



The Alabama Veteran

“Proudly Serving America’s Finest”

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IMPORTANT DATES

- June 14 - Flag Day/
Army’s Birthday
- June 15 - Father’s Day
- July 4 - Independence
Day
- July 11 - SBVA Meeting

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Alabama Department of Veterans Affairs Recognized for Leading Veterans Treatment Court Initiative



Former VA Secretary Eric Shinseki (right) presents the Abraham Lincoln Pillars of Excellence Award to Alabama Department of Veterans Affairs General Counsel, Sandy Speakman, and Alabama VA Commissioner W. Clyde Marsh.

The Alabama Department of Veterans Affairs has been honored nationally for its leadership and innovation in the state’s Veterans Treatment Court program for veterans involved in the justice system.

U.S. Department of Veterans Affairs Secretary Eric K. Shinseki presented the Abraham Lincoln Pillars of Excellence Award for Innovative State Programs to Alabama VA officials during a ceremony held at the White House in Washington, D.C. on February 11.

“Our department is honored to receive this prestigious award and recognized for its work in facilitating the development of a statewide Veterans Treatment Court program that will provide special services and assistance to veterans that may end up in the justice system,” said Sandy Speakman, general counsel for the Alabama Department of Veterans Affairs.

The Abraham Lincoln Pillars of Excellence Award is a new recognition program developed by the U.S. Department of Veterans Affairs’ Office of Intergovernmental Affairs together with the National Association of State Directors of Veterans Affairs. Inspired by the words of Abraham Lincoln’s second inaugural address, “*to care for him who shall have borne the battle, and for his widow and his orphan,*” the award is founded in the VA’s goals to create programs that effectively deliver seamless continuum of care and services for veterans at the state and federal level.

Formed in 2011, and led by the ADVA, the Alabama Veterans Treatment Court Task Force was created to advocate for the coordinated planning, growth and expansion of programs in municipal, district, and circuit court systems throughout the state.

See Veterans Treatment Courts page 3.



Commissioner's Corner - W. Clyde Marsh

My Fellow Veterans,

Following a very solemn but uplifting Memorial Day, it is an honor to share a few thoughts with you about the state of veterans' affairs.

Although Alabama comprises less than one percent of the nation's 22 million veterans, we are among the top veteran friendly states in the U.S. and continue to have one of the highest populations per capita to serve our country in uniform.

We have 8,570 dependents enrolled in the AL Dependent Scholarship Program and approximately 4,500 of those attending state institutions of higher learning. ADVA assisted in the submission of over 30,000 claims since October 2013. We have over 120,000 veterans enrolled in VA Health Care in our state. Although much like any other large organization, the VA is not perfect; however it is one of the best and in most cases the only organization that was formed primarily to help veterans and family members who need disability compensation and pension assistance, education assistance, and health care and long-term care services.

Our state veterans' homes are at 99 or 100 percent capacity providing long-term care for over 700 veteran residents. We are also in the process of upgrading the day rooms at the Bill Nichols Home. The State Cemetery is operating at designed efficiency with a burial service rate of just over 300 veterans and family members per year.

On December 10, 2013, Governor Robert Bentley signed an executive order creating the Alabama Veterans Executive Network Commission, or AlaVetNet, to address ways to better serve Alabama service members, veterans and their families.

The adjustment of returning service members into communities can have long-lasting and challenging implications for them and their families. Many veterans suffer from physical and psychological disabilities, including traumatic brain injuries, post-traumatic stress disorder and other debilitating health conditions. The services provided to veterans and their families are critical to help overcome some of the implications from deployment.

The AlaVetNet Commission is studying and evaluating all services in the state directed at improving the well-being of service members, veterans and their families in the key areas of education, employment, health, homelessness, family services and legal assistance. AlaVetNet will use existing resources available and explore opportunities to expand services. The Commission is developing a long-range plan for a unified, statewide system for the delivery of services aimed at helping those who served in the military.

On July 15, 2014, the ADVA will launch the Alabama Veterans Broadcasting Network. The service is based on new cellular technology to communicate information to Veterans no matter where they are since this service is nationwide. At anytime and anywhere, callers will be able to call a toll free number using his or her cellular phone and receive information about VA services, benefits, news, events and much more. The ADVA will publish the phone number for widest dissemination before the new cellular communication service is launched.

As many know, the U.S. Department of Veterans Affairs is currently in transition of leadership with Secretary Eric Shinseki's resignation on May 30. The VA Deputy Secretary Sloan Gibson has assumed the duties as Acting Secretary. Acting Secretary Gibson has a monumental task of getting the VA Health Care system on course and instilling confidence in the VA and its leadership. Our task in ADVA is to continue supporting our veterans with claims assistance, dependents' scholarship benefits, long-term care, memorial services, homeless support, and referrals for accessing VA Health Care.

The ADVA has some challenges to include funding shortfalls, but our employees are getting the job done and I appreciate his and her service and sacrifice on behalf of our state veterans.

Around the State

Veterans Treatment Courts continued from page 1

The courts seek to treat justice-involved veterans who are addicted to drugs or alcohol, and/or suffering from mental illness, while maintaining public safety.

Chaired by state VA Commissioner W. Clyde Marsh, the task force is comprised of judges, lawmakers, attorneys, and clinical and behavioral health treatment professionals.

