads watching the news need to know that the Congress will not leave their sons and daughters in harm's way without support."

~ U.S. Congressman  
Sam Johnson (3rd  
Dist.-Texas) ~



## National Veterans Golden Age Games (VA press release)

Attention all veterans age 55 or older who receives healthcare at VA facilities: It's time to get in shape, start your training program, and sharpen your skills. The Department of Veterans Affairs National Veterans Golden Age Games is coming to Indianapolis. VA research and clinical experience verify that physical activity is particularly important to the health, recovery and overall quality of life for us old and not-quite-as-young-as-we used-to-be veterans.

The Games are known as one of the most progressive and adaptive

rehabilitative senior sports programs in the world. They are now recognized as a qualifier for the Nation all Senior Games, a member of the U.S. Olympic Committee. Gold and silver medalists in certain events have the opportunity for further competition in a wider field of America's senior athletes.

If you have a medical condition or disability, don't let that stop you; events have been added for competitors with low motor skills, as well as those who use wheelchairs or have visual impairments. Modification of rules and use of adaptive equipment in many events allow the participation of non-ambulatory and visually impaired veterans in separate divisions where needed and with ambulatory and sighted veterans when possible.

The Golden Age Games offer separate age groups and gender divisions. Scheduled games include golf, checkers, adaptive and ambulatory bowling, bicycling, croquet, and table tennis, shuffleboard, swimming, nine ball, horseshoes, dominoes, shot put,

discuss throw, and air rifle competition.

## **New Pin for Retired Soldiers**

The Army has created a new pin for retired Soldiers to emphasize a lifelong bond with the Army. The pin combines the Army logo with the word "retired" emblazoned above. Over the next few months, a packet containing the new pin will be mailed to all retired Soldiers. It will also include a letter underlining the unending commitment between the Army and its retired Soldiers. Completing the packet will be news on the Army Strong theme and the recently increased recruiting referral bonus. The pin will be sent to the correspondence address on file at the Defense Finance and Accounting Service's Retired Pay Center. It will take over four months for everyone to get the pin. The Army's goal is to have all pins in the mail by late spring. Be on the lookout for yours.



## **VA Budget News**

NAUS is pleased to see the administration request increased funding this year for veterans' budget for VA health care and benefits. The budget recommendation stands in stark contrast with previous years of

stringent requests often below projected inflationary costs for the coming year. While this year's request is improved over past years, NAUS is not convinced it will provide the necessary resources for delivery of the medical care and benefits veterans earned in armed service to the nation.

In addition, NAUS strongly opposes the administration's policy proposals to levy healthcare enrollment fees and sharply increase pharmaceutical copayments. We look forward to a close review of the VA plan by the House and Senate budget, veterans, and appropriations committees. NAUS is committed to working with Congress and the administration to see that our veterans are not forgotten and our obligations to them as a nation are not neglected.

Budget hearings on Thursday by the House Veterans Affairs Committee highlighted that once again the VA was asking for the increases in co-pays. Committee Chairman Bob Filner (D-CA) asked VA Secretary Nicholson why he was again asking for these increases when for the past three years at least, these proposals were not adopted by Congress and in all likelihood would probably reject them again. The answer was lost on those who fought so others could be free.

## **VA Gives Claim Processing Priority to OIF/OEF Veterans**

This week NAUS learned that Admiral Daniel Cooper, VA Undersecretary for Benefits and head of the Veterans Benefits Administration (VBA), has directed that all claims for benefits from veterans who have served in Operation Iraqi Freedom or Operation Enduring Freedom (OIF/OEF) will be given a higher processing priority.

In a memo sent to all VA Regional Offices Cooper said, "Effective immediately, the processing of claims received from all OEF/OIF veterans will be a priority for VBA. This effort will supplement our previous initiative of providing case management for all seriously injured OIF/OEF veterans. While not every OIF/OEF claim will be case managed, these claims will be given first priority by VBA employees. These young men and women have recently returned from the combat zone and it is vital that we enter them into the VA system as soon as possible."

NAUS applauds Secretary Cooper's efforts to ensure our returning troops are given this priority. Now if only he can find enough employees to help shrink the ever growing claims backlog.



