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DISABLED AMERICAN VETERANS

DEPARTMENT OF NEW YORK, INC.  
200 Atlantic Avenue, Lynbrook, New York 11563



## NOVEMBER 2007 NEWSLETTER

### ~VETERANS FOR VETERANS~

*Theodore A. Barbuto, Department  
Commander*

***"A man who is good enough to shed his blood for his country is good enough to be given a square deal afterwards. More than that no man is entitled, and less than that no man shall have."***

***~Theodore Roosevelt***

***Speech to veterans, Springfield, IL, July 4, 1903***

The Department of Veterans Affairs is the federal agency charged to keep the faith of Abraham Lincoln's 1865 promise to "...care for him who shall have borne the battle, and for his widow and his orphan." We have struggled with our Federal Government to uphold its promise for years. Mandatory funding for our Disabled Americans is what we are entitled to, not something that we have to continue lobbying for each year. Yes, we have seen an increase each year, but not without veterans fighting for other veterans to make our government officials stand up and take notice of our wants and needs.

Only when we continued to advocate for concurrent receipt of monies for retired, disabled veterans did we see things happen. We need to keep on our Legislators and let our voice be heard.

We of the Disabled American Veterans continue to seek the fulfillment of Lincoln's promise which was what Roosevelt referred to as a "square deal".

Election Day and Veteran's Day

are both in November as well as Thanksgiving. We need to elect officials who are for Veteran's issues. We need to look at the candidates past voting records, not just what they have to say the week before election.

Veteran's Day is approaching and is a day of recognition as well as a day for reflection. We attend parades, ceremonies as well as receive much coverage from the media. Make it count by showing your presence at community events, proudly wearing our DAV caps. Reporters often interview veterans and this is a time to make ourselves known and what we stand for. Veterans helping veterans!

Since our last newsletter, I had the privilege of attending the DAVA Auxiliary Commander Matilda Brooks' testimonial dinner. We know that our auxiliary continues to support the DAV through service and actively lobbying for veteran's issues through legislative contacts. Commander Brooks sets a fine example through her leadership of our Auxiliary through her continued service to veterans in the Wappingers Falls area. She was the DAV volunteer of the year at Castle Point VAMC as well as having the distinguished honor of having put in over 7100 hours of volunteer service to veterans. Her work is to be commended and I applaud her on her persistence in seeing to it that veterans are well taken care of.



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Thanksgiving is Thursday, November 22<sup>nd</sup> this year. Take care of each other and your families as you take time to be thankful for what each of us has. Remember that veterans take care of veterans and take time to make a visit to your area hospital or help distribute food baskets to those in need if you are able. Happy Thanksgiving to each of you

Murphy's Laws as we know are a series of satirical pessimisms designed to satiate our inner impulses of unrequited aspirations. Simply put, I suspect that curbstone or latrine philosophers would also agree that when the world measures progress it calibrates it in feet and not metrics. One step forward and two steps back. The corollary of which is, if it "ain't broke," don't "fix it."

President Bush a few weeks ago proposed a series of changes intended to streamline a military disability system that had fallen behind the times and left too many disabled soldiers falling through the cracks. He proposes to split a convoluted system that gave both the VA and Defense Department authority over determining that level of benefits and care provided to injured soldiers which caused bureaucratic disputes and resulted in injustice and delay. The President wants the Pentagon to have the authority to determine whether injured soldiers were fit to return to duty and would provide a pension to those who were considered "unfit," based on rank and years of service. Soldiers adjudged to be permanently disabled, would move into

and to your families. We should all be thankful to be a part of this great organization of ours.

**THE ENIGMA OF "PROGRESS"**

*Sidney Siller, Sr., PDC  
Department Adjutant*

the VA System and receive care and compensation based on their loss of earnings and the impact of their injuries on their quality of life. The proposal considers the stigma from those troops who might be suffering from post traumatic stress disorder, and would allow all returning from Iraq and Afghanistan to seek evaluations, without having to first prove they have cause for feeling stress. The plan allows for relatives of injured soldiers to take six months of unpaid leave from their jobs within the first two years after the injury occurs.

The President's proposal was generated by the recommendations made to his administration by a bipartisan commission lead by former Senator Bob Dole and the former Secretary for HHS, Donna Shalata. The plan would only apply to veterans who entered the military after October 2001. The commission was an outgrowth over the Walter Reed scandal.