Since its inception, the task force has been instrumental in the designation of 22 jurisdictions for veterans treatment courts in Alabama. Five veterans were the first in the state to complete the Shelby County Veterans Treatment Court program in November 2013.

Marsh said court systems in the state have made great strides in establishing programs for veterans, but expanding veterans treatment courts statewide will require more work.

“The Veterans Treatment Court Task Force will continue to work with communities across Alabama until every jurisdiction has a veterans treatment court, and every veteran has had the chance to access the services and assistance that he or she may need to improve their quality of life,” said Marsh.

ADVA Honors State Legislator for Service to Veterans



Rep. DuWayne Bridges (right) accepts the Legislator of the Year Award from Commissioner W. Clyde Marsh

The Alabama Department of Veterans Affairs named state Rep. DuWayne Bridges of Valley, Ala., the 2013 Legislator of the Year for his staunch support to veterans and their families. State VA Commissioner Clyde Marsh presented the award to Rep. Bridges during a ceremony held in Montgomery on Jan. 10.

Major Changes to Alabama G.I. Dependents' Scholarship Program

The Alabama G.I. Dependents' Scholarship is being revised with major changes that will affect eligibility and benefit coverage for eligible recipients.

This program is unique to Alabama Veterans and their dependents that qualify. The scholarship provides free tuition, textbooks and instructional fees at any state-supported institution of higher learning, college or university to qualified dependents of eligible disabled veterans.

On March 18, 2014, Governor Robert Bentley signed into law Act No. 2014-177 that amended critical portions of the scholarship program. It eliminates the requirement that a veteran must have served during a wartime period or under extra-hazardous conditions.

Beginning in the fall 2014 semester, dependents of eligible peace-time veterans may now qualify to participate in the program if all other qualifications are met. Dependents previously denied education benefits based solely on the veterans' peace-time service dates must reapply by Aug. 1, 2015, to receive the full benefit.

Also, beginning in the fall 2014 semester, the program will cover only undergraduate level courses at the in-state tuition rate. Students presently enrolled in the program will not have any change in their benefits.

Interested veterans, or their family members should visit their county veterans' service office for more information, call 334-242-5077, or visit www.va.alabama.gov.

Marsh recognized Bridges for his support of several veterans' bills that were passed during the 2012 Legislative Session.

“On behalf of Alabama's more than 420,000 veterans, I am pleased to present this award to Rep. Bridges for supporting important legislation that improves the lives of those who have served in the Armed Forces,” said Marsh.

The “Heroes for Hire Act,” was among the bills Bridges sponsored that provides for tax incentives to both employers and veterans.

The law gives employers a \$1,000 tax credit that hire recently deployed veterans, who are discharged from service and who are unemployed. It also provides a \$2,000 income tax credit to recently deployed and discharged veterans who start their own business.

The ADVA Legislator of the Year Award is presented annually to members of the State Legislature who support and advance legislation that benefits Alabama Veterans, their family members and survivors.

Around the State

State and Federal VA Partner for Supermarket of Veterans Benefits

Hundreds of veterans and their family members turned out for the Supermarket of Veterans Benefits held on March 12, 2014, at the Tuscaloosa VA Medical Center.

The event marked the first time that the Alabama Department of Veterans Affairs and the U.S. Department of Veterans Affairs have partnered in hosting a "Supermarket" that is a statewide outreach campaign to help veterans, family members and survivors receive valuable information about state, federal and non-governmental services and benefits that are designed specifically for them.

"The ADVA was proud to partner with the Tuscaloosa VA Medical Center for this important event," said state VA commissioner W. Clyde Marsh. "The Supermarket of Veterans Benefits provided a tremendous opportunity for our veterans to come to one central location to gain important information about their entitlements and receive services they have rightly earned."

In addition to state VA programs and benefits, the Tuscaloosa VA had representatives on hand from the VA Home Based Primary Care; VA Homeless Program, OEF/OIF Combat Veterans Services and Women Veterans Program. Other non-profit service providers also took part in the event.

Maria Andrews, director of the Tuscaloosa VA Medical Center, thanked all participating agencies for supporting the event as well as recognized the state VA for leading the outreach initiative.

The Supermarket of Veterans Benefits is held annually to provide services and assistance to the more than 420,000 Alabama Veterans.

State Veterans Home Receives High Ratings

By John Matson, Alabama Nursing Home Association

Alabama's largest long term care facility for veterans earned high marks during a recent inspection from the federal government. This accomplishment is even more significant considering that the facility opened just 18 months ago.

The Col. Robert L. Howard State Veterans Home, which opened in 2012, earned a deficiency free health survey from the U.S. Department of Veterans Affairs.

"This accomplishment shows that our employees are dedicated to caring for those who bravely served our country," Howard VA Home Administrator Derrick Williams said. "Opening just 14 months ago, this accomplishment exemplifies the efforts of everyone involved and shows our dedication to veterans."

Just like other nursing homes, state veterans homes are surveyed or inspected annually by the Alabama



ADVA District II Manager, Rogers Wilson, provides assistance during the Supermarket of Veterans Benefits.



Over 40 state, federal and non-profit organizations participated in the Supermarket of Veterans Benefits held at the Tuscaloosa VA Medical Center.

Department of Public Health (ADPH). However, state veterans homes have the additional oversight of the VA. The VA measures a veterans home on 158 standards that are either met or not met.