## **VA Announces Plans for 23 New Vet Centers**

The Department of Veterans Affairs' vet center program, which provides readjustment counseling and outreach services to combat veterans, is expanding into 23 new communities across the nation in the next two years, the Department announced. These facilities are an important resource for veterans returning from the Global War on Terror and their families.

New vet centers will be located in Montgomery, Ala.; Fayetteville, Ark.; Modesto, Calif.; Grand Junction, Colo.; Orlando, Fort Myers, and Gainesville, Fla.; Macon, Ga.; Manhattan, Kan.; Baton Rouge, La.; Cape Cod, Mass.; Saginaw and Iron Mountain, Mich.; Berlin, N.H.; Las Cruces, N.M.; Binghamton, Middletown, Nassau County and Watertown, N.Y.; Toledo, Ohio; Du

Bois, Penn.; Killeen, Texas; and Everett, Wash.

During 2007, VA plans to open new facilities in Grand Junction, Orlando, Cape Cod, Iron Mountain, Berlin and Watertown. The other new vet centers are scheduled to open in 2008.

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#### Continuous of "Plans for Vet Centers"

All vet centers are community-based. They provide counseling on mental health and employment, plus services on family issues, education, bereavement and outreach, to combat veterans and their families. They are staffed by small teams of counselors, outreach specialists and other specialists, many of these individuals are combat veterans themselves.

Congress established the vet center program in 1979 in recognition that a significant number of Vietnam veterans were still experiencing readjustment problems. Today, all veterans who served in combat are eligible for care at a VA vet center at no cost, as are their families for military-related issues. Also eligible are veterans who were sexually assaulted while on active duty and the families of service members who die on active duty.

Currently, VA maintains 209 vet centers in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands.



## Some Veterans Given Incorrect Information about Education Benefits

According to the National Association of Veterans Program Administrators (NAVPA), some Guard and Reserve troops returning to college after serving in Iraq and Afghanistan are being told that they lose their eligibility for continued GI Bill benefits if they stop drilling with the Guard or Reserve. That is not true, and in fact Reserve Education Assistance Program (REAP) recipients can revert back to the original Reserve GI Bill - known as MGIB-SR - upon discharge from paid drill status. This means they can then use their remaining MGIB-SR entitlement for the number of months they were activated plus four more months. In addition multiple periods of activation can be added together to further increase this extension. For more information, read the NAVPA Press Release

<http://www.military.com/features/0,15240,123646,00.html> provided by our friends at Military.com.

## VDBC Update

The Veterans Disability Benefits Commission has set tentative dates for its meetings in March, April and May. The dates are: March 22-23, April 19-20 and May 9-11. Times and locations are yet to be announced.



## TAX INFO

File Your Taxes Online for Free

The Free File program is a free federal tax preparation and electronic filing program for eligible taxpayers developed through a partnership between the Internal Revenue Service (IRS) and the Free File Alliance LLC, a group of private sector tax software companies. Since Free File's debut in 2003, more than 15.4 million returns have been prepared and e-

filed through the program. Free File allows taxpayers with an Adjusted Gross Income (AGI) of \$52,000 or less in 2006 to e-file their federal tax returns for free. That means 70 percent of all taxpayers - 95 million taxpayers - can take advantage of the Free File program <http://www.irs.gov/efile/article/0,,id=118986,00.html>.

## USFSPA Fight Moves to Supreme Court (USLG Press Release)

On February 12, more than four dozen divorced veterans petitioned the United States Supreme Court to overturn a law that permits veterans' retired pay to be divided as marital property in divorce court.

The Uniformed Services Former Spouses' Protection Act (USFSPA) was enacted in 1982 at a time when most ex-spouses of veterans were women. By now, a substantial and growing number of women fill the ranks of active-duty military members and veterans.

After years of lobbying efforts failed to overturn or curb the USFSPA, a group of divorced veterans formed the USFSPA Litigation Support Group (ULSG) to challenge the law in court. Backed by more than 3,000 members, the ULSG first went to the federal trial court in Alexandria, Virginia, to challenge the USFSPA. When the trial court denied relief, the veterans appealed to the United States Court of Appeals in Richmond, Virginia. Denied relief there, the veterans have now taken the issue to Supreme Court to hear its appeal.