The current system covers 3 million men and women, and costs about 30 billion a year. The proposed plan could cost a "little more."



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The President's proposal appears interesting in that it already has status as a commission report. However, I am not certain at this point whether a "sea change" of such dynamic proportions is right for the men and women who were injured after October 2001.

I am concerned that the estimated costs are in fact speculative. What if it costs three to five times as much?

When I first joined DAV - Bronx Chapter #23 in the 40's, Capt. Bill McCauley, a veterans of Pershing's forces in 1914 who chased Pancho Villa, advised me not to allow politicians to divide veteran's by wars or branches of

President Bush on October 30<sup>th</sup> nominated retired Army Lt. Gen. James Peake to direct the embattled Department of Veterans Affairs, which is strained by the influx of wounded troops returning from Iraq and Afghanistan. "He will work tirelessly to eliminate backlogs and ensure that our veterans receive the benefits they need to lead lives of dignity and purpose," Bush said. Peake, 63, is a physician who spent 40 years in military medicine and was decorated for his service in Vietnam. He retired from the Army in 2004 after being lead commander in several medical posts, including four years as the U.S. Army surgeon general. The nomination comes as the administration and Congress struggle to find clear answers to some of the worst problems afflicting wounded warriors, such as adequate mental health treatment and timely payment of disability benefits.

Peake currently is chief medical

service. I have always felt that this principle is still true today.

I am also sure that our national leaders of the DAV will analyze the proposals the President has urged and that they will give us the policy positions that makes the Disabled American Veterans the premier veterans' organization that it is and will be.

So the question remains. Is it one step forward or two steps back?

### **PRESIDENT NOMINATES NEW VA SECRETARY**

*AP Deb Riechmann article 30 Oct 07*

director and chief operating officer of QTC Management Inc., which provides government-outsourced occupational health, injury and disability examination services. If confirmed by the Senate, Peake would lead the government's second-largest agency with 235,000 employees in the waning months of the Bush administration. In his new post, Peake, the son of a medical services officer and Army nurse, would manage the VA, criticized for poor coordination in providing medical treatment and disability benefits to millions of veterans. Earlier this year, a presidential commission chaired by former Sen. Bob Dole, R-Kan., and Donna Shalala, former Health and Human Services Secretary during the Clinton administration, proposed sweeping change that could add to the VA's backlogged system by shifting most of the responsibility in awarding disability benefits from the Pentagon to the VA. The



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VA's backlog is between 400,000 and 600,000 claims, with delays of 177 days. Former Secretary Nicholson in May pledged to cut that time to 145 days, but little headway has been made with thousands of veterans from Iraq and Afghanistan returning home. "There is a lot of work to be done as we move forward on implementing the Dole-Shalala commission recommendations," Peake said. "The disability system is largely a 1945 product, 1945 processes around a 1945 family unit. About everybody that has studied it recently said it is time to do some revisions." Sen. Patty Murray, D-Wash., a member of the Senate Veterans Affairs Committee, said Peake will have to prove he is up to the task of improving the beleaguered veterans care system.

Peake, a graduate of the U.S. Military Academy at West Point, was awarded the silver star and purple heart for his service in Vietnam as a platoon leader with the 101st Airborne Division. He was wounded twice in battle and received his acceptance letter to Cornell University Medical College while in the hospital recovering from injury. As surgeon general of the U.S. Army, he commanded 50,000 medical personnel and 187 army medical facilities across the world. He also was commanding general of the U.S. Army Medical Department Center and School. From 2004 to 2006, Peake was executive vice president and chief operating officer of Project HOPE, a

"We have always enjoyed the success of a great corps of volunteers who volunteer in Department of Veterans Affairs (VA) Voluntary Service (VAVS) programs at VA medical centers as well

nonprofit international health foundation. While at HOPE, he helped organize civilian volunteers aboard the Navy hospital ship Mercy as it responded to the tsunami in Indonesia and aboard the hospital ship Comfort which responded to Hurricane Katrina. Joe Davis, a spokesman for Veterans of Foreign Wars, said Peake appeared to be a strong nominee who will nevertheless face many difficult challenges at the VA. "He will inherit a department that continues to face significant challenges, ranging from the influx of a new generation of disabled veterans and an uncontrollable claims backlog, to not having an on-time budget for eight consecutive years," Davis said. "He will walk into tremendous challenges on day one."