The VA inspection is always led by a team from a local VA hospital. For the Howard VA Home inspection, the team consisted of three people from the Birmingham Veterans Affairs Medical Center, and five people from Ascillon Corporation, a company which the VA

contracts with to survey VA homes. The team spent four days inspecting every facet of care at the Howard VA Home before determining the facility met all 158 VA standards.

"I appreciate all our staff has done to deliver high quality care and help us achieve this honor," Williams said. "Our veterans deserve the best care because they have done so much for our country."

Around the State

Painting Unveiled at Veterans Home

Twenty-four soldiers from the American Revolution throughout history to the present stand as an honor guard at the Col. Robert L. Howard State Veterans Home.

The painting by Dean Mosher, "A Grateful Nation Remembers," was unveiled April 10, where it will remain on permanent display.

"I want to thank all veterans for their service to our country," said Clyde Marsh, Commissioner for the Alabama Department of Veterans Affairs. "Our nation thanks you and owes you a debt of gratitude for your service."

Marsh said it was an honor for him to serve in uniform and in his current position.

"We got to build a \$50 million state-of-the-art facility, the Col. Robert L. Howard State Veterans Home," he said. "One of the most rewarding things I've done as commissioner was to dedicate this building. A runner-up to that experience is the unveiling today. The painting is a masterpiece."

Marsh said while in south Alabama, he spoke with an architect about the need for a work of art to pay tribute to those who gave service.

"I met with Dean Mosher about the tribute for our veterans," he said. "I wanted something unique that would represent all the wars, the diversity of military branches and both genders, and he nailed it. The painting captures the essence of our military history and those who made it possible."

Ken Rollins, Chairman of the Homes Committee for the Alabama State Board of Veterans Affairs, said every veteran wrote a blank check to the United States of America offering their lives for their country.

"We couldn't have put this in a better location than Pell City in St. Clair County," he said.



Artist Dean Mosher's painting, "A Grateful Nation Remembers," was unveiled on April 10 at the Col. Robert L. Howard State Veterans Home. The painting features 24 soldiers from the American Revolution throughout history to the present. (Photo by Bob Crisp/The Daily Home)

Mosher, who has historic paintings in museums and public buildings across the country, said he comes from a long line of veterans who served in the American Revolution and have fought in virtually every conflict since.

"Veterans mean a tremendous amount to me," he said. "This painting is not just for the veterans here, but also for those who never came back."

Mosher said the 8-foot-by-14.6-foot canvas took nearly a year to paint.

"It is an honor guard," he said. "The shadows go to either side of the painting, representing the glow as you pass on, the light to greet the veterans as they pass over."

Mosher said he used people, soldiers and sailors, rather than machines.

"That's what wins wars—spirit not technology," he said. "I am honored to be here with the veterans in one of the most, if not the best, veterans facilities in the nation."

The painting's unveiling was made possible by an endowment created by the Leadership St. Clair County.

Mosher's paintings are located in museums, National Park Service visitor centers, and public buildings around the country including the Smithsonian Aviation Museum in Washington, D.C., United States Naval Academy, United States Coast Guard Academy, and the NPS Carillon Historical Park (in the Kettering Family Education Center near the Wright Brothers Aviation Center) in Dayton, Ohio.

Elsie Hodnet with the Daily Home contributed to this story.

ADVA in Review



Governor Robert Bentley administers the Oath of Office to Commissioner W. Clyde Marsh for his third term as ADVA Commissioner.



Commissioner Marsh presents a Governor's Commendation to Terrell Hartley of Montgomery for his service during WWII. Mr. Hartley, a Navy Veteran, accepted the Commendation as family members and friends joined him for his 100th Birthday celebration held at the American Legion Department of Alabama Headquarters.



American Legion National Commander Daniel M. Dellinger (left) meets with a resident at the Colonel Robert L. Howard State Veterans Home in Pell City.



Lisa Parmer of the ADVA Claims Division hands a "Thank You" card to an employee of the VA Regional Office in Montgomery. The Claims Division recognized VARO Employees for their service during the week leading up to Veterans Day in November 2013.



Governor Bentley visits Bibb County Veteran Service Officer Roger Kinard

Around the State

Governor Bentley Creates Commission to Address Delivery of Services for Veterans



Governor Robert Bentley poses for a photo with appointed members of the Alabama Veterans Executive Network (AlaVetNet), a Commission that will address ways to better provide services for Alabama service members, veterans and their families.

Governor Robert Bentley on Dec. 10, 2013, signed an executive order creating the Alabama Executive Veterans Network (AlaVetNet) to address ways to better provide services for Alabama service members, veterans and their families.

“Alabama is a strong pro-military state, and it is important to help our military members whenever we can,” Governor Robert Bentley said. “Alabama ranks as the third highest state in the nation in the number of people deployed to support the Global War on Terrorism. These brave men and women will return home to their families, and we owe it to them to help ease their return into their communities. AlaVetNet will work to address ways to streamline the access of services for military members, veterans and their families in key areas. Because of the sacrifice of those who serve our country, we can continue to live in a free society.”

The adjustment of returning service members into communities can have long-lasting and challenging implications for them and their families. Many veterans suffer from physical and psychological disabilities, including traumatic brain injuries, post-traumatic stress disorder and other debilitating health conditions. The services provided to veterans and their families are critical to help overcome some of the implications from deployment.