The divorced veterans' challenge in the Supreme Court includes their contention that the law has been applied retroactively to persons who were already in the military -- and some even were already retired - well before the USFSPA empowered divorce courts to divide retired pay. The petition also asserts that the USFSPA is unevenly applied in numerous State courts, resulting in wildly varying treatment of divorced veterans' retired pay depending on the State

where the divorce proceedings are handled. The lawsuit also contends that the USFSPA and the government do not sufficiently protect divorced veterans against the government's implementation of court orders issued without sufficient basis in law.

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### USFSPA Fight Moves to Supreme Court (USLG Press Release) Continued from page 3

USLG officer and retired Army Master Sergeant Ronald King said: "The USFSPA is a political hot potato that members of Congress are afraid to touch, lest they be seen as insensitive to ex-spouses of veterans. However, this was a badly written law in the first place that has caused financial devastation to countless veterans. We hope that the Supreme Court will recognize the impact of this law and that it will agree to hear our appeal." NAUS agrees with the petitioners.

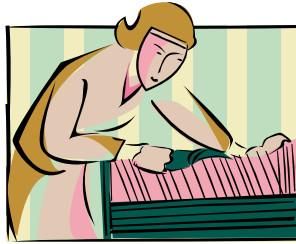
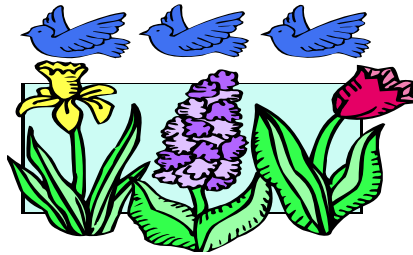
#### USFSPA Reform Update

NAUS has learned that DoD has unexpectedly sent recommendations to the House and Senate Armed Services Committees to be considered as amendments to the Uniform Services Former Spouse Protection Act including:

- \* Base former spouse award amount on member's grade/years of service at the time of divorce (and not retirement).
- \* Prohibit award of imputed income while still on active duty.
- \* Permit designation of multiple SBP beneficiaries.

NAUS testified favorably on these matters on March 1 (see above) and welcomes DoD's initiative to

address the inequities in the law to make it fairer for all parties.



### Keeping your family's files current

Retired Soldiers and surviving spouses — does your family know where your files and important papers are? If you died tomorrow, would they know where your bank account is, what insurance you carried and where the deed to the house is? If you haven't put yet put together a packet of information for your family, a good tool to use is our Casualty Assistance Checklist which you can access on our homepage at <http://www.armyg1.army.mil/rso/PostRetirement.asp> under Information for Retired Soldiers and Family Members. Complete the checklist and give it to your family to make things a little easier after your death.

### *Hands of a Soldier*

*Solid firm grip of friendship,  
The same defend the free.  
Silence in the gripping shake,  
Acknowledge honor given.  
Our hand in his hand,  
Those hands defend the free.  
Sacrifice of caressing hands,*

*back home for family, yearn.  
Hands to duty honor bound,  
Defends the peaceful free.  
Hands wrinkled shaking,  
In age still hold the pride.  
Soldier's hands, veteran hands,  
These hands have kept us free.*



## UPCOMING EVENTS

### March 2007

**Submittal of Annual Reports from County Veteran Service Commissions:** Submittal of Annual Activity Reports from the eighty-eight County Veteran Services Commissions to GOVA; reports are due NLT March 31, 2007. POC is GOVA (Forster) at 614-752-8942.

### May 2007

**Ohio Military Hall of Fame Induction Ceremony:** Annual event honoring combat veterans for their heroic actions. Scheduled for Friday, May 4, 2007, and will be held on the Veterans Plaza of the Ohio Statehouse. POC is Bob White, Ceremonial Director, OMHOF, at 614-413-6121.

**Memorial Day Activities (May 30):** Events to be posted to the Ohio Veterans Bulletin Board as they are made available by the sponsoring or coordinating agencies.

### June 2007

**Submittal of Packets for the Class of 2007, Ohio Veterans Hall of Fame:** Submittal deadline is June 30<sup>th</sup> for packets to be considered for the Class of 2007 of the Ohio Veterans Hall of

Fame. Submittals go to: GOVA (Attention of Karen Kish, Coordinator of the OVHOF) at 77 South High Street, 7<sup>th</sup> Floor, Columbus, Ohio 43215.

