



VETERANS SERVING VETERANS

GREENE COUNTY VETERAN SERVICE OFFICE

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<http://www.co.greene.oh.us/Veterans>



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The Greene County Veteran Service Commission and Veteran Service Office want to take this opportunity to express our deepest gratitude for all those who served our Great Nation.

We hope you will find the contents of this newsletter very helpful and informative. This newsletter will be published and mailed to all Veterans' Organizations within Greene County on a quarterly basis or as new and updated information is made available.

<http://www.co.greene.oh.us/Veterans/> is the website for the Greene County Veterans' Services. This website consists of a wide array of information ranging from the services that our office provides such as assistance with filing for entitled VA benefits, financial assistance, and transportation to VA medical facilities. This website also provides a list of very helpful website links.

The Veterans' Services Transportation Van has a new look:



More pictures can be found on the website.

This newsletter contains the following articles:

1. VA Lawsuit (Lack of Care) Update 09
2. SBP Lawsuit Update 02
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VA LAWSUIT (LACK OF CARE) UPDATE 09: A judge determined 25 JUN that he does not have the jurisdiction to change the way the Veterans Affairs Department cares for returning service members in a lawsuit Veterans for Common Sense filed against VA Secretary James Peake. “The grievances are misdirected,” Judge Samuel Conti wrote in his decision for the U.S. District Court, Northern District of California. “The remedies to the problems, deficiencies, delays and inadequacies complained of are not within the jurisdiction of this court.” But though he found for the defendants, the judge laid out in an 82-page decision many problems he identified within VA from three weeks of testimony. Veterans for Common Sense complained that VA needs better oversight to ensure programs are in place and well-run, and that delays and gaps in mental-health care have led to problems for Iraq and Afghanistan veterans, including lost jobs, ruined relationships, homelessness, accidental overdoses in VA facilities and suicide while under VA care.

Conti said the plaintiffs “have demonstrated that their members have suffered injuries in fact”. He wrote, “Given the dire consequences many of these veterans face without timely receipt of benefits or prompt treatment for medical conditions, especially depression and [post-traumatic stress disorder], these injuries are anything but conjectural or hypothetical. As VA concedes, delays in health care, especially for mental health issues, and delays in receipt of disability benefits, which are often the primary or sole source of income for a veteran, can lead to exactly the type of injuries complained of” by Veterans for Common Sense.” In fact, he said, the actions sought by Veterans for Common Sense, including a time limit on how long an appeal can take, would likely improve the situation. “This issue ... is whether this and other relief sought by [Veterans for Common Sense] are within the power of the court to grant,” Conti wrote. “The Court finds that [Veterans for Common Sense’s] individual members would have standing to sue.”

The trial brought to light an e-mail showing 1,000 veterans a month attempt suicide while under VA care — written by VA’s top mental health doctor with the subject line, “Shh!” It caused a VA employee to forward an e-mail sent to mental health staff at a Temple, Texas, VA facility requesting that mental health workers diagnose adjustment disorder before PTSD because they didn’t have the resources to deal with PTSD. And it showed that delays in medical appointments, which VA claimed were 30 days, were actually much longer. But Veterans for Common Sense had to prove the problems were systemic — that they affected every veteran. Instead, they showed that many of the problems affected a lot of veterans, but not all of them. Though Veterans for Common Sense intends to appeal the decision, Paul Sullivan, executive director of the organization, said they “stand willing to work with Congress and VA to resolve the many serious problems the court confirmed.”

SBP LAWSUIT UPDATE 02: When Congress changed the law several years ago to restore VA Dependency and Indemnity Compensation (DIC) payments to previously eligible widows who remarried after age 57, several of them who also were eligible for Survivor Benefit Plan (SBP) annuities sued to claim that the law required continuation of their SBP in addition to the DIC, without the normal dollar-for-dollar offset. The judge in the case seemed sympathetic and ordered the Defense Department to show why he shouldn't rule in their favor. But the Pentagon lawyers didn't reply. On 12 JUN, the judge made a summary judgment directing DoD to restore the widows' SBP annuities. But DoD isn't done, and is expected to appeal the decision, hoping for a more sympathetic appeals court judge. DoD won't have to restore the SBP annuities until the appeal is heard by a higher court first.

