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Veterans Digest

October, 2002

Rockefeller Criticizes New Veterans' Plan

Backlog of those awaiting care may grow, senator says

By Karin Fischer
 Daily Mail Washington Bureau

WASHINGTON -- Veterans with disabilities incurred during their military service will go to the head of the line for medical care, under a new policy recently announced by the Department of Veterans Affairs.



But critics, including Senate Veterans Chairman Jay Rockefeller, left, and at least one veterans' group, say the policy could further delay care for the hundreds of thou-

sands of former service members already on waiting lists.

And, they say, the policy ignores the larger problem, inadequate funding for health care services.

"In my view, the administration has a choice: Either own up to the demand for health care services and provide funding -- my preference -- or manage enrollment," Rockefeller, D-W.Va., said on the Senate floor. "The administration has chosen a completely different course."

Rockefeller said he was concerned the new rule could create a "serious hardship" for veterans with non-service con-

nected disabilities who may have to wait longer for care.

There currently are 280,000 veterans on waiting lists for health care nationwide, spokeswoman Laurie Tranter said. She was unsure of the number who would qualify for priority care under the new rule. The veteran also must be at least 50 percent disabled.

In 1996, Congress passed legislation opening up the veterans' health care system to all former service members. A generous benefit package, particularly prescription drug coverage, attracted large numbers of veterans to enroll.

Although the backlog is declining, the department has taken a number of steps to try to reduce wait times, including streamlining clinic procedures and tracking patients on wait lists, Tranter said.

The real answer to reducing the backlog is to adequately fund the health care system, said Steve Thomas of the American Legion. While the American Legion doesn't oppose the new rule, Thomas' organization, along with the Veterans of Foreign Wars and the Disabled Veterans, instead has advocated allowing Medicare, the health program for older Americans, to reimburse the agency and has supported making funding for veterans' health care mandatory rather than subject to annual discretionary spending decisions.

"We need to correct the core problem," said Joe Violante of the Disabled American Veterans.

The Paralyzed American Veterans has written to Rockefeller, expressing concern about the potential repercussions of the new rule. "No one can argue that service-connected dis-

abled veterans do not deserve the highest priority for veterans benefits and services," executive director Delatorro McNeil wrote. "However, by allowing admitting clerks to give them front-of-the-line access, the regulations inherently give these same clerks the authority to deny care to veterans in other categories when budgets remain tight."

Guidance sent from the department to veterans' medical centers across the country says new patients in the priority category should be seen within 30 days. Established patients should be contacted and can have their appointments moved ahead.

The instructions, however, warn, "In no case should elective scheduling of any veteran adversely impact the medical care of any patient."

The public comment period remains open until Nov. 18, but the rule, implemented under special priority circumstances, went into effect immediately upon issuance.

Liberators of France to Receive Certificates

Programs to be conducted this year and next

The French government is offering a Thank-You-America certificate to living veterans of World War II who participated in the Normandy Invasion or in the Liberation of France.

Veterans are urged to contact their local Veterans' Service Office to obtain an application. *Living World War II veterans (continued on next page)*

Liberators of France

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who participated in the Normandy Landing and/or the liberation of France anytime between June 6th, 1944 and May 8th, 1945 are eligible.

Eligible veterans should attach a copy of their Report of Separation (what we now call DD Form 214) or, if that document is not available, a notarized letter from someone who served with them, acknowledging they have personal knowledge that the veteran served during this period and participated in the invasion and/or the liberation.

A ceremony will be held this year in Indianapolis to honor those veterans who currently reside in the central Indiana region. That include veterans living in the following counties:

Boone, Clay, Clinton, Decatur, Delaware, Fayette, Fountain, Franklin, Hamilton, Hancock, Hendricks, Henry, Johnson, Madison, Marion, Montgomery, Morgan, Owen, Parke, Putnam, Randolph, Rush, Shelby, Tippecanoe, Tipton, Union, Vermillion, Vigo, Warren and Wayne.

The program will be conducted on November 23rd at 1:00 p.m. at the Indiana War Memorial, 431 N. Meridian Street, downtown Indianapolis, and is sponsored by the Indiana Veterans' Service Officers' Association.

No posthumous presentations will be made.