**Celebration of the Anniversary of the Birth of The United States Army (June 14<sup>th</sup>):** Specific programs will be posted as information is made available.

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**Newsweek**

## How U.S. Is Failing Its War Veterans

By Dan Ephron and Sarah Childress

**Newsweek**

March 5, 2007 issue - After returning from Iraq in late 2005, Jonathan Schulze spent every day struggling not to fall apart. When a Department of Veterans Affairs clinic turned him away last month, he lost the battle. The 25-year-old Marine from Stewart, Minn., had told his parents that 16 men in his unit had died in two days of battle in Ramadi. At home, he was drinking hard to stave off the nightmares. Though he managed to get a job as a roofer, he was suffering flashbacks and panic attacks so intense that he couldn't concentrate on his work. Sometimes, he heard in his mind the haunting chants of the muezzin—the Muslim call to prayer that he'd heard many times in Iraq. Again and again, he'd relive the moments he was in a Humvee, manning the machine gun, but helpless to save his fellow Marines. "He'd be seeing them in his own mind, standing in front of him," says his stepmother, Marianne.

Schulze, who earned two Purple Hearts for wounds sustained in Iraq, was initially reluctant to turn to the VA. Raised among fighters—Schulze's father served in Vietnam and over the years his older brother and six stepbrothers all enlisted in the military—Jonathan might have

felt asking for help didn't befit a Marine.

But when the panic attacks got to be too much, he started showing up at the VA emergency room, where doctors recommended he try group therapy. He resisted; he didn't think hearing other veterans' depressing problems would help solve his own. Then, early last month, after more than a year of anxiety, he finally decided to admit himself to an inpatient program. Schulze packed a bag on Jan. 11 and drove with his family to the VA center in St. Cloud, about 70 miles away. The Schulzes were ushered into the mental-health-care unit and an intake worker sat down at a computer across from them. "She started typing," Marianne says. "She asked, 'Do you feel suicidal?'" and Jonathan said, "Yes, I feel suicidal." The woman kept typing, seemingly unconcerned. Marianne was livid. "He's an Iraqi veteran!" she snapped. "Listen to him!" The woman made a phone call, then told him no one was available that day to screen him for hospitalization. Jonathan could come back tomorrow or call the counselor for a screening on the phone.

When he did call the following day, the response from the clinic was even more disheartening: the center was full. Schulze would be No. 26 on the waiting list. He was encouraged to call back periodically over the next two weeks in case there was a cancellation. Marianne was listening in on the conversation from the dining room. She watched Jonathan, slumped on the couch, as he talked to the doctor. "I heard him say the same thing: I'm suicidal, I feel lost, I feel hopelessness," she says. Four days later Schulze got drunk, wrapped an electrical cord around a basement beam in his home and hanged himself. A friend he telephoned while tying the noose called the police, but by the time officers broke down the door, Schulze was dead.

How well do we care for our wounded and impaired when they come home? For a country amid what President Bush calls a "long war," the question has profound

moral implications. We send young Americans to the world's most unruly places to execute our national policies. About 50,000 service members so far have been banged up or burned, suffered disease, lost limbs or sacrificed something less tangible inside them. Schulze is an extreme example but not an isolated one, and such stories are raising concerns that the country is failing to meet its most basic obligations to those who fight our wars.

The question of after-action care also has strategic consequences. Iraq marks the first drawn-out campaign we've fought with an all-volunteer military. In practice, that means far fewer Americans are taking part in this war (12 percent of the total population participated in World War II, 2 percent in Vietnam and less than half of 1 percent in Iraq and Afghanistan). Already, the war has made it harder for the military to recruit new soldiers and more expensive to retain the ones it has. If we fall down in the attention we provide them, who's to say volunteers will continue coming forward?