Alabama Department of Mental Health Commissioner Jim Reddoch and Veterans Affairs Commissioner retired Rear Adm. Clyde Marsh will serve as co-chairs of the commission. Seventeen other members from state agencies and organizations have been appointed to serve on the commission.

“Our service members and veterans can experience many different mental health issues as they begin to adjust from deployment,” Alabama Department of Mental Health Commissioner Jim Reddoch said.

“AlaVetNet is a great initiative that will help bring together resources that may fall outside the scope of some state agencies and that generally fall through the cracks,” said Marsh. “With the expertise of the agencies that comprise this network, we can connect the dots and direct resources to meet the needs of our service members, veterans and their families.”

AlaVetNet will study and evaluate all services in the state directed at improving the well-being of service members, veterans and their families in the key areas of education, employment, health, homelessness, and legal assistance. The goal of AlaVetNet is to use existing resources available and explore opportunities to expand the services.

Around the State

Marshall County Korean War MIAs Not Forgotten

By Rhonda Tidmore, Marshall County Veterans Service Officer

On July 27, 2014, our country will commemorate the 61st Anniversary of the Korean Armistice Agreement that ended the Korean War. Many refer to the Korean War as *"the forgotten war"* but for four Marshall County families the cost of that war is far from forgotten. Four US Army soldiers from the county did not return from Korea and are presumed to have died while missing. Those soldiers are Corporal (CPL) John S. Higgins; Private First Class (PFC) Robert H. Prentice; CPL Waymon Slaten; and PFC Ernest J. Stiefel.

By the end of August 1950, the Korean War was barely two months old, and for the Republic of Korea (ROK) and the United States (US), things weren't going well. On June 25th 1950, the North Koreans surprised the US and ROK forces by invading South Korea. The North quickly overwhelmed the inexperienced South Korean and American combat units. The US was badly under-strength, and lacked the heavy artillery and anti-tank weapons necessary to counter the North's tanks.

They stubbornly fought the advancing North Korean units in an attempt to slow down their progress and hopefully buy time for the arrival of US troopships to pull into Pusan Harbor with better equipped American reinforcements from the states. Finally, on 31 July 1950 the much-needed reinforcements arrived and disembarked at Pusan Harbor. Among those that landed was CPL Waymon Slaten from Arab and his companions in "Baker" Company, 1st Battalion of the 9th Infantry Regiment (IR), 2nd Infantry Division. The 9th IR immediately went into a reserve position behind the front lines.

Into the final week of August of 1950, the US and ROK forces were much improved and with great determination were hanging on to the small area around Pusan Harbor. The allies established a defensive perimeter on the eastern shore of the Naktong River. The water level of the Naktong was shallow which allowed the allies to easily ford it but restricted the North's tanks to the roadways.

North Korea started to mass their forces for a major offensive in an attempt to drive the US and South Korean forces into the sea. After taking their time and being very cautious, the North finally launched attacks late on 31 August along a 15-mile front. "Fox" and "Baker" companies of the 9th IR were directly in front of the North's main thrust of attack. Even though American artillery support was called in, there was not enough to cover the entire 15-mile front. Commencing at 2100 hours (9:00 PM) the North Koreans pounded the Allies' positions with artillery and mortar barrages. Shortly thereafter the American and South Korean positions were overrun. At some point in the night of 31 August and early morning hours of 1 September, CPL Slaten was lost. As near as it can be determined CPL Slaten was never alive in enemy hands. The area and circumstances surrounding the loss of CPL Higgins, PFC Prentice and PFC Stiefel are currently unknown to me. However, the United States is still actively seeking

recovery and identification of remains for those missing from World War II up through the Gulf War including 7,500 from the Korean War.

The US Defense Prisoner of War/Missing Personnel Office (DPMO) provides oversight for the investigation and recovery related to missing Department of Defense (DoD) personnel. The investigation and recovery includes actions related to search, rescue, escape, and evasion. After cessation of hostilities, DPMO shifts emphasis to the accounting phase for missing DoD personnel or their remains. It conducts communications and outreach programs to share information on personnel accounting and recovery activities with Congress, families of missing persons, the military services, veterans' service organizations and the general public.

In 2013, I attended the Korean and Cold War Annual Government Briefings held in Washington, DC. In conjunction with the briefing I had a personal interview on the case of Marshall County Korean War MIA CPL Waymon Slaten. The interview was conducted by Lieutenant Colonel (LTCol) USAF James Jefferson, DPMO and Ms. Sherri Lawless, Army Casualty Officer, Ft. Knox, KY. Ms. Lawless stated that in CPL Slaten's case file was a letter from his mother. She pointed out that with advances in DNA identification letters are a good source to extract DNA to further assist with identification purposes. I pointed out to her the letter would not yield any useable DNA from its author since his biological mother died in the 1940s prior to his enlistment into the Army. The letter was probably from his step-mother, Minnie Slaten. They were not aware of this and would pass the information on to the appropriate office. In fact, family members of all four Marshall County Korean War MIAs have donated DNA samples for identification purposes.

For inclusion in his case file I provided Ms. Lawless additional information on his family history and a copy of an article dated 20 January 1954 from the Marshall County newspaper *The Advertiser-Glean*. The article refers to CPL Slaten finally being presumed by DoD to be dead-while-missing and provides his last words to his family while waiting to die. He was surrounded on either side by dead buddies. He explained that he knew he was probably going to die and bid them goodbye forever. It is my understanding the letter finally made its way to his family when a buddy grabbed the letter from Slaten's pocket as his unit was withdrawing. This meant that CPL Slaten was already dead or gravely wounded and dying. The letter was either mailed to his family by his buddy, or placed with his personal effects and later mailed by military authorities.