The French Consulate in Chicago already has many applications from Central Indiana, but are seeking even more applications from those who may not have already heard about the program.

Each County Veterans' Service Office in the state is participating and will forward the applications to the French Embassy in Chicago. Applications must be mailed not later than November 8th to ensure participation in the November 23rd program. Each veteran who is scheduled to receive a certificate will be notified by mail by the embassy and will be required to RSVP whether or not they will attend.

**French
Thank-You-America
Certificates for 2003**

The Indiana Veterans' Service Officers' Association (INVSOA) has suggested three more Thank-You-America presentation programs in Indiana next year on dates yet to be determined, so veterans who live closer to those sites should wait until those programs. The locations are:

1. Evansville (Vanderburgh County) for southwest Indiana. Mark Acker coordinator. Late April or early May 2003 for counties: Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Monroe, Orange, Perry, Pike, Posey, Spencer, Sullivan, Vanderburgh and Warrick. This program will also include counties from southeastern Illinois and northwestern Kentucky.

2. Logansport (Cass County) for all of northern Indiana. Resto D'Andre coordinator. July 19, 2003. Counties included are: Adams, Allen, Benton, Blackford, Carroll, Cass, Dekalb, Elkhart, Fulton, Grant, Howard, Huntington, Jasper, Jay, Kosciusko, Lagrange, Lake, LaPorte, Marshall, Miami, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Wabash, Wells, White and Whitley.

3. Corydon (Harrison County) for southeast Indiana. October, 2003. Ernie Emily coordinator (but he may retire next May). Counties included will be: Bartholomew, Brown, Clark, Dearborn, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Ripley, Scott, Switzerland and Washington. This program could also include some northern Kentucky counties and some southwestern Ohio counties.

The coordinators at these locations will confirm locations and dates and arrange for color guards, dignitaries, and advertisement.

The INVSOA is excited to become involved in these events throughout the state and is endeavoring to insure every eligible veteran is presented one of these certificates.



Combat Veterans & Combat Reservists to Get Medical Care for 2 Years

VA Combat Vet Medical Services: Combat veterans are now eligible for medical services for 2-years after separation from military service even if there is insufficient medical evidence to conclude that their illness is attributable to their military service.

This new statutory 2-year period also allows for the collection of basic health information to aid in the evaluation of specific health questions such as difficult to explain illnesses. Veterans will be enrolled as priority category 6, and are not be subject to co-payments for care.

The 2-year eligibility period begins on the separation date of the service member from active duty military service.

The following types of conditions are not ordinarily considered to be due to occupational or military activities:

1. Congenital or developmental conditions, e.g., scoliosis.
2. Conditions which are known to have existed before military service.
3. Conditions having a specific and well-established etiology and that began after military combat service, e.g., bone fractures occurring after separation from military service, a common cold, etc.

Eligible veterans from National Guard and Reservist forces who were activated and served during hostilities are eligible for these services.

VHA Directive (2002-049)

Indiana Military Retiree Day

All military retirees, their widows and dependents are invited to attend the Indiana Military Retiree Day on Saturday, November 16th, 2002 starting with an all-ranks prayer breakfast at 8:00 a.m.

The prayer breakfast will include local dignitaries, military leaders and Congressional Representatives.

The program is being held at the Indiana World War Memorial, 431 N. Meridian Street, Indianapolis, Indiana and will last until about 3:00 p.m.

A Health Fair will be presented in two phases, the first from 9 a.m. to noon and the second from 1 p.m. to 3 p.m. Each Health Fair includes a class on adult nutrition and offers several medical screening tests, including Flu Shots - Cholesterol Screening - Pneumococcal Vaccine Shots - Body Fat Testing - Blood Pressure Screening - Bone Density Tests - Pulmonary Function Testing - Nutrition and other Senior Health Care Classes. There will be briefings on TRICARE and TRICARE for Life, VA options and each will give the latest legislative updates.

An all-ranks retiree luncheon is from noon to 1:30 p.m. followed by a briefing on long term care.

