

# NEWSLETTER

January – February 2008

Disabled American Veterans

Blind Veterans National Chapter

40 Seward Avenue, Toms River NJ 08753-6626

732 244 7057

[Jim2447057@comcast.net](mailto:Jim2447057@comcast.net)

[www.davbvnc.com](http://www.davbvnc.com)

## TAPS

**William J Nojunas of Pennsylvania**

**Paul D Jazwiecki of New York**

May they Rest in Peace

## CHAPLAIN SECTION

Please let the Blind Chapter Chaplain know if you are sick, hospitalized or you know of one of our members who is.

Contact Reverend Anthony Martino

25016 87th Street, Unit 2

Salem Wisconsin 53168.

847 736 2111

[Deaconmart@wi.rr.com](mailto:Deaconmart@wi.rr.com) .

## VA COLA 2008

Millions of veterans and eligible family members will see their disability compensation, pension, and survivors' benefits increased as the Department of Veterans Affairs (VA) provides an annual cost-of-living increase for key benefits. A recent law signed by President Bush provides a 2.3% increase in disability compensation and survivors' benefits.

Eligible veterans and family members will see this increase starting in their January 2008 checks. Under the veterans' disability compensation program, tax-free payments will

generally range from \$117 to \$2,527 per month depending on the degree of disability. Special payments up to \$7,232 per month apply to the most severely injured veterans. Pension disability benefits will also be increased by the same percentage and effective on the same date. The maximum annual rate for permanently and totally disabled veterans or veterans over age 65 can range from \$11,181 to \$18,654, based on household income and whether veterans are in need of help with activities for daily living. This increase also applies to survivors of veterans who died in service or from a service-connected disability.

Dependency and indemnity compensation (DIC) survivors' benefit payments can range from \$1,091 to \$2,499 per month. Survivors of wartime veterans receiving death pension are also entitled to an increase.

The maximum annual payment rate for a surviving spouse can range from \$7,498 to \$11,985. Benefits under this program are intended to bring an eligible spouse's income to a level established by law. Under each benefit program, additional allowances may be payable for helpless, minor or school age children.

For more information about VA benefits and services, refer to VA's website at [www.va.gov](http://www.va.gov) or call 1-800-827-1000. [Source: VA News Release 31 Dec 07 ]

.....

### **QVMB PROGRAM**

The U.S. Senate unanimously passed legislation (S.2277) on 19 DEC to increase opportunities for veterans to purchase homes through the Qualified Veterans Mortgage Bond (QVMB) program.

U.S. Sen. John Cornyn (R-TX), a member of the Armed Services Committee, pushed to secure provisions in the Defenders of Freedom Tax Relief Act that will open an existing low-interest housing loan program to all veterans, including those who served after 1977.

The overall legislative package now moves to the U.S. House. Under current law, the Qualified Veterans Mortgage Bond (QVMB) program is only open to veterans who served on active duty prior to 1977. S.2277 would greatly expand the QVMB eligibility criteria for veterans who served in more recent conflicts by eliminating the pre-1977 requirement.

QVMB is a program to purchase certain mortgage loans to qualified veterans from lending institutions. The funds to be used for these purchases may be the proceeds of tax-exempt state-guaranteed, Qualified Veterans Mortgage Bonds. The program will thereby provide low interest single-family mortgage loans for permanent financing of owner-occupied homes including new and existing single-family

residences and existing duplexes, triplexes and fourplexes. Eligible duplexes, triplexes and fourplexes must have been occupied as a multi-family dwelling for at least the preceding five years. These loans will reflect a low interest rate because they are subsidized by State appropriation and may be funded through the proceeds of tax exempt bonds. States presently eligible to participate in this program are Alaska, Oregon, California, Texas, and Wisconsin. Program requirements are:

- You must be a "qualified veteran" as that term is used in the Internal Revenue Code. A qualified veteran for purposes of this program includes specified veterans of the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, NOAA, the Coast and Geodetic Survey, and you must demonstrate that you are a qualified veteran by obtaining a certificate from the Veteran's Administration.
- Although there are no limits on the acquisition cost of your residence, you must be able to demonstrate that your residence will become your principal residence within a reasonable time after the financing is provided.
- Residences which are likely to be used in a trade or business or as an investment property or recreational home do not qualify, and you will need to certify that your residence is not of these types.
- You will need to certify that personal property which is not a fixture is not being financed.
- Land underlying the residence may be financed only if it reasonably maintains the basic livability of the residence and does not provide other

than incidentally a source of income to you.