### **LOCAL VETERANS ASSISTANCE PROGRAM (LVAP)**

On October 3, 2007, Edward E. Hartman, DAV National Director of Voluntary Services, announced the creation of the Local Veterans Assistance Program (LVAP). This is a program for those who want to do something for veterans and their families, but could not due to their geographical location in relationship to VA facilities.

as our Transportation Network. Given the fact that not all volunteers live in close proximity to a VA medical center for other VA facility, the LVAP will allow volunteers to provide needed services to veterans



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and their families in their local community and be recognized for that service.”

LVAP volunteers may report volunteer time for a variety of activities which include, but are not limited to:

1. Chapter and Department Service Officer work.
2. DAV specific outreach efforts (DAV Airshow Outreach Program, Harley's Heroes, National Guard mobilizations and demobilizations, etc.).
3. Fundraising efforts (Forget-Me-Not and other approved fundraisers).
4. Direct assistance to veterans, widows, or families (yard work, home repairs, grocery shopping, etc.).

We invite each chapter to report the activities of their LVAP volunteers to our designated department representative PDC Dennis L. Krulder. Please be sure you report only the time volunteered under the LVAP.

Youth volunteers who serve in the LVAP will also be eligible to apply for a scholarship through the Jesse Brown Memorial Scholarship Program so long as they meet the minimum eligibility requirements for consideration.

“We are constantly looking for new ways to recruit and engage new members and volunteers, and I hope you use this new program to our advantage.”

Please feel free to contact DAV National Service Director of Voluntary

Services Edward Hartman should you have any questions or concerns regarding this or any other DAV Voluntary Service program.

### **VA AGREES WITH IOM's PTSD STUDY**

*VA Press Release*

WASHINGTON (October 18, 2007) -

The Department of Veterans Affairs (VA) today agreed with a new Institute of Medicine (IOM) report finding exposure-based therapies for the treatment of post-traumatic stress disorder (PTSD) to be effective. The report released today by the IOM Committee on Treatment of PTSD concluded among its key findings that exposure-based therapies such as prolonged exposure therapy and cognitive processing therapy have proved to be effective treatments for PTSD, while more research is needed on pharmacotherapy to determine its effectiveness. "VA is pleased to see IOM agrees with us that exposure-based therapies are effective treatments for PTSD," said Dr. Antonette Zeiss, VA's Deputy Chief of Mental Health Services. "VA has been making the therapies readily available, even before the IOM report was released." Prolonged exposure therapy utilizes techniques to promote confrontation with feared objects, situations, memories and images. It involves use of psychoeducation, breathing retraining, prolonged exposure to the memory of the trauma through imaginary reliving, and repeated exposure to safe situations being avoided because of traumatic fear. Cognitive process therapy involves psychoeducation; written exposure in which patients write about the impact of trauma on themselves and



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others and interpret traumatic events; challenging patient's interpretations of traumatic events and cognitive restructuring of their beliefs that have been disrupted by traumatic events. Dr. Zeiss said VA began developing training

In fact, VA's Dr. Patricia Resick, head of the Women's Division of the National Center for PTSD in Boston, is a leading researcher in cognitive processing therapy. And the leading researcher in prolonged exposure therapy is Dr. Edna Foa, who helps train VA mental health professionals. Dr. Zeiss said VA also concurs with other key conclusions of the report that more research is needed about pharmacotherapy as an effective treatment. It is important to note, Dr. Zeiss said, the IOM conclusion states only more research is needed, not that medications have been found to be ineffective. VA provides treatment for PTSD through cognitive and exposure-based therapies, with the use of drugs approved by the Food and Drug Administration. VA is a recognized international leader in treatment and research for PTSD. In 1989, the Department created the National Center for PTSD, which promotes research, trains health care professionals and serves as an information resource for researchers and clinicians around the world.