In the National Memorial Cemetery of the Pacific in Honolulu, HI, better known as "the Punch Bowl," of the over 400 bodies that remain interred in the mass grave of US Korean War dead, 60 -75 are from the Naktong River area and approximately 20 - 30 of those were found in the last possible known location of CPL Slaten.

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Around the State

Korean War MIAs continued from page 8

The Joint POW/MIA Accounting Command (JPAC) located in Honolulu, HI is charged with the task to search for, recover, and identify remains of our nation's missing. With major advances in DNA technology theoretically all the bodies could be exhumed from the Punchbowl and would eventually be identified. But that is not the case. When the bodies were initially interred in the Punchbowl they were heavily treated with formaldehyde which rendered DNA testing almost impossible. But JPAC hasn't given up.

A fear of Tuberculosis between 1948 – 1952 prompted military authorities to mandate chest X-rays for all inductees into the armed forces. These X-rays did not become part of the inductees' Service Treatment Records but were instead sent to the Bureau of Surgery in Washington, DC. The US Archives eventually took possession of these X-rays. JPAC now has possession of all those X-rays to use to hopefully identify MIA remains. One item of interest about the X-rays is the image of the clavicle, or collar bone.

The make-up of this non-weight bearing bone is as unique as a fingerprint to each person.

During the government briefing Mr. Daniel M. Baughman, Chief Northeast Asia Division, DPMO said another tool used to help identify MIA remains are interviews with Korean War veterans, especially those that were Prisoners of War (POW). Some of the POWs have been able to draw detailed maps indicating the location of possible grave sites for those that died in captivity.

Over 20 years ago in the early 1990s, when the US had better relations with North Korea, US authorities were given 208 sets of remains said to be the those of missing US servicemen. Once JPAC anthropologists started their analysis it was discovered that all the remains were "comingled" and were actually the mixed up remains of more than 400 individuals.

The North Koreans gave us no indication as to where these remains were found, so JPAC continues to analyze these remains and has sent DNA samples to the Armed Forces DNA Identification Laboratory (AFDIL) in Dover, DE. As of June 2013, 92 of the 400+ sets of remains have been identified.

The US has not been allowed in North Korea for remains recovery since 2005. In 2011 the US again entered into talks with North Korea for entry into their country solely to look for US service members' remains. In 2012 preparations were started: logistics worked out, food and fuel were sent to North Korea. Planning continued smoothly until North Korea refused to let us enter. They stated the reason for denying entry as the ongoing joint US and South Korea military exercises. North Korea said these exercises did not happen before in conjunction with recovery efforts.

Currently there are no new remains coming from Korea. According to Mr. Bruce Harder, Senior Policy Advisor for Northeast Asia (Korea), DPMO there is a backlog of remains of US Korean War casualties to be identified which luckily are all under US control.

Title 10, U.S.C., Section 1509 which concerns missing person cases [DoD civilian and military personnel] was amended five years ago by Congress as part of the National Defense Authorization Act for Fiscal year 2010. This amendment mandates DoD to put in place a comprehensive, coordinated, integrated, and fully resourced program to account for persons who are unaccounted for from WWII



Cpl. Waymon Slaten in 1950.

the Korean War, the Cold War, the Indochina War [Vietnam, Cambodia, and Laos], and the Persian Gulf War. Under this amendment DoD is required beginning with FY 2015 to account for at least 200 missing personnel annually. That task falls on the shoulders of DPMO and its' subordinate agencies.

As the State Veterans' Service Officer for Marshall County, I have an interest in the identification and return of the remains of all our Korean War MIAs including Higgins, Prentice, and Stiefel. My particular interest in the loss of CPL Waymon Slaten is that he was family; he was my cousin.



A map of South Korea showing the location where Cpl. Slaten was reported Missing in Action.

News to Use

VA Removes Annual Income Reporting Requirement

The Department of Veterans Affairs (VA) is eliminating the annual requirement for most Veterans enrolled in VA's health care system to report income information beginning in March 2014. Instead, VA will automatically match income information obtained from the Internal Revenue Service and Social Security Administration.

"Eliminating the requirement for annual income reporting makes our health care benefits easier for Veterans to obtain," said then Secretary of Veterans Affairs Eric K. Shinseki. "This change will reduce the burden on Veterans, improve customer service and make it much easier for Veterans to keep their health care eligibility up-to-date."

Some Veterans applying for enrollment for the first time are still required to submit income information. There is no change in VA's long-standing policy to provide no-cost care to indigent Veterans, Veterans with catastrophic medical conditions, Veterans with a disability rating of 50 percent or higher, or for conditions that are officially rated as "service-connected."

VA encourages Veterans to continue to use the health benefits renewal form to report changes in their personal information, such as address, phone numbers, dependents, next of kin, income and health insurance.

For more information, visit www.va.gov/healthbenefits/cost or call VA toll-free at 1-877-222-VETS (8387).

