



# NEWSLETTER

A PUBLICATION FOR MEMBERS  
OF THE DISABLED AMERICAN VETERANS  
DEPARTMENT OF NEW YORK

Volume 18 Number 7

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## HALF TIME

*Leo Ortiz, Department Commander*

Can you believe my term is half over? How time flies! The Department recently dedicated our beautiful new Headquarters building. It was a cold, blustery day. All the dignitaries came out to congratulate the DAV and wish us well. There were many members who also came to see for themselves what a wonderful job Prosper has done in getting the building ready. You must take some time out to tour the building for yourself. Great things have already started to happen. Our hard working NSO's and DSO's were able to service 223 veterans with their claims this past month.

DAVA State Commander Marie Sternecker and I have been busy touring the Brooklyn, St. Albans and New York Harbor VAMC's this past month. They each have something special to boast about. The Brooklyn VAMC has the most updated Radiology Department that I have seen. St Alban's of course, has a wonderful nursing facility. I was able to see action in motion. I joined the residents for some bingo and handed out hats and pens as prizes. New York Harbor has a second to none Prosthetic Department.

The 2010 National Mid Winter Conference will be held February 28, 2010 through March 3, 2010 in Washington, D.C. Come out and support our causes with your representatives. New York will again be hosting the Northeastern Congressional Breakfast for our local representatives.

Our State Executive Committee Meeting is coming up March 12, 2010 through March 14, 2010 at the Hudson Valley Resort. Please let Headquarters know if you plan to attend. Mail your reservation forms to Headquarters - remember the address is now 162 Atlantic Avenue, Lynbrook.

Wishing everyone a Healthy, Happy New Year!

## SOCIAL PHOBIA

*Sidney Siller, Sr., PDC; Department Adjutant*

It has been suggested over and over again that there are about three million disabled veterans in this country. DAVNY estimates that we have about 150,000 eligible to join our organization, with about 60,000 of this group who are actually members. The eternal question is why haven't this large group joined, when their self-interests of benefits and health are directly related to our DAV mission.

There are multiple reasons that the non-joiners do not enlist with us and join with tens of thousands of us who are dedicated to helping each other as well as dedicating ourselves to helping those who indirectly evade our organization.

There may well be a reasonable "raison d'etre" for this large mass of disabled veterans and for their aversion to join with us in our quest to fulfill our mission. I believe, that among other things, these men and women possibly suffer from a socially transmitted disease, which I have designated as "Social Phobia."

I know some of you think I mean a sexually transmitted disease; and boy, are you wrong. I refer to those folks who are unable for many reasons, either physical, mental or both, who suffer from the inability to join with others in groups.

Ask yourself whether or not you have ever had a neighbor who either refuses to say hello, or grunts reluctantly as he or she passes. Add to this the complicating factor of a service connected disability; and the fact that the personality of the veterans involved might be anal; and living under the burden of a society that is now bound hand and foot in their homes with the television and internet.

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The following questions arise. How do we reach this large group of potential members? How do we pierce the veil of “Social Phobia” and get these important veterans to help us – help all of us?

We have to maintain the unrelenting and success of our service programs. We have to be friendly at our Chapter meetings to newcomers. We have to maintain superiority in setting the bar high in the selection of our State and National leaders. Each year we should add a new face to our great service programs.

To diminish the phase of “Social Phobia” we will open the ranks to a potentially larger membership.

Successful Chapters and Departments are people friendly. Large populated areas do not necessarily enjoy the camaraderie and friendship that can cure “Social Phobia.” Strong and friendly leadership on the Chapter and Department level supports a strong National Department.

In the coming year, let’s be a more thoughtful and aware organization. Dedicating ourselves anew, to continue helping those who truly need us.

## **CAYUGA COUNTY VETERAN DISCOUNTS**

*NYS Division of Veterans Affairs Website*

Cayuga County veterans can now get discounts on goods and services at some area businesses. Return the Favor, a countywide thank-you program for returning, active and retired veterans, was announced Friday, December 18, 2009 by the Cayuga County Clerk’s Office, Cayuga County Chamber of Commerce, the Downtown Auburn Business Improvement District and the County Veterans Service Agency. Not only does it say thank you our veterans, it shows support for military service.