#### VA TO HOST PTSD RESEARCH CONFERENCE

*VA Press Release*

WASHINGTON (October 24, 2007) -

Acting Secretary of Veterans Affairs Gordon H. Mansfield announced today the Department of Veterans Affairs (VA) will convene a "consensus conference" with the Department of Defense and the National Institutes of Health to improve the designs and methodologies all three

about a year ago for its mental health professionals in the use of exposure-based therapies, starting with cognitive processing therapy and now including prolonged exposure therapy.

agencies will use in future research studies regarding Post-Traumatic Stress Disorder (PTSD). On October 18, the Institute of Medicine (IOM) released a report which concluded exposure-based therapies such as prolonged exposure therapy and cognitive processing therapy have proven to be effective treatments for PTSD, while more research is needed on pharmacotherapy to determine its effectiveness. "IOM's findings have important implications for the future of PTSD treatment for veterans and all Americans," said Mansfield. "We will use their report as a blueprint to guide our future research and treatment efforts." Mansfield is requiring VA staff to work closely with the Department of Defense to study how early interventions such as the Army's "Battlemind" training and the "Marine Operational Stress Surveillance and Training Program," both of which are designed to help servicemembers transition from combat back to home, can improve outcomes for veterans with PTSD. He has directed future VA studies to pay particular attention to the prevalence of PTSD in special populations, such as women veterans and older veterans who may be just beginning to manifest the illness' symptoms. Responding specifically to the study from IOM, VA has announced the department will take steps to ensure it provides the best available treatments to veterans with PTSD, and that it will enhance its research in line with IOM's recommendations. "VA research has led to the success of the therapies IOM



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believes are currently effective," Mansfield concluded. "And the work our researchers are already doing will help answer many of IOM's questions on the effectiveness of pharmacological treatments. I am confident we will soon make giant strides in our ability to successfully treat this difficult illness. Meanwhile, VA providers are doing an excellent job developing treatments that work for individual patients. VA providers have expert knowledge and skills to help veterans with

WASHINGTON (October 18, 2007) -

As the Department of Veterans Affairs (VA) marks the 20th anniversary of its homeless program, VA has awarded 46 grants worth over \$16 million to public and private non-profit groups to assist homeless veterans. "For the last 20 years, VA has worked with its community partners to lift veterans out of homelessness," said Gordon H. Mansfield, Acting Secretary of Veterans Affairs. "We are making progress by expanding treatment, rehabilitation and safe transitional housing for our homeless veterans, though more remains to be done." Based on VA's national estimates, progress is being made for homeless veterans. The number of homeless veterans on any night has decreased 20 percent during the last six years, and veterans as a percent of the adult homeless population has decreased 10 percent. This latest round of grants creates 950 beds for homeless veterans, bringing to more than 12,000 the number of VA-funded community-based beds provided by public and community non-profit and faith-based organizations in 34 states and the District of Columbia. VA has the largest integrated network of homeless assistance programs in the country. It is the only federal agency providing substantial one-on-one contact with the

PTSD and we can always find ways to improve and enhance our care for our nation's heroes." A date and location for the conference will be announced separately.

### **VA ANNOUNCES 46 HOMELESS GRANTS**

*VA Press Release*

homeless. In many cities and rural areas, VA social workers and other clinicians conduct extensive outreach programs, clinical assessments, medical treatment, alcohol and drug abuse counseling and employment assistance. More information about VA's homeless programs is available on the Internet at <http://www.va.gov/homeless>. A complete list of grants is also available on the Internet at <http://www.va.gov/opa/pressrel/index.cfm>.

### **WASHINGTON REPORT**

#### **COLA ANNOUNCED**

*Source: NAUS: October 19, 2007*

The annual Cost of Living Allowance (COLA) increase was announced on October 17. Social Security, military retired pay, VA disability and Dependency and Indemnity Compensation (DIC) will increase by **2.3 percent**. The increase goes into effect on December 1 and will be reflected in January 2008 paychecks.

#### **VETERANS DISABILITY BENEFITS REVIEWED**

*Source: NAUS: October 19, 2007*

Testifying before the Senate Veterans' Affairs Committee on Wednesday, former Senator Bob Dole and former Health and



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Human Services Secretary Donna Shalala outlined the findings and recommendations of the President's Commission on Care for America's Returning Wounded Warriors. As previously reported, these include payments for severely wounded service

During the hearing former Health Sec. Shalala noted that of the 34 recommendations made by their commission only six require legislation, referring to her panel's proposal to modernize the disability compensation process and to provide incentives for education under the VA's Vocational Training and Rehabilitation program. She also urged Congress to simplify the disability claims process. "By simplifying and modernizing the DOD and VA disability systems, Congress will make the systems less confusing, eliminate payment inequalities, and provide a foundation with appropriate incentives for injured veterans to return to productive life." Former Sen. Bob Dole acknowledged that some of the panel's recommendations would result in a significant increase in payments to the wounded service members but urged members of the committee to enact the changes within the next 6 months.

