Alwyn Cashe to become first African American to receive Medal of Honor for actions in Iraq or Afghanistan

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The 2021 DAV and Auxiliary National Convention marks our return to the Biggest Little City in the World when it convenes July 24–27 at the Grand Sierra Resort and Casino in Reno, Nevada.

The convention is a time for us to recognize our top volunteers and hear from department and chapter leaders while providing useful training. It’s also an opportunity to advocate for ill and injured veterans, enjoy the camaraderie of fellow DAV members, and take ownership of the organization by choosing our leadership and setting our yearly legislative agenda—all while allowing for a hearty dose of fun in this premier vacation destination.

After spending time working alongside fellow veterans and members to help shape our organizations’ future, experience a multitude of one-of-a-kind experiences in the city. Reno offers something for everyone. Downtown’s National Automobile Museum showcases more than 200 vintage cars; the Midtown District is lined with shops and restaurants; and north of downtown, the Animal Ark sanctuary is home to rescued bears, cheetahs and other wildlife. Also, Lake Tahoe is just 22 miles away. With seemingly endless shopping, dining and recreational activities, Reno has attractions for all to enjoy.

In celebration of our centennial, we will be hosting a special “Day of Inspiration” on Thursday, July 22, to encourage and inspire existing and prospective members who have nobly served our nation. Visit the convention event page for the full schedule for this commemorative event.

Our special room rate at the Grand Sierra Resort is $105 per night for a Summit single or double room, and $115 per night for an “A” Tower single or double room; the resort fee has been waived for DAV. Reservations can be made online at dav.la/2hn or by calling 800-648-5080. Be sure to say you are reserving under the Disabled American Veterans room block if making reservations by phone.

**Learn More Online**
www.dav.org/events/2021-national-convention

**TRAVEL ASSISTANCE**
The Transportation Security Administration can facilitate the screening of injured or wounded veterans. After making flight reservations, veterans or their care coordinators should contact a TSA Cares representative by calling toll-free 855-787-2227 weekdays from 8 a.m. to 11 p.m. and weekends and holidays from 9 a.m. to 8 p.m. Eastern time. A representative will either provide screening information relevant to the veteran’s disability or refer the veteran to experts at TSA for help through the screening process.
A changing of the guard

With new leadership in the White House and Department of Veterans Affairs, DAV and other veterans advocates have begun the necessary work of cultivating and fostering a positive working relationship with the new administration to ensure the voices of the more than 1 million veterans our organization represents are heard. In fact, this work began well before either of them stepped into their respective offices.

Shortly after the election, Biden’s presidential transition team reached out to DAV’s staff in Washington to learn more about our organization’s critical policy goals and the institutional and cultural changes we feel need to be addressed at the Department of Veterans Affairs. Almost immediately after receiving his nomination to the VA’s highest post, McDonough also reached out to DAV leaders to voice his dedication to America’s veterans and his resolve to make it a priority for the federal government to work as it should for veterans.

Particularly heartening to hear in these various conversations was the incoming administration’s dedication to addressing a number of DAV’s legislative priorities, including improving services to women veterans, enhancing survivor and caregiver benefits, strengthening veterans mental health care and suicide prevention programs, adding presumptive conditions for Agent Orange exposure and conceding exposures to toxic burn pits in America’s most recent wars.

But it is important to remember that these interactions were merely conversations. While we are excited to be on the same wavelength concerning the most pressing issues facing our nation’s veterans, rest assured that DAV will work to hold this administration accountable and ensure that this talk is turned into tangible action.

For that to happen, our organization and the men and women we serve require nothing less than your continued, spirited and tenacious advocacy. And from what I’ve seen during my time as your national commander, I have no doubt you will deliver with full and forceful effort.

While the mantle of leadership of our country and the VA has changed, it’s important to remember that DAV and our members must continue to speak as a nonpartisan voice for disabled veterans, their families and survivors. This must remain one of our guiding principles—just as it has for the past 100 years.

The future is bright for veterans advocacy. Our collective voices are tremendously valued at an incredibly pivotal time. But we must not take that for granted. We must hold our leadership accountable and work harder than ever before. Our service, benefits and livelihoods depend on it.

And I know you will not let us down.
FEATURES

Stephen “Butch” Whitehead National Commander
J. Marc Burgess National Adjutant/Publisher
Barry A. Jesinoski National Headquarters Executive Director

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DAV fights to keep burn pits from becoming a new generation’s Agent Orange.

A bulldozer dumps a load of trash into a burn pit just 300 yards from the runway at Bagram Airfield. (Photo by Mark Rankin)
Support for transitioning military members

As we have heard many veterans tell it, leaving the military was equally—if not more—daunting than joining in the first place. Nothing could be more true in today’s climate.

For many, the loss of structure and security provided by the military represents an unknown, especially if they lack a support network, are the primary provider for their family or face a less-than-promising job market—as is the case for many over the past several months.

Most of us have been operating far outside the norm for at least a year now, since the start of large-scale closures due to the COVID-19 pandemic. The virus has turned so much of what we all count on upside down, and we truly feel for those who must set foot into this new world with what could feel like an unscalable mountain to climb.

This period of transition from military to civilian is, while often scary, representative of a new future and a widening of the aperture for growth and opportunity.

Many have immersed themselves in higher learning, choosing to utilize their education benefits to pad their exit and better prepare themselves for the next chapter of life. But even this has been muddled by the virus and is a very different experience for student veterans—one that is far more isolated and perhaps not as well suited to their learning needs.