VA Initiative Shows Early Promise in Reducing Use of Opioids for Chronic Pain

The Department of Veterans Affairs (VA) has initiated a multi-faceted approach to reduce the use of opioids among America's Veterans using VA health care. The Opioid Safety Initiative (OSI) is a comprehensive effort to improve the quality of life for the hundreds of thousands of Veterans suffering from chronic pain.

Launched in October 2013 in Minneapolis, Minnesota, OSI is already demonstrating success in lowering dependency on this class of drugs. At eight sites of care in Minnesota, OSI practices have decreased high-dose opioid use by more than 50 percent. OSI incorporates the team approach with the goal of reducing opioid use by alleviating a Veterans' pain using non-prescription methods. There is an emphasis on patient education, close patient monitoring with frequent feedback and Complementary and Alternative Medicine practices like acupuncture.

"We have developed and implemented joint pain management guidelines which encourage the use of other medications and therapies in lieu of habit forming opiates," said then Secretary of Veterans Affairs Eric K. Shinseki. "Early results give us hope that we can reduce the use of opioids for Veterans suffering with chronic pain and share these best practices across our healthcare networks."

The Opioid Safety Initiative faces the challenge of opioid dependency with an innovative and comprehensive plan that closely monitors VA's dispensing practices system-wide and coordinates pain management to include patient and provider education, testing and tapering programs, and alternative therapies like acupuncture and behavior therapy.

See Opioids page 11

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Veterans enrolled in the VA health care system suffer from high rates of chronic pain. Each VA facility employs personnel including Interdisciplinary Pain Medicine Specialty Teams and Consult Services, Facility Pain Committees, Pharmacy staff and Primary Care/PACT, and other professionals to accomplish the goals and objectives of the OSI.

VA has developed patient management initiatives including Pain Coach, which is a pain management app available for download by patients receiving pain management treatments, a Veterans' Health Library, including a Patient/Family Management Toolkit, and resources for Pain Management on My HealtheVet. All of these applications allow Veterans to better manage their pain without the use of opioids. VA's measurement-based pain care includes the "Pain Scale," which reduces uncertainty and helps Veterans by discussing the potential benefits of a medication and possible side-effects.

The Opioid Safety Initiative is an example of VHA's personalized, proactive and patient-centered approach to health care. The VA is also using a full-range of support treatments for Veterans, including Complementary and Alternative Medicine. The VA is delivering health care with the patient's long-term personal health goals at the forefront.

For further information, veterans should contact their primary care health team. To learn more about VA health care, visit www.va.gov.

New ID Cards for
Vets Enrolled in
VA Health Care

VA is introducing a new, secure identification card called the Veteran Health Identification Card (VHIC). VHIC replaces the Veteran Identification Card (VIC), which was introduced in 2004.

VA is committed to providing the high quality, safe and effective health care Veterans have earned and deserve, and part of this effort includes ensuring the personal security of veterans.

As part of a phased rollout, on February 21, 2014, VA began issuing the newly designed, more secure VHIC to newly enrolled and other veterans who were not issued a VIC. Starting in April VA will begin a replacement effort to automatically mail the more secure VHIC to veterans who have the old VIC.

VA expects to complete mailings of the replacement VHICs by July. To ensure receipt of the new VHIC, enrolled veterans should make sure that VA has their correct mailing address.

The new VHIC is distinguished by additional security features and will have a different look and feel. The Social Security number and date of birth were removed from the barcode and magnetic strip. Similar to a typical health insurance card, the VHIC displays the Veteran's Member ID and branch of service emblem, a new unique identifier, as well as a Plan ID which reflects the Veteran's enrollment in VA health care.

The VHIC is for use in VA medical facilities and does not authorize or pay for care at non-VA medical facilities.

National VA Update

VA Disability Claims Backlog Reduced by 44 Percent

One year after the backlog of pending disability compensation claims peaked at over 611,000 in March 2013, the Department of Veterans Affairs (VA) has reduced that number by approximately 44 percent to 344,000 claims – a reduction of more than 267,000 – while at the same time improving the accuracy of the decisions being made on veterans' disability claims.

Additionally, on average, Veterans are waiting 119 days less for a decision than they were at this time last year.

No veteran should have to wait to receive earned benefits. Through a combination of transformation initiatives and the hard work, VA is making significant progress toward the goal of eliminating the claims backlog in 2015.

The current backlog, defined as claims pending more than 125 days, is at its lowest point since March 2011, when the backlog spiked in part because of the need to readjudicate 150,000 previously decided cases involving exposure to the Vietnam-era defoliant, Agent Orange.

The readjudication of these claims was mandated under the Nehmer court decision and followed the Secretary's decision to add ischemic heart disease, certain leukemias, and Parkinson's disease to the list of conditions presumed to be related to exposure to Agent Orange.

During this same time period, VA also received and processed over 100,000 new claims for these three conditions from Vietnam Veterans and survivors newly eligible for VA benefits as a result of this decision.

Since establishing the goal in 2010 of processing all disability claims within 125 days at a 98-percent accuracy level, VA developed and is implementing a plan that transforms the decades-old, manual paper claim approach into a state-of-the-art electronic process that leverages digital data transfer and automated calculators to reduce processing time and input errors.

VA has also increased the productivity of its claims processing workforce through enhanced training, streamlined business processes and other initiatives such as mandating overtime and prioritizing the oldest claims, allowing VA's 56 regional benefits offices to exceed monthly production records four times in fiscal year 2013.