- The proceeds of the loan may not be used to acquire or replace an existing mortgage.
- If you do qualify for and receive a low interest loan under this program, the loan will have to be paid in full at the time you sell or in any other way transfer your ownership interest in your house other than by loan assumption. This provision will be a condition of your Deed of Trust. This does not mean that you will not be able to sell your home, just that the new purchaser will have to obtain other financing or qualify to assume the loan.

[Source: Senator Cornyn Press Release 20 DEC 07 ++]

.....

### **AID & ATTENDANCE UPDATE**

This Special Pension (part of the VA Improved Pension program) allows for Veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing, undressing or taking care of the needs of nature to receive additional monetary benefits. It also includes individuals who are blind or a patient in a nursing home because of mental or physical incapacity. Assisted care in an assisted living facility also qualifies. This most important benefit is overlooked by many families with Veterans or surviving spouses who need additional monies to help care for ailing parents or loved ones. This is a "pension benefit" and is not dependent upon service-related injuries for compensation. Most Veterans who are in need of assistance qualify for this pension. Aid and Attendance can help

pay for care in the home, nursing home or assisted living facility. A Veteran is eligible for up to \$1,519 per month, while a surviving spouse is eligible for up to \$976 per month. A couple is eligible for up to \$1,801 per month. To be eligible the veteran must have served during one of the following periods:

- World War 2: December 7, 1941 through December 31, 1946
- Korean War: June 27, 1950 through January 31, 1955
- Vietnam War: August 5, 1964 (February 28, 1961, for veterans who served "in country" before August 5, 1964), through May 7, 1975
- Gulf War: August 2, 1990, through a date to be set by law of Presidential Proclamation

The VA must determine that your net worth is such that it will probably not support you through the remainder of your life. The VA does not include primary residence or vehicles when determining net worth. To qualify you must have a "countable income" of less than the pension amount to be eligible for all or a portion of the pension. Countable Income is the amount of income a veteran or surviving spouse receives each year, AFTER deducting all unreimbursed, recurring health care expenses. This includes assisted living costs, home health care, insurance & Medicare premiums, on-going pharmacy costs and more. If you have dependents, their health care costs can also be used to reduce your countable income. However, their income must also be added into the equation. There are three levels to the Improved Pension program: Basic Pension, Housebound, or Aid & Attendance.

Each tier has its own level of benefits and qualifications. If you or your loved one does not qualify for Aid and Attendance, you may want to check to see if you qualify for another level of the Pension. For example the following would apply for eligibility to receive the Basic Pension:

- A veteran earns \$14,000 per year from Social Security. His wife earns \$9,000 per year. The veteran also earns \$5,000 per year from a small company pension giving the couple a total annual income of \$28,000.
- The couple has \$38,000 in net worth in CDs and savings and they still live in the home they bought in 1954. This is not enough to support them for the rest of their lives...
- The veteran pays \$1,800 per month for his wife's home health care, they each pay a monthly Medicare premium of \$93.50 (x 2 = \$187/mo), and he also pays \$149 per month for supplemental insurance. Thus, their total medical monthly expenses are \$25,632 per annum.
- When you subtract the medical expenses from their total income, you get a "countable income" of only \$2,368. The maximum benefit amount of \$14,313 minus the countable income amount of \$2,368 equals \$11,945 which would be paid by the VA if the veteran applies for it...