Several static displays will be offered all day including displays from The Retired Officers Association - Army Air Force Exchange Service - Defense Accounting Service (DFAS) - National Association of Uniformed Services - Society of Military Widows - Hoosier Veterans Assistance Foundation - US Air Force Assn. - USMC Coordinating Council - Association of the US Army (AUSA) - Armed Forces Recruiters - Air Force Sergeants Association - Korean War Veterans - HUMANA Health Services - AMVETS - Fleet Reserve Association - American Association of Retired Persons (AARP) - Indiana Office of Veterans Affairs - Roubidoux VA Health Center - And many more!

For information and reservations call (317) 359-4345 or e-mail steppindy@aol.com. Reservations required by Nov. 12.

Army Base Killings Linked To Drug?

CBSNews, August 22, 2002

The Pentagon is considering sending a medical team to see whether there are any links between a series of domestic killings at Fort Bragg and an anti-malaria drug taken by soldiers.

The Army's preferred anti-malaria drug, Lariam, carries rare reported side effects including agitation, depression and aggression. The epidemiological team could be sent to Fort Bragg in the next few weeks, Army spokeswoman Elaine Kanelis said Wednesday.

"There's no reason to believe right now that Lariam affected the behavior of the individuals," Kanellis stressed, adding that the team would also probe any other behavioral and physical problems that might be involved.

The drug's manufacturer, Roche Laboratories, acknowledges reports of suicide and suicidal thoughts attributed to Lariam, also known as mefloquine. But company spokesman Terence Hurley said they are extremely rare, "only a small percentage of the more than 25 million people that have successfully used Lariam."

The World Health Organization puts the incidence of serious neuropsychiatric effects from the drug at 5 in 100,000. Out of millions of travelers given mefloquine each year, between 1 in 6,000 to 1 in about 10,000 will experience some kind of serious adverse reaction, the WHO says.

Four wives of soldiers at Fort Bragg were killed in a six-week span this summer. Each death is blamed on the husband. Three of the four men were Special Operations soldiers who had been deployed to Afghanistan, where the risk of malaria is high. Army officials would not say if the men had taken Lariam.

Two of the soldiers killed themselves after killing their wives.

In a fifth domestic killing at the base, the wife of an Army Special Operations officer was charged in his shooting death last month.

Malaria is a serious, sometimes fatal,

disease caused by a parasite that infects humans through mosquito bites. The WHO estimates that perhaps as many as 500 million cases of malaria occur each year and more than 1 million people die of the disease worldwide.

Lariam is the malaria remedy of choice for soldiers because it is taken once a week instead of daily.

Is this another case of our own soldiers suffering because of a drug or agent being used on them. Cases in point: Did our government even give it a thought that the Agent Orange, used to defoliate trees in Vietnam would leave residue which would later cause diseases in our soldiers. Did they even do any testing?; Many believe the infamous Gulf War syndrome is the result of all the drugs and pills administered to our soldiers before they were sent to Saudi Arabia. Now it's possible a drug given our soldiers is causing them to kill their wives. It also seems possible the estimates cited in this article of adverse reaction to the drugs may be a little conservative. Ed

VA Sets New Extended Care Co-Payments

Some veterans without service-related medical problems will be charged new co-payments for extended care, VA Secretary Anthony Principi recently announced. Co-payments will be individually calculated and based on ability to pay.

"VA was mandated by Congress in the Millennium Health Care and Benefits Act to initiate extended care co-payments," Principi said. "However, we wanted to ensure that each veteran's situation was evaluated so that none suffered financial hardship."

The new co-payment is expected to affect between 2,000 and 3,000 veterans currently receiving VA extended care.

Veterans not required to make extended-care co-payments include those with any compensable service-connected

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Extended Care Co-Payments (continued from page 3)

disability, those whose incomes are below the VA single-pension level of \$9,556, and those receiving continuous VA extended care since Nov. 30, 1999 and earlier.

Currently, higher income nonservice-connected veterans pay \$5 per day, plus \$812 - the Medicare deductible - for the first 90 days of nursing home care, \$5 per day, plus \$406 for each succeeding 90 day period up to a year. After a year the cycle starts again.