At the same time, the accuracy of rating decisions continues to improve. VA's national "claim-level" accuracy rate, determined by dividing the total number of cases that are error-free by the total number of cases reviewed, is currently 91 percent – an eight-percentage-point improvement since 2011. When measuring the accuracy of rating individual medical conditions inside each claim, the three-month accuracy level is 96.5 percent. VA's accuracy measures are statistically valid and the process has been independently verified by the Institute for Defense Analyses.

VA claims processors continue to prioritize disability claims for homeless Veterans, those experiencing extreme financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims (FDC). Filing an electronic FDC is the quickest way for a Veteran to receive a decision on their compensation claim (<http://www.benefits.va.gov/fdc/>).

Regardless of the status of their compensation claims, Veterans who have served in combat since Nov. 11, 1998, are eligible for five years of free medical care from VA for any illness associated with their service.

Veterans can learn more about disability and other Veterans benefits on the joint Department of Defense/VA web portal eBenefits at www.ebenefits.va.gov, and by visiting the Alabama Department of Veterans Affairs Website at www.va.alabama.gov.

National VA Update

VA Makes Specially Adaptive Housing Grant Eligibility Automatic for Veterans and Servicemembers Living with ALS

Veterans and active-duty military personnel with service-connected amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's disease, are now presumed medically eligible for grants up to almost \$68,000 to adapt their homes, the Department of Veterans Affairs (VA) announced today.

VA is committed to eliminating barriers that keep Veterans and Servicemembers from the benefits they have earned. This change will make it easier for some of our most severely impaired veterans to receive speedy assistance adapting their homes to their unique needs.

The change affects recipients of VA's specially adapted housing grants, which helps pay for the costs for building, buying or adapting a home, up to a maximum of \$67,555. Under the change, veterans and Servicemembers with service-connected ALS will be determined medically eligible for the maximum grant.

The program provides grants to eligible service-connected disabled veterans and servicemembers to construct or modify a home to meet their unique housing needs. Grants are also available to help eligible individuals purchase adapted homes or pay down mortgages on homes that are already adapted. VA estimates this change will save approximately 12 months in the overall process of a Specially Adapted Housing (SAH) grant.

Care and Benefits for Veterans Strengthened by \$164 Billion VA Budget

Continuing the transformation of the Department of Veterans Affairs (VA) into a 21st century organization, the President has proposed a \$163.9 billion budget, a 6.5 percent increase over Fiscal Year 2014, that will support VA's goals to expand access to health care and other benefits, eliminate the disability claims backlog, and end homelessness among Veterans. The budget includes \$68.4 billion in discretionary spending, largely for healthcare, and \$95.6 billion for mandatory programs – mostly disability compensation and pensions for veterans.

The budget will allow the VA to continue the progress it has made in helping veterans secure their place in the middle class. It is a tangible demonstration of VA's commitment to ensuring veterans and their families have the care and benefits they've earned and deserve."

The \$68.4 billion total in discretionary spending includes approximately \$3.1 billion in medical care collections from health insurers and veteran copayments.

"This change automates and shortens our SAH grant delivery process for veterans and servicemembers living with ALS," said Under Secretary for Benefits Allison A. Hickey. "SAH is an important benefit giving beneficiaries the ability to adapt their homes and create a barrier-free living environment—expanding their independence in their own homes." In 2008, VA established a presumption of service connection for ALS for any Veteran who develops the disease at any time after separation from service, making them eligible for monthly VA disability compensation benefits. VA amended its disability rating scale in January 2012, to assign a 100-percent disability evaluation for any Veteran who has service-connected ALS.

ALS is a rapidly progressive, totally debilitating, and irreversible motor neuron disease that results in muscle weakness leading to a wide range of serious disabilities, including impaired mobility. VA adapted its rules so Veterans with service-connected ALS no longer have to file multiple claims with VA for increased benefits as their condition progresses. Prior to the new SAH regulatory change, many veterans and servicemembers who were rated by VA for service-connected ALS, but who did not yet have symptoms debilitating enough to affect their mobility to the degree required for SAH grant eligibility, were unable to begin the process of modifying their homes to accommodate their often rapidly progressing conditions.

VA's SAH program provides grants to eligible service-connected disabled veterans and servicemembers for the purpose of constructing or modifying a home to meet their unique housing needs. The ultimate goal of the program is to provide a barrier-free living environment that affords a level of independent living that the veteran or servicemember may not otherwise enjoy.

The VA remains committed to providing veterans the opportunity to pursue their education, find meaningful employment and access high-quality health care. From the men and women of 'the greatest generation' to the veterans who have returned from our most recent conflicts in Iraq and Afghanistan, no one deserves it more. VA operates one of the largest integrated health care systems in the country with nearly 9 million enrollees; the ninth largest life insurance program; monthly disability pay, pensions and survivors payments to more than 5.1 million beneficiaries of monthly pay, pensions and survivor benefits; education assistance or vocational rehabilitation benefits and services to 1.2 million students; mortgage guaranties to over 2 million homeowners; and the largest cemetery system in the nation.

National VA Update

Patient Aligned Care Teams Improve Access

The Department of Veterans Affairs' (VA) Patient Aligned Care Teams (PACTs), VA's model for more personalized and accessible primary care delivery, is improving access to health care and veteran satisfaction, according to data released by the Department of Veterans Affairs.