The issue of veterans' care jumped into the headlines last week when The Washington Post published a series about Walter Reed Army Medical Center in Washington, D.C. The stories revealed decay and mismanagement at the hospital, and provoked shock and concern among politicians in both parties. "The doctors were fantastic," a Walter Reed patient, 21-year-old Marissa Strock, tells NEWSWEEK. "But some of the nurses and other staffers here have been a nightmare." Strock suffered multiple injuries, including broken bones, a lacerated liver and severely bruised lungs, when her Humvee rolled over an improvised explosive device on Nov. 24, 2005. She later had both her legs amputated. "I think a big part of [Walter Reed's problems] is they just don't have enough people to adequately handle all the wounded troops coming in here every day," she says. (Walter Reed did not respond to requests for comment about Strock's case.) The Pentagon responded swiftly to the Post series. It vowed to investigate

what went wrong and immediately sent a repair crew to repaint and fix the damage to the aging buildings.

The revelations were especially shocking because Walter Reed is one of the country's most prestigious military hospitals, often visited by prominent politicians, including the president. But it is just one part of a vast network of hospitals and clinics that serve wounded soldiers and veterans throughout the country. A NEWSWEEK investigation focused

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**How U.S. Is Failing Its War Veterans**

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not on one facility but on the services of the Department of Veterans Affairs, a 235,000-person bureaucracy that provides medical care to a much larger number of servicemen and women from the time they're released from the military, and doles out their disability payments. Our reporting paints a grim portrait of an overloaded bureaucracy cluttered with red tape; veterans having to wait weeks or months for mental-health care and other appointments; families sliding into debt as VA case managers study disability claims over many months, and the seriously wounded requiring help from outside experts just to understand the VA's arcane system of rights and benefits. "In no way do I diminish the fact that there are veterans out there who are coming in who require treatment and maybe are not getting the treatment they need," White House Deputy Press Secretary Tony Fratto tells NEWSWEEK. "It's real and it exists."

The system's shortcomings are certainly not deliberate; no organization is perfect. Some of the VA's hospitals have been cited as among the best in the country, and even in extreme cases, the picture is seldom black-and-white. Before he killed himself, Schulze was seen by the VA 46 times, VA Secretary James Nicholson told Congress this

month. (He did not elaborate on what care Schulze received.)

Yet, as the number of veterans continues to grow, critics worry the VA is in a state of denial. In a broad sense, the situation at the VA seems to mirror the overall lack of planning for the war. "We know the VA doesn't have the capacity to process a large number of disability claims at the same time," says Linda Bilmes, a Harvard public-finance professor and former Clinton administration Commerce Department official. Last month Bilmes released a 34-page study on the long-term cost of caring for veterans from Iraq and Afghanistan. She projects that at least 700,000 veterans from the global war on terror (GWOT) will flood the system in the coming years.

As it is, for some veterans the wait can be agonizing. Patrick Feges was on hold for 17 months until his first disability check from the VA came through. An Eagle Scout from Sugar Land, Texas, Feges enlisted in 2003 and found himself in Ramadi a year later. In October 2004, a mortar exploded on his base about 50 yards from him, spraying him with shrapnel, slicing his intestines and severing a major artery. Feges lost consciousness and was flown to Walter Reed, where he underwent surgery. Long scars trail down his legs and midsection. At the hospital a fellow Texan came to visit: President Bush stood by his bed and chatted with him.

Feges is a polite 22-year-old with a military manner. He addresses strangers by last name and an honorific, even when prodded to drop the formality. "I was brought up right, sir," he explains. But his voice rises slightly when he describes his ordeal with the VA. A case officer in Houston processed Feges's request for disability in September 2005, then lost his application. Feges was summoned to repeated medical evaluations at the Houston center, but a year later he was still waiting for a check. By then, Feges had been accepted to culinary school in Austin and did not want to put off his studies. His mother, an elementary-school teacher, took a

second job at a local McDonald's to help support him.

For discharged service members, the VA serves two functions: it provides medical care for service-related conditions at its clinics and hospitals across the country, and it reviews claims for disability benefits—chiefly, the monthly payments wounded veterans get for the rest of their lives. The review process can be complicated. It requires veterans to prove, through documents and sometimes through the testimony of fellow soldiers, that their afflictions are a result of their time in the military. Feges listed on his application all the ways he'd been affected by the wounds: he'd lost mobility in his ankles and knees, he suffered regular stomach cramps from the intestinal wound, he lost sensation in his hands and legs, he had trouble standing for long periods. NEWSWEEK presented the VA with the names and details of the veterans whose stories are told here, but a spokesman for the agency declined to comment on individual cases, citing doctor-patient confidentiality. Speaking generally, Dr. Michael Kussman, the VA's acting under secretary for health, tells NEWSWEEK that the department is trying to reach veterans earlier, as they approach their date of discharge, and that he does not believe Iraq and Afghanistan are straining resources severely. "The impact on the VA so far has been relatively small," Kussman says. "It has not kicked the system over in our budget and in our ability to absorb it."