The program offers local veterans discounts at businesses displaying “Return the Favor” stickers to those showing their veteran ID or military ID. Discharged veterans have to file military discharge papers with the county clerk’s office to get an ID card.

Cayuga County will be the third county in New York State to offer this type of program. Rockland County and Onondaga County also have similar programs.

## **TBI BRIEFING**

*Source: NAUS Weekly Update 18 Dec 09*

On December 16th, a briefing was held by former Secretary of the Army Martin Hoffman regarding Hyperbaric Oxygen Therapy in the treatment of brain injuries. During the presentation, Sec. Hoffman highlighted the need for additional funding and research into the treatment of the numerous traumatic brain injuries (TBI) from Iraq and Afghanistan by Hyperbaric Oxygen Therapy (HBOT 1.5). The 1.5 in the acronym represents the treatment atmospheric pressure of 1.5 atmospheres. Hyperbaric Oxygen Therapy is a well-tested option in treating at least 13 other medical conditions.

A very small sample of around 30 Iraq/Afghanistan casualties have been very successfully treated using this method. Additionally there are other civilian studies that support this treatment method.

On July 12th, the House of Representatives unanimously passed legislation authored by Congressman Pete Sessions (TX-32) to recognize and report the results and planned expansion of Hyperbaric Oxygen Therapy in Veterans Affairs medical facilities. As an amendment to the Fiscal Year 2010 Military Construction and Veterans Affairs Appropriations Act (H.R.3082), Sessions' legislation requires the VA to submit a report to Congress detailing the current and planned use of the Hyperbaric Oxygen Therapy in VA medical facilities, including the number of veterans and types of conditions being treated with HBOT, their respective success rates, and the current inventory of hyperbaric chambers.

Over a year ago DoD announced a clinical trial for HBOT 1.5, but no progress has been made due to lack of resources to design the test and begin testing patients. If the preliminary results of a very tiny test can be duplicated for the larger number of wounded warriors who have been diagnosed with TBI, this needs to be proven as soon as possible in order that our troops can be given the very best treatment.

## **AID AND ATTENDANCE**

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. For 2009, a single veteran is eligible for up to maximum benefit of \$1,645 per month (\$19,736 annually), while a surviving spouse is eligible for up to \$1,057 per month (\$12,681 annually). A couple is eligible for up to \$1,950 per month (\$23,396 annually). To be eligible the veteran must have served during one of the following periods:

*World War II:* 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 including rollover interest, AFTER deducting all unreimbursed, and 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.

Refer to [www.vba.va.gov/bln/21/pension/vet-pen.htm#3](http://www.vba.va.gov/bln/21/pension/vet-pen.htm#3) for additional details on the Aid &

Attendance pension. Application to the VA for this benefit can be made by any of the following methods: On line at <http://vabenefits.vba.va.gov/vonapp/main.asp>; or at <http://www4.va.gov/vaforms> download and fill out VA Form 21-526, Veteran's Application for Compensation and/or Pension. Send the completed application and any copies of other documents to the VA regional office that serves your area of residence. Make sure you download all parts of the application as well as the instructions for filling out the forms. If available, attach copies of dependency records (marriage & children's birth certificates).

## SMART PHONE GRAVESITE LOCATOR

The VA recently launched a new nationwide Gravesite Locator, which makes the gravesites of more than 6.7 million veterans easier to locate using cell phones with Internet capability. The new gravesite locator is enhanced for viewing and browsing on "smart phones." Users enter a name to search and find a burial site. The website will provide the name of the cemetery and a grave location, offer a link to a Google map, driving directions to the cemetery, and if the deceased is buried in a national cemetery or State veterans cemetery, provide a link to a cemetery map to help find the section where the grave is located.

For veterans and eligible family members buried in national cemeteries, or whose graves are marked with a government headstone, the location of the graves can be found on your personal computer at [http://gravelocator.cem.va.gov/j2ee/servlet/NGL\\_v1](http://gravelocator.cem.va.gov/j2ee/servlet/NGL_v1). The VA adds about 1,000 new records to the database each day.