GI BILL UPDATE 24: A sweeping new veterans' education package has been approved as part of the 2008 war budget. The package is designed to fully cover the cost of completing four years of college — including tuition and fees, books and living expenses — and to let career troops share those benefits with dependents. The new “GI Bill for the 21st Century” will offer a benefit worth an average of \$80,000, double the GI Bill's current value. The new benefit would pay up to the in-state rate for tuition and fees for the most expensive four-year public college or university in the state where a veteran attends school. The package also includes a monthly living stipend, a \$1000 annual book allowance, and money for tutorial assistance, along with many other features. The House of Representatives passed the war funding bill 19 JUN and the Senate passed it 26 JUN. Benefits increases take effect as soon as the war funding bill is signed into law by President Bush who has already said he will sign it the next few weeks. But veterans now in school will not get the higher amounts right away because lawmakers are giving the Veterans Affairs Department until 1 AUG 09, to calculate and pay amounts that will vary by state and by school. Retroactive payments will have to be made. Also, anyone who had not previously enrolled in the GI Bill will have to wait until 1 AUG 09, to collect any payments. Under the package's new family transfer option will give active-duty, National Guard and reserve members the right to transfer benefits to spouses or children after meeting certain time-in-service milestones. No transfer rights would be available until regulations are issued by the Pentagon.

VETERANS' BENEFIT EXPIRATIONS UPDATE 01: Many of your benefits have an expiration date. Below are a few important federal ones to remember so you don't lose out. Most veterans are not aware, that their benefits can expire:

For more detailed information of these programs go to www.va.gov or

<http://www.military.com/benefits/veteran-benefits/veterans-benefit-expiration-dates>

Education, Training, and Employment Programs: 10 years from date of last discharge or release from active duty. Veterans Education Assistance Program (VEAP): 10 years from last discharge or release from active duty. Montgomery GI Bill for Selected Reserve (MGIB-SR): 14 years from the date of eligibility for the program, or until released from the Selected Reserve or National Guard. (Some extensions available if activated.)

Reserve Educational Assistance Program (REAP): No time limit, while remaining in the same level of the Ready Reserve. Vocational Rehabilitation and Employment (VocRehab): Generally, 12 years of separation from service or within 12 years of being awarded service-connected VA disability compensation.

VA Life Insurance Programs:

- Servicemembers' Group Life Insurance (SGLI): Coverage ends 120 days after separation or Can be extended up to 1 year for totally disabled veterans.
- Family Group Life Insurance (FGLI): Coverage ends 120 days after separation or Can be extended up to 1 year for totally disabled veterans after separation.
- Veterans Group Life Insurance (VGLI): Within 120 days of separation.
- Service Disabled Veterans Insurance (SDVI): Within 2 years from the date of being notified of service-connected status.

- Veterans Mortgage Life Insurance (VMLI): Must apply before age 70

Veterans Health Care Administration (VHA) PROGRAMS:

- Veterans Health care: No Time Limit
- Combat Veterans Health Care: 5 years from release from active duty.
- Dental Treatment: Within 90 days of separation.

VA Pension And Compensation Programs:

- Disability Compensation: No Time Limit.
- Disability Pension: No Time Limit.
- VA Home Loan Guaranty Program: No Time Limit.

SALUTING THE FLAG UPDATE 02: President Bush signed on 28 JAN 08 a law amending federal code to allow a veteran to salute the U.S. flag while not in uniform in certain, but not all, situations. The amended federal code addresses actions for a viewer of the U.S. flag during its hoisting, lowering or passing. In these instances, the law allows a veteran in civilian attire to salute the flag. All other persons present should face the flag, or if applicable, remove their headdress with their right hand and hold it at the left shoulder, the hand being over the heart. Citizens of other countries present should stand at attention. All such conduct toward the flag in a moving column should be rendered at the moment the flag passes. However, another section of federal code that specifically relates to actions of those reciting the Pledge of Allegiance was not amended. In this case, a veteran in civilian attire is not specifically authorized to render a hand salute during the Pledge. In any case, a veteran in civilian clothes is authorized to place their right hand over their heart as has been tradition.