[Source: [www.veteranaid.org/](http://www.veteranaid.org/) Dec 07++]

---

## **FLAG LEGISLATION UPDATE 02**

U.S. Rep. Paul Broun has introduced a resolution to allow families to ask honor guards to give the traditional "13 Fold"

flag recitation at burial ceremonies in national cemeteries. Earlier this year, the U.S. Department of Veterans Affairs, in response to a single complaint, temporarily banned the 13 Fold recitations. The complaint objected to the phrases "God of Abraham, the God of Isaac, and the God of Jacob" and "God the Father, God the Son and God the Holy Ghost" in the recitation.

Veterans Affairs later allowed the recitation, but only if a grieving family specifically requested it, said Broun, R-Athens. The legislation, H.R. 4781, would ban honor guards from participating in the funeral of any veteran interred in a national cemetery unless the veteran's family is told about the option of having the honor guard perform the traditional recitation. These meanings, not part of the U.S. Flag Code, have been ascribed to the 13 folds of American flags at veteran's burial services:

1. Symbol of life.
2. Symbol of our belief in the eternal life.
3. In honor and remembrance of the veteran departing our ranks who gave a portion of life for the defense of our country to attain a peace throughout the world.
4. Represents our weaker nature, for as American citizens trusting in God, it is to Him we turn in times of peace as well as in times of war for His divine guidance.

5. A tribute to our country, for in the words of Stephen Decatur, "Our country, in dealing with other countries, may she always be right; but it is still our country, right or wrong."

6. Represents where our hearts lie. It is with our heart that we pledge allegiance to the flag of the United States of America, and to the republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

7. A tribute to our armed forces.

8. A tribute to the one who entered in to the valley of the shadow of death, that we might see the light of day, and to honor mother, for whom it flies on Mother's Day.

9. A tribute to womanhood.

10. A tribute to father.

11. In the eyes of a Hebrew citizen, represents the lower portion of the seal of King David and King Solomon, and glorifies, in their eyes, the God of Abraham, Isaac, and Jacob.

12. In the eyes of a Christian citizen, represents an emblem of eternity and glorifies, in their eyes, God the Father, the Son, and Holy Ghost.

13. When the flag is completely folded, the stars are uppermost, reminding us of our national motto, "In God We Trust."

[Source: Athens Banner-Herald article 21 Dec 07 ++]

.....

## **HOSPICE CARE UPDATE**

Hospice care helps terminally ill patients prepare for death, treating their symptoms and pain and preparing them -- and their families -- for the end. The patients maintain their dignity and some semblance of control over their life.

Their families receive counseling to help them come to terms with their impending loss. It's humane. It's caring. It's thoughtful. Why, then, do so few Americans chose to receive hospice care, even though Medicare covers the expense? A study published in July in the New England Journal of Medicine found that only one-third of Americans die under the care of hospice, despite hospice being essentially free of charge.

And those who avail themselves of hospice care often aren't getting the full benefit of it, said Dr. Donald Schumacher, president and CEO of the National Hospice and Palliative Care Organization, the world's oldest and largest nonprofit membership organization devoted exclusively to promoting access to hospices. "They hold off the ultimate decision until they finally have to face it," Schumacher said. "And when we speak to families, the question we hear over and over again, is, 'Why didn't we come into hospice sooner?' "

There currently are more than 3,500 hospices in the United States, and more are being built every year, Schumacher said. "Approximately 500 new hospice licenses were issued over the past two years," he said. Hospice care is end-of-life care provided by health professionals and volunteers. The hospice plan provides medical, psychological and spiritual support, the goal of which is to help people who are

dying experience peace, comfort and dignity. Caregivers control pain and other symptoms as much as possible, so a person can remain as alert and comfortable as possible. But hospice also focuses on the family members as well, helping them deal with the reality of death, said Carol Spence, director of research for the National Hospice and Palliative Care Organization. "We outright make the patient's family our unit of care, so there's a lot of attention given to the family caregivers, including bereavement care following the death of the patient," she said. Usually, patients are given hospice care when they are expected to live six months or less. Hospice care can take place at their home or in a hospice center. Seeing the value of the care, hospitals and nursing facilities also are opening hospice units to help the dying.