### Membership Status as of 1/8/10

Trial Members: 2,326

Part Life Members: 2,249

Full Life Members: 46,654

Total Members: 51,229

Goal for Full Life Members: (99.44%)

## DEPARTMENT SERVICE OFFICERS

Under the leadership of Bob Dolan, our Department Service Officers are up and running in the following locations:

### **Frank Kiss**

Disabled American Veterans  
New York Department Headquarters  
162 Atlantic Avenue  
Lynbrook, New York  
Wednesdays 10AM  
516-887-7100

### **Sam Mantilla**

New York Harbor Health Care System  
Brooklyn Campus  
800 Poly Place, RM 5-221E  
Brooklyn, New York  
Tues/Thurs/Fridays 9AM – 2PM  
718-836-6600 ext 1596

### **Richard Castellano**

Bronx VAMC  
130 W. Kingsbridge Road  
Room 3E77  
Bronx, New York  
Monday & Thursday 10:30AM – 4PM  
718-584-9000 ext 3653

### **Robert Saunderson**

#### **David Oswald**

Buffalo VAMC  
3495 Bailey Ave, RM 103-1C  
Buffalo, New York  
Tuesday 8:30AM – 2:30PM  
716-862-8743

### **Dick Wannemacher, PDC**

VARO Buffalo  
130 S. Elmwood Ave, Ste 620  
Buffalo, New York  
Monday – Friday 7:30AM – 4PM  
716-857-3360

### **Anthony Ricciardi, PDC**

Hudson Valley Health Care System  
Castle Point Campus  
Route 9D – Room E101  
Castle Point, New York  
Mon/Wed/Fridays 9AM – 3PM  
845-831-2000 ext 5097

### **Jason Sharpe**

DAV – Chapter 118  
71-32 Cooper Avenue  
Glendale, New York  
By Appointment  
917-749-7412

### **Frank R. Kiss**

#### **Barry J. Slonim**

Northport VAMC  
79 Middleville Road  
Bldg 9, 1st Fl, Rm 147  
Northport, New York  
Tues/Wed/Thurs 7:30AM – 12:30PM  
631-261-4400 ext 7191

### **Richard Robinson**

Ron Tears, PDC  
Gordon Williams  
Rochester OPC  
465 Westfall Road  
Rochester, New York  
Monday & Friday 9AM – 2PM  
585-463-2741

## TINNITUS STUDY

*Source: University of Alabama  
Press Release 16 Dec 09*

A University of Alabama researcher is embarking on a \$5.6 million phase-three, randomized, controlled clinical trial to evaluate the effectiveness of an innovative treatment that uses a noise-generating device, along with counseling, to alleviate the debilitating effects of tinnitus - that ringing in the ears that drives some people to distraction. The non-medical habituation-based treatment being studied is known as Tinnitus Retraining

Therapy or TRT. The investigational study of TRT will involve tinnitus sufferers drawn from the U.S. Navy, Marines and Air Force, and will be conducted in Navy and Air Force flagship hospitals in California, Texas, Maryland and Virginia. Researchers expect to recruit 228 participants for the study. Dr. Craig Formby, UA distinguished graduate research professor in the department of communicative disorders, leads the NIH-sponsored study. Formby's team at UA leads the clinical part of the study, which is funded by a \$3.2 million award from the National Institute of Deafness and Other Communication Disorders. Researchers at Johns Hopkins University have received a \$2.4 million award to manage and analyze the study data. The project will be spread over five years, including four years for recruiting study participants and conducting the treatment and follow-up measurements.

Tinnitus is the No. 1 service-connected disability among veterans returning from the Middle East conflicts. In 2008, compensation for tinnitus disability in the VA medical system alone exceeded \$500 million and is projected to exceed \$1.1 billion and affect more than 800,000 veterans by 2011. "Tinnitus is a noise inside the ear or head in the absence of any sound that could account for it," Formby says. "We don't know what happens. In some cases, it's related to an acoustic insult or gunfire. However, there may be no obvious cause for the tinnitus for many sufferers. It's some sort of over-stimulation of the auditory system that produces hyperactivity either at a peripheral or central level." Most people who have tinnitus ignore it, Formby says, but for some it's torture. As many as 50 million Americans experience tinnitus. Estimates are that for about 2 to 5 million people, the problem is incapacitating. "We know of reports of sufferers who have chronic debilitating tinnitus that is so troublesome that they would elect to cut the auditory nerve to get rid of the persistent ringing," Formby says. The current standard of care involves counseling people with debilitating tinnitus. The counselors typically try to help the tinnitus sufferer to manage the problem by suggesting coping strategies and by providing information about tinnitus. "The standard of care historically has included reassurance that the patient's condition is not life threatening nor an indicator of imminent hearing loss," he says.