VA MILEAGE REIMBURSEMENT UPDATE 04: Rep. Mark Souder (R-IN-03) working with Rep. Brad Ellsworth (D-IN-08) intend to sponsor the Veterans Travel Equity Act, which will increase the reimbursement rate for veterans traveling to Veterans Affairs medical facilities and make the benefit available to more veterans. The congressman spoke about the bill 16 JUN in Fort Wayne IN. Secretary of Veterans Affairs James Peake increased the mileage reimbursement for veterans in February from 11 cents a mile to 28.5 cents a mile. Veterans traveling 54 miles or more for medical care receive that benefit to compensate for fuel costs and vehicle wear. This bill would increase the rate to 50.5 cents a mile – the same rate federal employees receive for driving their personal vehicles for work. It would also reduce the minimum round trip distance to 30 miles. He said the change is necessary because some veterans are skipping appointments to keep from having to pay for the trip. “I believe especially with gas prices where they are, never should their mileage be an impediment to getting health care,” he said. Souder said his bill would also eliminate disability requirements to receive the benefit, as veterans currently must have service-connected disabilities at 30% or higher for mileage reimbursement. The bill would likely bring significant costs, but Souder said he didn’t have any estimates. He said there were several similar proposals being floated, so he was confident something would get done to help veterans this year. He expected any plan to get enough votes to override a presidential veto and said the overwhelming support could force the administration to change it without legislation.

DOD DISABILITY SEVERANCE LAW: At the end of a boisterous House Veterans Affairs Committee hearing in which lawmakers lambasted Veterans Affairs Department and Pentagon officials for not meeting various deadlines for improving care for wounded combat troops, Disabled American Veterans (DAV) dropped a quiet bombshell. The Pentagon “knowingly violated the law and ignored the intent of Congress” in implementing a provision of the 2008 Defense Authorization Act that lawmakers designed to enhance disability severance pay for wounded and injured service members, wrote Kerry Baker, associate national legislative director for DAV. Baker argued that Congress created Section 1646 of the 2008 Defense Authorization Act with the intent that service members injured in combat, in a combat zone, or performing tasks related to combat — such as training — would not have to pay back any disability retirement severance pay they receive from the Defense Department before becoming eligible for VA disability compensation, as has been the case under long-standing policy. But Baker said David S.C. Chu, undersecretary of defense for personnel and readiness, sent out a “directive-type memorandum” March 13 instructing that only those injured in a combat zone in the line of duty or as a direct result of armed conflict do not have to pay back their severance money.

Baker said he believes Chu’s decision was purely monetary. “This action has intentionally read ‘hazardous service,’ ‘conditions simulating war,’ and ‘instrumentality of war’ completely out of the law... forces one to question his true resolve to care for those he sends into battle, or orders to train for battle. We can think of no other conceivable reason ... to circumvent the law as he has done here. To answer the question of ‘why,’ Congress need only determine in whose budget the disability compensation is deposited once offset by VA. We believe the answer to that question is the [Defense Department] budget.” Baker wrote. Defense Department spokeswoman Eileen Lainez said that was not Chu’s intent. “Rest assured that saving money was not the driver in the implementation,” she said in an e-mail. “The statutory intent of [the law] clearly and appropriately focuses the ‘enhanced disability severance’ to those service members where the unfitting condition is a result of direct participation and performance of duty in the war effort.” But Baker said the memo intentionally leaves out people clearly included in both the law’s definition of “combat-related disability” and the Defense Department’s own definition of “combat-related,” and that Congress had made clear its intent that anyone with a combat-related disability should be included.