Still, a jump in disability claims in recent years has created a bottleneck. Daniel Cooper, the VA's under secretary for benefits, confirmed his department was coping with a backlog of 400,000 applications and appeals; 75 percent of them were still within a "reasonable" reviewing time frame, he says. Yet, most of those claims were filed by veterans of previous wars (a veteran can file or appeal a claim even decades after discharge). As more servicemen and women return from Iraq, the backlog is likely to increase. Cooper says the average waiting time for a

benefits claim is about six months. NEWSWEEK turned up a number of veterans who'd waited longer. Keri Christensen, a National Guard veteran and a mother of two, says the VA in Chicago took 10 months to process her application. Rory Dunn, who nearly died in an IED attack outside Fallujah, says his application was delayed because, among other things, the VA mixed up his file with that of a Korean War veteran.

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Feges's claim was finally approved last month: after NEWSWEEK and the advocacy group Veterans for America began looking into his case, he got a call from a VA official in Waco, Texas, with the news that his money would come through. Last week he received back pay to the date of his application.

The compensation is not huge. A veteran with a disability rating of 100 percent gets about \$2,400 a month—more if he or she has children. A 50 percent rating brings in around \$700 a month. But for many returning servicemen burdened with wounds, it is, initially at least, their sole income. "When I started school, that's when it became really hard not to have that money," says Feges.

One reason to worry about a crush of new vets at the VA has to do with the proportion of wounded to dead Americans in Iraq. Though we tend to mark the grim timeline of the war by counting fatalities, what really distinguishes this conflict is how many soldiers don't die, but suffer appalling injuries. In Vietnam and Korea, about three Americans were wounded for every one who died. The ratio in WWII was nearly 2-1. In Iraq, 16 soldiers are wounded or get sick for every one who dies. The yawning ratio marks progress: better body armor and helmets are shielding more soldiers from fatal wounds. And advanced emergency

care is keeping more of the wounded alive. The VA's Kussman says that soldiers who survive the first few minutes after an explosion have a 98 percent chance of surviving altogether. But that means an increased burden on the VA's health-care system.

Two such survivors are Albert and Connie Ross. Albert lost a leg when a rocket-propelled grenade landed close to him in August 2004 while he was on patrol in Baghdad. Connie lived through a 2004 suicide bombing in Mosul but suffered multiple fractures and burns. When the two met in a hallway at Brooke Army Medical Center in San Antonio, Texas, Connie thought she noticed a certain swagger in Albert's walk. "He had this weird dip in his walk, so I asked him, 'Why are you pimp-walking in a hospital?' And he said: 'I'm not pimp-walking, I'm an amputee.' I was so embarrassed." The two married earlier this year and are expecting a child.

Though he's been in the VA system for more than two years now, Albert still doesn't have a primary-care doctor. Without one, getting appointments with specialists can be difficult. "You're supposed to be assigned one right away," says Albert, who now lives in San Antonio. "I'm not frustrated so much as worried—worried if and when something does go wrong, something will happen with one of my legs ... They [primary-care doctors] are the ones who have to fill out a work-order form; it's impossible to do anything without them."

One thing Albert desperately wants to do: get a new prosthetic. He's one of the early African-American amputees of the war. But the fake limb he's been given matches the skin tone of a Caucasian. It so embarrasses Albert that he always wears a sock over it—even if he's in sandals. "He's very self-conscious about it," says Connie. "It really bothers him."