Under the new regulations, veterans will get the first 21 days of care free in any 12 month period. After that, the maximum a veteran could pay is \$97 for each day of nursing-home care or each day of institutional geriatric evaluation (*that adds up to \$33,368 per year. Ed.*); \$15 for each day of adult health care, or each day of non-institutional respite care or geriatric evaluation (*\$5,160 annually*); and \$5 for each day of domiciliary care (*\$1,720 a year*).

Among the factors used to determine individualized co-payments are income, expenses, assets and a daily \$20 allowance. For example, a veteran will be allowed to keep enough money to pay the mortgage or rent on a home, land, farm or ranch; to pay for an automobile, education, utilities, taxes and insurance; plus a daily \$20 allowance each for the veteran and spouse. After the first 21 days of care, which are free, veterans will make predetermined, individual co-payments. These would vary from the maximum of \$97 a day to as little as \$97 a month, depending on the individual assets and expenses.

From American Legion Magazine, October, 2002

Note: those who don't think the VA is trying to get out of the nursing home business need only read this article. \$33,000 a year is about what it costs at Miller's Merry Manor. Ed.



Aid & Attendance Could Pay for Assisted Living Facility

If a veteran or their surviving spouse qualifies for pension at the Aid and Attendance rate, it could be used to help pay for care in an assisted living facility.

VA rules say, if the veteran or surviving spouse's net worth is not over \$80,000 and they qualify for the aid & attendance or the housebound rate of pension, the entire cost of an assisted living facility can be counted as a medical expense. Normally, veterans and surviving spouse who qualify only for the basic pension rate can only count 15% of their assisted living cost as medical expenses.

Medicaid allows the applicant only \$2,000 in assets, excluding the home, although the well spouse can have \$89,280. And another big advantage over Medicaid: a veteran over the asset cap can become eligible for Aid & Attendance by transferring assets to other family members as little as one day before making an application. Medicaid, however, has a three to five-year "look back" period for most assets, meaning transfers must have occurred years before the application is made.

Here's how Aid & Attendance works.

The program is available to any veteran or surviving spouse who requires the "aid and attendance" (hence the name) of another person in order to "avoid the hazards of his or her daily life". A qualified veteran could receive a maximum of \$1,328 a month or \$1,575 a month if he or she has one dependent, payable directly to the veteran. A veteran's surviving spouse could receive up to \$853 a month, as long as he or she was married to the veteran at least one year prior to death.

To be eligible, veterans must have served 90 or more of active duty, with at least one day in wartime, during their lifetime and have been honorably discharged. Veterans must also be certified as permanently and totally disabled, although the

condition does not have to be service connected. Note: veterans who now qualify for VA pension simply because they have reached age 65 and are low-incomed would not qualify.

The VA will usually accept a letter from a personal doctor that states the person "has an incapacity which requires care or assistance on a regular basis" to protect them from "the hazards or dangers" of their daily environment. VA provides VA Form 21-2680 which can be used for this purpose.

Those already residing in assisted living facilities are presumed eligible only if they are eligible for VA pension at the housebound or aid & attendance rate.

On the income side, an Aid & Attendance applicant must have a monthly household income below \$1,533 - or, if single, an income below \$1,328 - to qualify. The Medicaid threshold is higher at \$1,635 for the applicant, although those with incomes greater may qualify by setting up a qualified income trust.

But unlike Medicaid, veterans can deduct non-reimbursed medical costs from their countable income in order to qualify. Among deductible expenses are payments to an assisted-living facility or a home health agency - meaning, the fact that the veteran needs more care may entitle that person to a benefit to help pay for it.

For example, Mr. Smith has \$45,000 in assets and draws \$1,200 a month in Social Security. So, unless he dips into savings, he can't possibly pay \$2,500 a month for the assisted-living facility his doctor says he should move to, now that he's widowed and too ill to care for himself.

But by moving into the facility, Mr. Smith can then deduct the \$2,500 payments from his income, leaving him with a deficit of \$1,300 - which would qualify him for the entire \$1,328 a month that he could use on top of his Social Security to pay for assisted living.

Approval can take from four to six months, but payments will be retroactive to the first day of the month that follows the month of the application. And veterans should remember that VA usually requires the veteran to have been paying these kinds of expenses for a year before granting this benefit. So, if turned down, veterans should reapply a year later and most likely will be paid retroactively back to the date they first applied. *****