The memo is important because a service member who breaks his back in a helicopter accident at Fort Bragg, N.C., while training to deploy to Iraq still must pay back his severance before qualifying for VA disability compensation. “It can take 20 years” to pay back the severance, Baker said. “We do not view this as an oversight. We view this as an intentional effort to conserve monetary resources at the expense of disabled veterans.” The 2008 Defense Authorization Act states: “No deduction may be made under paragraph (1) in the case of disability severance pay received by a member for a disability incurred in line of duty in a combat zone or incurred during performance of duty in combat-related operations as designated by the secretary of defense.” Baker said it is the second part of that sentence — “incurred during performance of duty in combat-related operations” — that has been misconstrued. According to the 2008 Defense Authorization Act, a “combat-related disability” occurs “as a direct result of armed conflict, while engaged in hazardous service, in the performance of duty under conditions simulating war, or through an instrumentality of war.”

The Defense Department has defined “combat-related” as being “attributable to the special dangers associated with armed conflict or the preparation or training for armed conflict.” That includes hazardous service, such as flight duty, parachute duty, demolition duty, experimental stress duty and diving duty. An instrumentality of war is a weapon, a combat vehicle, or a sickness caused by fumes, gases or explosion of military ordnance. But Chu’s memo states that “incurred during performance of duty in combat-related operations” will be defined by paragraph E3.P5.1.2 of Defense Department Instruction 1332.28 — “armed conflict.” Chu’s narrower definition includes injuries “as a direct result of armed conflict,” Baker wrote, or “in the line of duty in a combat zone,” leading to questions of whether someone playing basketball in the Green Zone would qualify. The Defense Department had not answered that question.

Baker, who submitted written testimony but did not appear before the committee for questioning, said the memo has not affected many veterans yet, but it has the potential to affect “tens of thousands.” It applies only to service members medically retired after 28 JAB 08, with disability ratings of less than 30% from the Defense Department. Baker said the net result is that troops injured during training for combat — situations that Congress meant to cover with the recent change in law — will not be covered, and troops injured in those situations will still have to repay their severance money before they can get VA disability payments. Lainez said Congress left it up to Pentagon officials to decide the definition of “combat-related operations. “Clearly the statutory intent is to provide wounded warriors enhanced disability compensation,” she wrote. “Saving money was not a policy development factor ... rather, [it was] ensuring proper compensation for those service members who are wounded, ill or injured as a result of armed conflict in the combat zone.” Baker disagreed, urging Congress to revisit the issue to prevent defense officials “from continuing such blatant disregard for the law and for the livelihood and welfare of those who stand up to defend the country.

VA GULF WAR ADVISORY COMMITTEE UPDATE 01: Veterans of the 1990-91 Gulf War will gain additional access to the leadership of the Department of Veterans Affairs (VA) when the department's Advisory Committee on Gulf War Veterans held its first meeting 17-19 JUN. The 14-member, independent panel was formed to advise the Secretary and the department on the full range of health care and benefits needs of those who served in the conflict. Serving on the committee are Gulf War and other veterans, veterans service organizations' representatives, medical experts, and the surviving spouse of a Gulf War veteran. Members were selected to provide a variety of perspectives, experiences, and expertise. Open to the public the first meeting was designed to give committee members an overview of VA as well as the benefits and services provided to Gulf War veterans. Members received briefings on education, home loan guaranty, disability compensation and other benefits. Additional briefings planned include health care and veterans' legal and appeal rights. Public comments were heard on the afternoons of 18-19 JUN. Secretary of Veteran Affairs Dr. James B. Peake welcomed the members and thanked them for their service both on the committee and in their lives as citizens, veterans or veteran advocates. He also discussed the importance the VA places on the unique issues and challenges faced by Gulf War veterans.

PTSD UPDATE 22: Fort Carson CO and Fort Leonard Wood MO would become test beds for predeployment counseling programs aimed at reducing the risk of combat stress under legislation sponsored by two Colorado lawmakers. Reps. Mark Udall (D-CO) and John Salazar (D-CO) are urging the creation of pilot programs at the two Army bases to try to prevent post-traumatic stress disorder in combat troops, and to provide early detection and treatment for PTSD when it happens. The bill H.R.6268 they introduced 12 JUN also gives active-duty service members access to readjustment and mental health counseling from veterans centers, provide grants for nonprofit groups who provide counseling services for the survivors of service members or veterans, extends military survivor benefits to families of service members who commit suicide after a history of combat-related health problems, and creates a new scholarship program to train behavioral health specialists about mental health treatment for service members and veterans.