Formby will compare the current standard of care for management of tinnitus in the military

with TRT and with a placebo condition that will control for the treatment effects of the noise-generator component of the TRT treatment. After specialized TRT counseling to start the habituation process, each of the affected military personnel will use a pair of ear-worn noise-generator devices produced by General Hearing Instruments that produce a "soft seashell-like noise," which blends with the tinnitus. "In TRT theory, the soft noise throughout the day from the noise generators helps to facilitate the habituation process, which is initiated by the counseling," Formby says. "Patients are encouraged to use their devices from the time they start their day until the end of the day or at least for eight hours a day. The patients are told to forget the devices are on. Don't worry about the tinnitus, don't keep a log, and don't worry about how bad their tinnitus is from hour to hour or day to day; just go on with their lives." They are also taught about their auditory system and how it is believed to work together with parts of the brain and central nervous system to give rise to their debilitating tinnitus conditions."

In the clinical trial, Formby and his co-researchers will measure treatment-related changes in the impact of the tinnitus on each participant's daily activities. They also will track measures of perception, awareness, and annoyance of the tinnitus for each participant in the study. The questionnaire responses for participants who are assigned to the TRT treatment group will be compared with the responses of tinnitus patients given the current standard-of-care treatment for tinnitus in the military and with a third treatment group who are assigned to the placebo noise-generator control. "If successful, then most patients receiving the full TRT treatment will likely report the tinnitus is no longer troublesome for them at the conclusion of the study," Formby says. "If you make a measurement of the tinnitus in terms of its pitch and loudness characteristics at the start of the study and at the end of the study, then the perceived tinnitus properties will likely be similar. But the patient's perception of the annoyance and awareness of the tinnitus will be reduced, and the tinnitus will not be bothersome to them in the way it was at the start of the study. The other treatment groups are not expected to benefit appreciably from their interventions."

Formby has been working with the U.S. military since 1999, to develop the study protocol for this pioneering investigation, which is the first defini-

tive phase-three clinical trial of TRT sponsored by NIH. The clinical trial will take place at the Naval Hospital Camp Pendleton in Irvine, Calif.; the National Naval Medical Center in Bethesda, Md.; the Portsmouth Naval Hospital in Portsmouth, Va.; the San Diego Naval Hospital; the David Grant Medical Center at Travis Air Force Base in Fairfield, Calif.; and the Wilford Hall Medical Center at Lackland Air Force Base in San Antonio, Texas.



## TAPS

Department has been notified that the following comrades have been called into final formation above:

**Joseph J. Daloisio, Chapter #153, 12/24/09**

**Jimmie L. Hicks, Chapter #153, 1/3/10**

Department and the membership extend deepest sympathies to the family members, friends and comrades of these fallen heroes. May each one rest in honor.

Please feel free to call, write or e-mail Headquarters at [davny@optonline.net](mailto:davny@optonline.net) if you have a loss in your Chapter that you would like to include in this column.

### DISABLED AMERICAN VETERANS

Department of New York

**Leo Ortiz, Commander**

**Sidney Siller, Adjutant**

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# DATES FOR YOUR DIARY

## **2010 National Mid Winter Conference**

February 28, 2010 to March 3, 2010

Crystal Gateway Marriott

1700 Jefferson Davis Highway

Arlington, VA 22202

703-920-3230

\$189.00 Single/Double Occupancy

## **2010 State Executive Committee Meeting**

March 12, 2010 to March 14, 2010

Hudson Valley Resort

400 Granite Rd., Kerhonkson, NY 12446

## **2010 New York State Convention**

June 27, 2010 to June 30, 2010

Hudson Valley Resort

400 Granite Road

Kerhonkson, NY 12446

## **2010 National DAV Convention**

July 31, 2010 to August 3, 2010

Hyatt Regency Atlanta on Peachtree St.

265 Peachtree Street NE

Atlanta, GA 30303

404-577-1234

\$129.00 Single/Double Occupancy