Also testifying at Wednesday's hearing was LTG Terry Scott, Chairman of the Veterans' Disability Benefits Commission. He addressed many of his panel's priority issues, including the expansion of concurrent receipt and the procedures on fitness of duty and separation.

members to ease transition into civilian life; increasing compensation for service-connected disabilities and an additional payment to take into account reductions in the in "quality-of-life."

Sen. Daniel Akaka (D-HI), Chairman of the Senate Committee on Veterans' Affairs, noted that many significant recommendations made by the VDBC are not contemplated in the President's Commission on Care for America's Returning Wounded Warriors final report and warrant further review before any action is taken. The same goes with legislative proposals pertaining to wounded veterans made by the Administration earlier in the week. He indicated these issues might be addressed at a hearing scheduled for later this month.

The Committee's Ranking Member, Sen. Richard Burr (R-SC), welcomed recommendations made at the hearing and noted, "[The job now] is to give these brave men and women the tools they need and to remove the stumbling blocks in their way... The challenges facing many veterans today have as much to do with confusing, bureaucratic programs operated by many different offices of the government, as they do with the lack of benefit programs or the lack of resources." He closed by restating the committee's willingness on both sides of the aisle to improve the benefits and



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services provided to veterans.

### **HOUSE EXAMINES VETERANS BENEFITS DISPARITIES**

*Source: NAUS: October 19, 2007*

On Tuesday, the House Veterans' Affairs Subcommittee on Oversight and Investigations held a hearing to review the disability claims rating process and assess the causes of disparities in disability ratings that are administered by the Department of Veterans Affairs. Variances in VA disability compensation rates range from an average of \$12,000 per veteran in New Mexico to less than \$8,000 per veteran in Ohio.

Among the actions under review are six recommendations from the Institute for Defense Analyses (IDA) on providing improved consistency in VA disability ratings and claims payments: 1.) Standardize training for rating specialists; 2.) Standardize the medical evaluation reporting process; 3.) Increase oversight and review of rating decisions; 4.)

(TMA Press Release) Recognizing its diagnostic value, the TRICARE Management Activity recently changed its policy adding coverage for Magnetic Resonance Imaging (MRI) screening for women at high risk of developing breast cancer. The American Cancer Society has clear guidelines defining high risk, which doctors can use to determine who qualifies for the coverage.

Anyone who meets the criteria for a

Consolidate rating activities to a central locations; 5.) Develop metrics to monitor consistency in adjudication results; and, 6.) Improve and expand data collection and retention.

The hearing marks what NAUS trusts will be the continuation of a more rigorous effort to modernize and improve the way we evaluate disabilities and award compensation for injured service members, exactly as the Veterans' Disability Benefits Commission and a number of other blue-ribbon panels have also recommended.

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### **HEALTH CARE NEWS**

#### **TRICARE ADDS COVERAGE FOR MRI SCREENINGS FOR BREAST CANCER**

*Source: NAUS: October 19, 2007*

breast MRI will be covered by TRICARE, retroactive to March 1. If any qualified beneficiaries received this care on or after March 1, 2007 and it was denied, they can resubmit their claim for reimbursement.

Breast cancer is the third most common cancer among TRICARE beneficiaries and the second most common cause of cancer death for women in the United States. An



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individual's level of risk can be impacted by a number of factors including age, family history and race. Doctors can advise their patients of their individual risk factors, but even women of average or low risk should be vigilant.

"The availability of MRI screenings does not reduce the importance of regular examinations," said Army Major General Elder Granger, Deputy Director,

*VA Press Release* WASHINGTON (October 18, 2007) - Building on the success of a pilot program that reduced a worrisome staph infection by 50 percent, the Department of Veterans Affairs (VA) has tough new screening requirements now in place in all of its 153 hospitals. In addition to emphasizing its commitment to hospital hygiene and flagging affected patients for special precautions, VA facilities monitor all incoming patients on key units with nasal swabs and cultures for methicillin-resistant staphylococcus aureus (MRSA).

"VA demonstrated that dramatic reductions in MRSA-related infections are possible," said Acting Secretary of Veterans Affairs Gordon H. Mansfield. "VA's completion of our national deployment of these serious prevention measures reinforces VA's stature as one of the safest health care environments nationally." Recently published data

TRICARE Management Activity. "All women over 39 years old need to get those annual mammograms. The key to dealing with cancer is early detection." For more information about breast cancer go to [http://www.tricare.mil/pressroom/doctor\\_is\\_in.aspx?fid=60](http://www.tricare.mil/pressroom/doctor_is_in.aspx?fid=60).