The wide swath of initiatives complicates passage. The bill was referred to the House Veterans' Affairs Committee, but its provisions fall under the jurisdiction of two other panels — the Armed Services Committee that is responsible for military benefits, and the Ways and Means Committee that oversees grants for nonprofit groups. The bill is similar to S 3008, a measure introduced 12 MAY by Sens. Barbara Boxer (D-CA) and Christopher Bond (R-MO). Boxer and Bond might offer their package as an amendment to the 2008 defense authorization bill when the Senate takes up that measure in JUL. Senate passage of the legislation would provide a legislative shortcut that would avoid giving three House panels the chance to consider — and possibly

change — the bill. Udall said Congress needs to do more. About 40,000 Iraq and Afghanistan veterans have been diagnosed with PTSD, with more than 600,000 reporting symptoms of PTSD or severe depression. Udall, who serves on the House Armed Services Committee, said the Defense Department and Veterans Affairs Department are not doing enough.

GULF WAR VET FATIGUE STUDY: Principal Investigator Beatrice A. Golomb, MD,Ph.D is seeking veterans who served in the Persian Gulf Theater of Operations during Operation Desert Shield/Desert Storm between AUG 90 and JUL 91 with Gulf War Illness to participate in a 12-month research study. Gulf War Illness includes symptoms that started during or after Gulf War participation and are present for at least six months. Symptoms may include fatigue, muscle or joint pain, sleep problems, memory problems and/or others. The research is to see if CoEnzyme Q10 can improve symptoms and benefits quality of life for affected veterans. Participants will receive CoEnzyme Q10, a nutritional supplement, and a placebo, an inactive pill, during alternate periods of their participation in the study. Monetary compensation, lab work, diet profiles, and study drugs, will be provided. Those desiring to participate should contact Study Coordinator Janis Ritchie, University of California, San Diego, 9500 Gilman Drive, La Jolla, CA 92093-0995 Tel: (858) 558-4950 ext 203 or email jbritchie@ucsd.edu.

VA DRUG TESTING ON VETS: A Washington Times/ABC News investigation has revealed the government is testing drugs with severe side effects like psychosis and suicidal behavior on hundreds of military veterans, using small cash payments to attract patients into medical experiments that often target distressed soldiers returning from Iraq and Afghanistan. In one such experiment involving the controversial anti-smoking drug Chantix [Varenicline], the VA took three months after they learned from the FDA that the drug was linked to a large number of hallucinations, suicide attempts and psychotic behavior to alert its patients about severe mental side effects. The VA's warning did not arrive until after one of the veterans taking the drug had suffered a psychotic episode that ended in a near lethal confrontation with police. One of the nation's premier medical ethicists said the VA's behavior in the anti-smoking study violated basic protections for humans in medical experiments. In all, nearly 1,000 veterans with PTSD were enrolled in the study to test different methods of ending smoking, with 143 using Chantix. VA initially acknowledged there were 21 serious adverse events (SAE) from the drug, including one in which a vet suffered suicidal thoughts but subsequently raised their figures to 26 with 10 of them being of a psychiatric nature and two cases of suicidal thoughts.

According to the FDA, nearly 40 suicides and more than 400 incidents of suicidal behavior have been linked to Chantix. The drug testing began in JAN 07, and the FDA issued its first alert about dangerous side effects to Chantix in November. House Veterans Affairs Committee Chairman Bob Filner, along with committee members Rep. Ed Markey (D-MA), and Rep. Paul Hodes (D-NH), sent a letter 18 JUN to VA Secretary James B. Peake requesting immediate response to dozens of questions about his agency's treatment of service members in its medical studies." Earlier that day, Filner "demanded that the VA immediately terminate experiments in which" Chantix "is being administered to soldiers suffering from PTSD." Veterans groups are also expressing their anger over the study and are also calling for the studies to be ceased and for an investigation. Filner announced that he will hold hearings in early July to figure out why it took so long to notify patients of the side effects of the drug that was used in this study. The White House on Tuesday said that the VA is doing everything it can to be mindful of the safety of these veterans in all its programs and try to help them.