Since its inception in 2010, the PACT program has transformed the way veterans receive their care by offering a coordinated team approach squarely focused on veterans' wellness and disease prevention.

Every day, VA works to provide veterans access to the high-quality health care they have earned and deserve. PACTs provide the right combination of health care professionals to develop a personalized health plan for each veteran and deliver care conveniently at primary care clinics and through new eHealth options.

Through PACTs, VA is achieving more personalized, proactive and patient-driven care. As a result, Veterans are increasingly more satisfied with their care."

VA is the largest integrated health care system in the United States, caring for approximately 5.3 million Veterans in primary care settings. Over the past two years, VA has bolstered its support to all medical centers to expand established PACTs. Teams are comprised of a provider, a Registered Nurse care manager, a clinical associate, and an administrative associate. Clinical pharmacists, social workers, nutritionists, and behavioral health staff support PACTs.

Since implementing PACTs, the number of primary care patients has increased 12 percent, and the number of encounters with Veterans has increased 50 percent mostly due to telehealth, telephone and group encounters.

Communicating with health care professionals through secure electronic means has increased dramatically as well. Despite the increase of primary care patients, access to primary care has improved and continuity of care is better.

Additionally, approximately 65 percent of veterans requesting a same day primary care appointment with their personal provider are accommodated and



78 percent of veterans are able to see their own primary care provider for an appointment on the date they desire. Veteran access to primary care during extended hours (non-business hours) has increased 75 percent since January 2013.

Over 72 percent of all veterans discharged from VA are contacted within two days to ensure they are following discharge instructions and check in on their condition. These critical post-discharge follow-ups are important to reducing readmissions.

Mental Health Integration is also a critical component of PACTs and the program's goal to provide coordinated care. Veterans now see mental health providers in the primary care setting. In just one year (FY12 to FY13) using the PACTs model, mental health services offered in VA primary care clinics increased 18 percent.

Overall, PACTs program implementation has been associated with important utilization changes—fewer primary care patients are receiving care in urgent care settings (decreased 33 percent) and acute hospital admissions have decreased 12 percent due to improved care management and coordination from PACTs.

Equally important, both rural and urban veterans report a high level of satisfaction with VA services. Veterans also indicated they are more likely to recommend treatment at a VA facility than at non-VA facilities. This positive feedback is consistent with the 2013 American Customer Satisfaction Index, which reported that Veterans strongly endorse VA health care, with 91 percent offering positive assessments of inpatient care and 92 percent for outpatient care.

The PACT model has allowed VA to create COMPASS—a dashboard program which extracts and derives these types of metrics and information from multiple VA sources to track the status of the implementation.

More information is available at <http://www.va.gov/health/>.

Secretary Eric K. Shinseki Farewell Message to VA Employees

May 30, 2014

This morning, I resigned as Secretary of Veterans Affairs. My personal and professional commitment and my loyalty to Veterans, their families, and our survivors was the driving force behind that decision. That loyalty has never wavered, and it will never wane.

Over the course of the last five-and-a-half years, you have made significant and lasting progress in expanding access for Veterans, in significantly decreasing the backlog in Veterans' claims while building the system that will end the backlog in 2015, and in bringing an end to Veterans' homelessness. We have come a long way together in bringing this Department into the 21st Century in ways that will serve Veterans well into the future. Yet, there is more work to be done, and I have no doubt that you will achieve all that you set about doing in the interest of Veterans.

I have been privileged to have served as your Secretary and am deeply grateful to the employees and leaders who have placed the interests of Veterans above and beyond their own self-interests; who are serving with dignity, compassion, and dedication; and who live by VA's core values of Integrity, Commitment, Advocacy, Respect, and Excellence. I know that you will provide your support and loyalty to Acting Secretary Sloan Gibson, who is now your leader. In fact, I expect it.

Thank you. May God richly bless all of you, Veterans, and this great country of ours.

Eric K. Shinseki

Acting Secretary of Veterans Affairs Promises Accelerated Access to VA Health Care

“Not all Veterans are getting the timely access to the healthcare that they have earned. Systemic problems in scheduling processes have been exacerbated by leadership failures and ethical lapses. I will use all available authority to swiftly and decisively address issues of willful misconduct or mismanagement.

VA’s first priority is to get all Veterans off waiting lists and into clinics while we address the underlying issues that have been impeding Veterans’ access to healthcare. The President has made clear that this is his expectation.

Even as we implement these immediate actions, we will work with Veterans Service Organizations, members of Congress, academia, public and private organizations, and with all other agencies and institutions that can help us move forward.

We will also continue to depend on the faithful service of VA employees and leaders who place the interests of Veterans above their own, those who serve Veterans with dignity, compassion, and dedication, and who live by VA’s core values: Integrity, Commitment, Advocacy, Respect, and Excellence.

Finally, as we accelerate our access to care, we will not lose sight of the fact that the quality of VA healthcare remains strong. Ten years of external validations have consistently shown that, on average, Veterans who use VA healthcare rate our hospitals and clinics as high or higher in customer satisfaction than patients give most of the Nation’s private sector hospitals.

On behalf of all Veterans, I express my appreciation to Secretary Shinseki for his leadership of VA. For decades to come, Veterans will benefit from the transformation begun in the past five years.

Thank you for your support and dedication to Veterans and our mission to serve them.”

Sloan D. Gibson
Acting Secretary