Part of the difficulty in choosing to use a hospice can be how hard it is to really know how much time a person has left, Spence said. "It's difficult in general to come up with an accurate picture of disease projections," Spence said. "People are living with chronic illnesses that will have an inevitable downward course, but knowing precisely when death will approach is not an easy thing." Bringing hospice in doesn't mean they're going to die tomorrow. It means a better quality of life for whatever amount of time you have left, whether it's a week or a month or six months. Another possible reason for people failing to use hospice can be found in American attitudes toward dying -- going to hospice can seem the equivalent of failing forgiving up. Our American culture is death-averse. The medical

community and the general population, the attitude is shown in the metaphors used, whatever the disease you have -- 'I'm going to fight it; I'm going to beat it.' "

There's also some misunderstanding over who can utilize hospice care, with many people believing it's mainly for those dying of cancer. In fact, about 40% of U.S. hospice admissions are for patients suffering from some other life-ending disease, such as end-stage heart disease, dementia, lung disease or stroke, according to the National Hospice and Palliative Care Organization. The misunderstandings also involve the cost of care. Many people believe hospice is too expensive or out of their price range, even though Medicare or private insurance covers the full cost of hospice care. Despite all this, the number of hospices and the number of people turning to them are expected to grow as baby boomers enter retirement age and begin facing their own mortality, said Schumacher, a member of that generation himself. To learn more, refer to the NHPKO website <http://www.nhpc.org/templates/1/homepage.cfm>. [Source: HealthDay News Dennis Thompson article 16 Dec 07 ++]

.....

### **Vets Urged to Get Flu Shots**

To safeguard the health of America's veterans, the Department of Veterans Affairs is urging all veterans, especially those enrolled in VA's health care system, to receive flu vaccinations this season.

Walk-in clinics, even drive-in clinics for the vaccinations — which are free for veterans enrolled in VA's health care

system are being offered at many of VA's 153 hospitals and more than 900 outpatient clinics.

Veterans should check with their nearest VA health care facility to learn about local vaccination programs. Veterans should discuss flu vaccinations with their primary health care provider. Physicians recommend flu vaccinations for pregnant women, people with chronic medical conditions, those at least 50 years of age, patients in long-term care facilities, and people who live with those at high risk for complications from flu.

**Many Veterans Lack Health Insurance**  
The growing number of veterans who lack health insurance points to a need for increased funding for the VA health care system, according to a recently published study.

About one of every eight veterans younger than 65 is uninsured, a finding that contradicts the assumption of many Americans that all veterans qualify for free health care through the Department of Veterans Affairs, says the study. Researchers at Harvard Medical School projected that 1.8 million veterans overall lack health coverage, an increase of 290,000 since 2000. The researchers said most uninsured veterans are ineligible for VA care because of their incomes. Others cannot afford their co-payments or lack VA facilities in their community.

.....

### **VA CLAIM TIPS**

Three things that will help a veteran with a claim are to know the process; to

know how to find info about your illness or injury; and to determine how the VA has handled cases like yours in the past.

1.) A web site where you can see the C&P Exam the VA uses, and print it out, and can show it to your private doctor - <http://www.vba.va.gov/bln/21/Benefits/exams/index.htm>. These 57 Disability Examination Worksheets are in use both by the doctors of VHA (Veterans Health Administration) who do the disability examinations and by the rating specialists, hearing officers, and Decision Review Officers of VBA (Veterans Benefits Administration) who do the disability evaluations.

2.) A web site you can search, review and print out various pages of regulations, etc. about the VA system and claims - <http://www.warms.vba.va.gov/TOCindex.htm>. This includes:  
= Compensation and Pension - 21  
= 38 Code of Federal Regulations - REGS  
= Book A - General  
= Book B - Adjudication  
= Book C - Schedule for Rating Disabilities

3.) A web site where you can search Veteran Board of Appeals to see how the VA has handled your illness or injury, what they were looking for, and what paragraphs in VA regulations apply - <http://www.index.va.gov/search/va/bva.html>. Decisions are current through 31 August 07. [Source: Col. Dan, Dec 07]

**Welcome in 2008**