In a VA news release on their Smoking Cessation Program they said the reports are inaccurate and misleading. More than six million prescriptions were written for Varenicline in the United States in 2007; it is an FDA-approved, widely used medication for smoking cessation. In NOV 07, FDA issued an "early communication" to health care providers indicating concerns had arisen about the medication having a possible

side effect involving mental health; VA immediately passed along that concern to practitioners at all of their medical centers. On 1 FEB, FDA issued a "Public Health Advisory" to providers, providing more information on potential side effects of which clinicians and patients should be aware. VA distributed this alert to pharmacists in its system on that same day, and to researchers on 5 FEB. Throughout, VA's use of Varenicline has been consistent with guidelines on smoking cessation the U.S. Surgeon General's office has established. They note that FDA has never asked that Varenicline be removed from the market, and it continues to be FDA approved as a safe and efficacious medication. Also, neither FDA nor the manufacturer has ever recalled Varenicline, and VA has never been asked to do so.

VA DRUG TESTING ON VETS UPDATE 01: At the request of The Times and ABC News, the director of the Center for Bioethics at the University of Pennsylvania Arthur Caplan reviewed the consent and notification forms used in VA's controversial anti-smoking drug Chantix study. He concluded the VA deserved an "F" and that it has an obligation to end the study, given the vulnerability of veterans with PTSD and the known side effects of Chantix. The VA continues to test Chantix on veterans, even as reported problems with the drug increase and have prompted at least one other federal agency to take action. On 21 MAY the Federal Aviation Administration banned airline pilots and air traffic control personnel from taking Chantix, citing the adverse side effects. VA officials defend their use of veterans in medical studies, saying that helping PTSD sufferers to stop smoking would prolong their lives. As for the three-month delay in notifying its patients about the Chantix problems, the VA said bureaucracy slowed down their warning because the alert letters had to be issued through an Institutional Review Board (IRB) that oversees the experiment at each VA location. Miles McFall, director of the VA's programs for PTSD sufferers commented he believed the VA response was incredibly quick response for a governmental institution. Asked about adverse reactions now linked to the drug, Mr. McFall said: "We are certainly aware of FDA warnings and we took all precautions ... so it can be used safely. All drugs have side effects or potential side effects."

The government has a controversial history of using military personnel as human research subjects. Mustard gas was tested on the military during World War II, radiation during the early Cold War period, LSD in the 1960s, herbicide in Vietnam and Panama, and chemical and biological warfare drugs during the Gulf War, according to Senate testimony given by the Vietnam Veterans of America (VVA) on 10 JUL 02. In most of those cases, few if any military test subjects were informed of the potential health consequences of the exposure. "We have a phrase to describe this phenomenon - the disposable soldier syndrome," said Richard Weidman, former VVA director of government relations. The most infamous government experiment is the Tuskegee Syphilis Study conducted by the U.S. Public Health Service from 1932 through 1972, which used 400 poor and uneducated black male sharecroppers who carried the sexually transmitted disease. The men were purposely undiagnosed and untreated for a disease that already had progressed to late stages, and were studied through autopsy.