### **VA TARGETS DEADLY STAPH INFECTIONS**

from the Centers for Disease Control and Prevention in collaboration with other researchers estimated there may be more than 94,000 MRSA cases a year in the United States associated with 18,650 deaths annually. "MRSA is a dangerous infection, difficult to eradicate, that can cause pneumonia, wound or bloodstream infections," said Dr. Michael J. Kussman, VA's Under Secretary for Health. "Our ability to reduce the number of cases of MRSA infection enhances our ability to provide quality health care for veterans."

MRSA reflects the broader problem of multi-drug resistant organisms, which are difficult to treat with conventional antibiotics. In addition to hand-washing, isolation of infected patients and the use of gowns to prevent spread, the VA initiative focuses on "culture change" among its health care workers to improve awareness of the threat and to make infection prevention a routine component of care during each patient encounter



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every day. After a successful pilot program in VA's Pittsburgh Health Care system, the Department began screening incoming patients to its intensive care units in March. The program has been expanded to other high-risk hospital units, including transplant and spinal cord injury as well as general surgical and medical patient wards.

### **VA TAKES AIM AT FLU VACCINATION EASY WAY TO PROTECT HEALTH, LOVED ONES**

*VA Press Release*

WASHINGTON (October 25, 2007) -

To safeguard the health of America's veterans, the Department of Veterans Affairs (VA) 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. "Vaccination is a simple way of preventing serious health care problems, especially among the elderly, those with compromised immune systems and veterans with spinal cord injuries," said Acting Secretary of Veterans Affairs

In order to get holiday gifts to deployed service members by December 25<sup>th</sup>, mailers should heed the U.S. Postal

Gordon H. Mansfield. "Part of VA's world-class health care service is ensuring veterans get their flu shots." 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. A recent study by Dr. Kristin Nichol, a nationally recognized expert on the flu and chief of medicine at the Minneapolis VA Medical Center, found dramatic reductions in deaths and sickness after getting a flu shot. Vaccination reduced hospitalizations for pneumonia or influenza by 27 per cent, and there was a 48 per cent reduction in deaths. In addition to information about flu vaccines available in VA's medical centers and clinics, VA maintains information for consumers on its Web site at: <http://www.publichealth.va.gov/flu/>.

### **OVERSEAS HOLIDAY MAILING**

*Source: Armed Forces News 12 Oct 07*

Officials at the Military Postal Service Agency in Washington have established dates for sending mail from the United States to overseas military mailing addressees for the holidays.

Service's suggested deadlines. Parcel post packages to deployed troops and those living on overseas installations



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should be sent by November 13th. Customers missing the parcel post deadline have the following options:

**Space-Available Mail (SAM)** - Nov 27<sup>th</sup>

**Parcel Airlift Mail (PAL)** - Dec 4<sup>th</sup>

(except for ZIP codes starting with 093, which is Dec 1st)

**Priority Mail and first-class letters and cards** - Dec 11<sup>th</sup> (093 ZIP codes: Dec 4<sup>th</sup>)

**Express Mail Military Services** - Dec 18<sup>th</sup> (not available to 093 ZIP codes).

Parcel post packages sent to arrive by the start of Hanukkah at sundown Dec 4<sup>th</sup> should be mailed by Oct 23rd. For other Hanukkah mailings, subtract 21 days from the deadlines listed above. To check mailing costs, visit

<http://www.usps.com>.

**Department of New York's 87th Anniversary Celebration**

Sunday May 18, 2008

El Caribe Country Club

Brooklyn, New York

**Department of New York Convention**

June 22, 2008 to June 25, 2008

Hudson Valley Resort

Kerhonkson, New York

**2008 National DAV Convention**

August 9, 2008 to August 12, 2008

Bally's Hotel Las Vegas

South Las Vegas, NV

**DATES FOR YOUR DIARY**

**2008 Mid Winter Conference**

March 2, 2008 to March 5, 2008

Crystal Gateway Marriott

Arlington, VA 22202

**State Executive Committee and Seminars**

March 28, 2008 to March 30, 2008

Hudson Valley Resort

Kerhonkson, New York