Albert's situation is probably atypical. The VA says a huge majority of veterans get primary-care doctors within 30 days. But people inside the system do

concede there's a shortage of mental-health workers at many of the VA's hospitals and clinics across the country. And Schulze is not the only veteran to commit suicide after being turned away. In a similar case in 2004, the VA twice neglected to treat Iraq veteran Jeffrey Lucey for posttraumatic stress disorder (the second time because he was told alcoholics must dry out before being accepted to an inpatient program). By the time a VA counselor tracked down a bed in a New York facility with a built-in detox program, Lucey had already hanged himself. "The system doesn't treat mental health with the same urgency it treats general health care," says a senior VA manager who did not want to be named talking about shortcomings in the agency.

Even when veterans get to the right doctors, understanding how to leverage what they need from the system can be mind-bending. Tonia Sargent, whose husband, Kenneth, nearly died in a sniper attack in Najaf in 2004, says no one ever sat her down and explained the benefits and how to access them. Her husband's brain injury made him often incapable of understanding his own care. Key decisions fell to her alone. It's a "don't ask, don't tell system," she says.

Kenneth is a Marine master sergeant who'd been in the Corps for nearly 18 years. He was on his second tour in Iraq when a sniper bullet ricocheted off the metal hatch on his vehicle and hit him directly below the right eye, grazing the front of his brain and exiting near his left ear. Among other things, he was diagnosed with traumatic brain injury, which has become the signature wound of the Iraq war. Tonia had to fight the Marine Corps to keep him from being discharged, figuring he'd get better medical care if he remained in active service. But some of his treatment has been outsourced to the VA.

One of the tricks she learned early on was to demand photocopies of her husband's records—every exam, every X-ray, every diagnosis—and personally carry the

file from appointment to appointment. "I don't know if there is a more formal protocol for transferring documents, but I know that what I brought ... was definitely put to use." When Sargent was transferred to the VA's lauded Polytrauma Center in Palo Alto, Calif., doctors there encouraged her to go home to Camp Pendleton near San Diego and treat his stay at the hospital as if it was a deployment. "After two weeks, they asked me how long I was planning to stay with my husband," she says. "They said it was his rehab, not mine. But I needed to learn how to care for him, and he suffered from extreme

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## **How U.S. Is Failing Its War Veterans**

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anxiety without me." She pushed back, staying in Palo Alto until he completed his care.

How can the system improve? Bilmes, who authored the Harvard study, proposes at least one drastic change—automatically accepting all disability claims and auditing them after payments have begun. (The VA says that would be an irresponsible use of taxpayer money.) Other critics have focused on raising the VA's budget, which has been proposed at \$87 billion for 2008. More money could go toward hiring more claims officers and more doctors, easing the burden now and preparing the VA for the end of the Iraq war, when soldiers return home en masse.

But veterans' support groups and even some former and current VA insiders believe there's a reluctance in the Bush administration to deal openly with the long-term costs of the war. (All told, Bilmes projects it could cost as much as \$600 billion to care for GWOT veterans over the course of their lifetimes.) That reluctance, they say, trickles down to the VA, where top managers are politically appointed. Secretary Jim Nicholson, a decorated Vietnam

War veteran who was chosen by Bush in 2005, tends to be the focus of this criticism.

The senior VA manager who did not want to be named criticizing superiors told NEWSWEEK: "He's a political appointee and he needs to respond to the White House's direction." Steve Robinson of Veterans for America levels the accusation more directly. "Why doesn't the VA have a projection of casualties for the wars? Because it would be a political bombshell for Nicholson to estimate so many casualties." The VA denies political considerations are involved in its budgeting or planning. Nicholson declined to be interviewed but Matt Burns, a spokesman for the VA, called Robinson's comments "nonsensical and inflammatory," adding: "The VA, in its budgeting process, carefully prepares for future costs so that we can continue to deliver the quality health care and myriad benefits veterans have earned."

Fratto, the White House deputy press secretary, says money is not the problem. He points out the VA has had a hard time filling positions in some remote parts of the country. "You need to find people who are trained in PTSD and other disorders that are affecting veterans and find those who are willing to go to places where they are needed."