The VA has extensive screening of veterans who enroll in medical experiments and requires detailed consent forms to ensure patients know about the potential complications and benefits. Currently, the VA and other federal agencies are conducting nearly 300 clinical studies involving veterans with PTSD. Most studies are behavioral, including one that tests the effects of yoga on PTSD sufferers. Twenty-five, however, are testing drugs on 4,796 veterans, more than half (2,488) of whom are just returning from the wars in Iraq and Afghanistan, according to clinical trials filed with the National Institutes of Health (NIH) and reviewed by The Times. Mr. Caplan, the bioethicist, said that using veterans with PTSD in clinical trials carries a "high risk" that must be addressed by the VA. He recommended several steps the government should adopt before allowing future testing on vulnerable veterans, including more participation by families and veterans on committees that review and approve research proposals. Future studies that involve veterans with PTSD also should receive special approval from the VA secretary. And a clear policy should be established that prohibits drugs reported

to have serious side effects be tested on populations at risk of those side effects, including veterans with PTSD, he said.

Veterans Affairs Secretary James B. Peake on 19JUN sought to quell a growing controversy over his agency's failure to quickly notify veterans about psychotic and suicidal side effects from the anti-smoking drug Chantix, vowing that his department will improve its communication process to ensure patients are alerted more quickly when dangerous side effects emerge. Mr. Peake also said the letter the Department of Veteran Affairs (VA) sent to veterans in February - three months after learning about new complications from Chantix - should have identified suicidal behavior as one of the risks. To make the point, the former Army surgeon turned VA chief said he was personally sending a letter to more than 32,000 veterans taking Chantix to ensure they understand all of the issues, including the risks of suicidal behavior as a side effect.

VETERAN LEGISLATION STATUS 29 JUN 08: Congress is on vacation and is not expected back in Washington until 7 JUL. Refer to the Bulletin's House & Senate attachments for or a listing of Congressional bills of interest to the veteran community that have been introduced in the 110th Congress. Support of these bills through cosponsorship by other legislators is critical if they are ever going to move through the legislative process for a floor vote to become law. A good indication on that likelihood is the number of cosponsors who have signed onto the bill. A cosponsor is a member of Congress who has joined one or more other members in his/her chamber (i.e. House or Senate) to sponsor a bill or amendment. The member who introduces the bill is considered the sponsor. Members subsequently signing on are called cosponsors. Any number of members may cosponsor a bill in the House or Senate. At <http://thomas.loc.gov> you can also review a copy of each bill's content, determine its current status, the committee it has been assigned to, and if your legislator is a sponsor or cosponsor of it. To determine what bills, amendments your representative has sponsored, cosponsored, or dropped sponsorship on refer to <http://thomas.loc.gov/bss/d110/sponlst.html>. The key to increasing cosponsorship on veteran related bills and subsequent passage into law is letting our representatives know of veteran's feelings on issues. At the end of some listed bills is a web link that can be used to do that. You can also reach his/her Washington via the Capital Operator direct at (866) 272-6622, (800) 828-0498, or (866) 340-9281 to express your views. Otherwise, you can locate on <http://thomas.loc.gov> who your representative is and his/her phone number, mailing address, or email/website to communicate with a message or letter of your own making. Refer to http://www.thecapitol.net/FAQ/cong_schedule.html for future times that you can access your representatives on their home turf.

UPCOMING EVENTS IN GREENE COUNTY:

- Greene County Fair, County Fair Grounds, Xenia (July 27th – August 2nd)
- The Dayton 100-100 Lap Late Model Race, Kil-Kare Speedway, Xenia (August 1st)
- Yellow Springs Book Fair, Mills Lawn Elementary School (August 2nd)
- Annual Sweet Corn Festival, Community Park, Fairborn (August 16th & 17th)
- Cedarfest, call 937-766-5851 for times, Cedarville (August 30th - September 1st)
- Popcorn Festival, Dayton-Xenia Rd, Beavercreek (September 6th & 7th)
- 9/11 Memorial Ceremony, Downtown Fairborn (September 11th)
- Old Fashioned Days Festival, Shawnee Park, Xenia (September 12th – 14th)
- U.S. Air Force Band of Flight Concert, USAF Museum (September 13th)
- Beavercreek Heritage & Herb Days, Wartinger Park, Beavercreek (September 13th & 14th)
- Bean Festival, Downtown Jamestown (September 19th & 20th)
- Potato Festival, Main Street, Spring Valley (October 4th & 5th)
- Street Fair, Yellow Springs (October 11th)

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