As is often the case in America when government institutions falter, however, community groups are already stepping into the void. Veterans of Foreign Wars has advocates helping vets negotiate the VA bureaucracy, much the way health facilitators in the private sector help consumers get the most from their health insurance. Robinson, of Veterans for America, has pulled together teams of volunteers—physicians, psychologists, lawyers—who give vets free services when the local VA branch falls down. At his office recently, he was coordinating a traumatic-brain-injury screening with a private doctor for a veteran who'd been denied access to VA care. The fact that Americans are coming forward doesn't absolve the VA of its obligation to provide first-

rate care for veterans. Most of the wounded's problems just can't be solved by private citizens and groups, no matter how well meaning. But it does serve to remind us that we should take better care of veterans wounded in the line of duty as they make their way home, and try to remake their lives.

With Jamie Reno, Eve Conant, John Barry, Richard Wolfe, Karen Springen, Jonathan Mummolo and Ty Brickhouse

URL:  
<http://www.msnbc.msn.com/id/17316437/site/newsweek/?GT1=9033>

**Written by Maria Sutherland  
April 7, 2003**



*My Daddy is a Soldier*

My daddy is a soldier he's  
often gone away to some  
far off country where he has  
to stay.

I really miss my daddy and  
I'm not sure what he does  
except he helps other  
people who need him very  
much.

At night when I say my  
prayers I ask to keep daddy  
safe so that he can come  
home to us and sit in his  
favorite place.

Some nights I can hear  
mommy cry when she  
thinks I'm asleep I know  
she misses daddy and her  
sadness hurts real deep.

I know that a day may come  
when daddy won't come  
home and it scares me even  
thinking that we will be  
alone.

My daddy is a soldier  
he's often gone away  
And I am so very proud of  
him each and every day.

Come home to us daddy  
When your job is done  
I know that those people  
needed you.

But they aren't the only  
ones.

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## Military Injury Relief Fund – Ohio Tax Initiative

There is a new way, for anyone that wishes, to donate money to a wounded in action or family of killed in action service member as part of filing your

### Ohio income tax.

When filing your taxes you can mark a check in Block 27 if you are getting money back, to donate to injured veterans.

You simply write in how much you want to donate. If you are not getting money back you may still donate by writing a check made out to Military

### Injury Relief Fund.

Service member must have been a resident of Ohio at the time of the injury to be eligible.

Beneficiaries include OIF/OEF veterans only. Each family or veteran will receive the same amount of money - there is not a tiered system providing more money based on injury etc.

Veterans have to apply for this at a Veterans Service Organization.

***This money is taxable and they will be distributing it on July 1st***



## Giving very odd excuses

The General went out to find that none of his G.I.s were there. One finally ran up, panting heavily.

"Sorry, sir! I can explain, you see I had a date and it ran a little late. I ran to the bus but missed it, I hailed a cab but it broke down, found a farm, bought a horse but it dropped dead, ran 10 miles, and now I'm here."

The General was very skeptical about this explanation but at least he was here so he let the G.I. go. Moments later, eight more G.I.s came up to the general panting, he asked them why they were late.

"Sorry, sir! I had a date and it ran a little late, I ran to the bus but missed it, I hailed a cab but it broke down, found a farm, bought a horse but it dropped dead, ran 10 miles, and now I'm here."

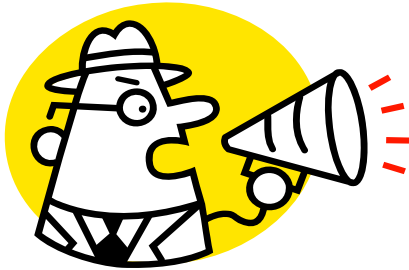
The General eyed them, feeling very skeptical but since he let the first guy go, he let them go, too. A ninth G.I. jogged up to the General, panting heavily.

"Sorry, sir! I had a date and it ran a little late, I ran to the bus but missed it, I hailed a cab but..."

"Let me guess," the General interrupted, "it broke down."

"No," said the G.I., "there were so many dead horses in

the road, it took forever to get around them."



FRANKLIN COUNTY  
VETERANS SERVICE  
COMMISSION  
250 W BROAD ST  
COLUMBUS OH 43215-2787



### ANNOUNCEMENT

Ohio Department of Job and Family Services, Veteran Job Representatives Tim Sells will be on our office on Wednesday and Friday's only.

Ohio Department of Job and Family Services, Veteran Job Finders is located at 1111 E Broad Street, Columbus OH, can be contacted by calling 614-559-5069.