The departments of Veterans Affairs and Defense have done a great deal to improve their transition programs to aid those service members leaving the military, including the implementation of the VA’s Solid Start program. Solid Start takes a proactive approach to reaching out to veterans at roughly 90, 180 and 365 days following separation to help them better understand and connect with benefits. Additionally, the VA has established a Women Veterans Health Transition Training program, which offers more in-depth information about gender-specific services like maternity and reproductive care. Together, these programs have reached over 70,000 veterans.

DAV, of course, also continues efforts to aid those leaving the military with the help of transition and national service officers, even though our offices largely remained closed to the public throughout much of 2020. Our dedicated teams have continued to diligently serve veterans remotely and through our toll-free number, 888-604-0234, providing safe, no-contact assistance Monday through Friday, 9 a.m. to 4 p.m. Eastern Time.

We encourage you to share these DAV and VA resources with those individuals you know who are planning to exit the military. By working together, we can help veterans access the supports they need to make a successful transition to civilian life, even through challenging circumstances.
Benefits awareness
In Dennis M. Nelson’s letter to the editor (November/December 2020), he expressed his concern that the IRS and VA are not aware of veterans with limited incomes and that a better job needs to be done in rescuing veterans in our communities. I am a disabled Vietnam veteran. Like Mr. Nelson, I am thankful for what the VA has done for me. From the time I began seeking benefits (June 2009) until my injuries were covered through appeal processes took seven years and three months. However, I have suffered from these injuries for 41 years.

Larry C. Wylie, Suffolk, Virginia

“Confronting Toxicity”
I, too, was stationed on those tugboats in Pearl Harbor. I arrived at my first duty station out of high school in 1987 at the age of 18. I wouldn’t have known asbestos if you shoved it in my face. I feel for Ms. Harwood, as I have been called “Mr. Price” more times than I can count at the VA hospital. It is very hard to get help from anyone unless you know where to ask. I am happy Ms. Harwood was able to get some peace with her case and hopefully is on the mend.

Deborah Price, via email

“Preventing Tragedy”
I had a near suicide, and the greatest factor that allowed the impulse to become an action was the access and proximity to a firearm. The results could have been tragic had my wife not intervened. Though I advocate for safe storage, I also believe having a firearm for home protection is becoming a sensible and more common thing. There has to be a balance. Many suicides are strictly impulsive. Putting many hurdles in front of that can be the difference between life and a tragic, needless death.

Peter L. Jannitto III, Warren, Rhode Island

Agent Orange delays
Sounds like they will be able to add quite a few diagnoses that may have been caused by this, which subsequently can be service-connected. That’s great news.

Amber Norgren-Nichols, Knoxville, Tennessee

Editor’s Note: Under the annual National Defense Authorization Act, three Agent Orange-related conditions—bladder cancer, hypothyroidism and Parkinsonism—have been added as presumptive, requiring the Department of Veterans Affairs to begin granting fast-track disability status for affected veterans.

Acknowledging burn pit concerns
The thing is that some VA health care systems are taking all the registries more seriously than others. The Portland, Oregon, system is getting me up to speed because I am showing signs of breathing and lung problems related to my deployments in Iraq and Afghanistan. I lived in Texas for four years and nothing came from my VA there. I have lived in Portland for a mere three months and already have frightened my primary care team with my symptoms.

Johan Mejia, Portland, Oregon

2020 DrivenToDrive
This is the kind of story we need during these times. Stories of good people and organizations doing good for those who gave more than we can comprehend. Bravo Zulu to all the active duty and veterans who continue to keep us safe and secure!

Steven L. Stevens, Davenport, Iowa

Veterans Day 2020
There are not enough words in this world to be able to say thank you. I tell my son every day, thank you, for protecting me and watching over me. He is my hero and always will be.

Bruce Butler, Lakewood, California

National Day of the Deployed
God bless them and return them safely home. Not only on that day but every day, we should remember as a nation that the few protect the rights and freedom of the masses who will never experience such sacrifice as those who serve and their families who wait for them. All gave some; some gave all.

Mike Clark, High Point, North Carolina

WRITE TO US  Please send feedback to DAV Magazine, 3725 Alexandria Pike, Cold Spring, KY 41076, or via email to feedback@dav.org. We also welcome feedback on our Facebook (facebook.com/DAV) and Twitter (twitter.com/davhq) pages. We regret we are unable to acknowledge every letter due to the volume received. Letters are subject to editing for clarity, style, accuracy, space and propriety. Letters involving claims are referred to DAV’s Service Department.
Congress finalizes sweeping veterans policy bill

Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020

By Mary Dever

In December, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act passed the House and Senate with broad bipartisan support. This 340-page omnibus bill contains numerous provisions that have been long-standing legislative priorities for DAV, among the many measures to provide support to the veteran community.

The legislation includes 22 key provisions from the Deborah Sampson Act (S. 514/H.R. 3224) aimed at enhancing health care programs and services for women veterans and improving access. Specifically, the legislation mandates the creation of the Office of Women’s Health within the Department of Veterans Affairs, requires the establishment of a comprehensive VA policy to end sexual harassment and assault in VA facilities, and dedicates $20 million to retrofit VA medical facilities with appropriate spaces for women veterans. Additionally, the bill will expand treatment and counseling for sexual trauma, authorize child care and legal services for certain veterans, and require improvements to the VA’s Women Veterans Call Center.

“Many of these provisions in the original Deborah Sampson Act came from the recommendations made in DAV’s women veterans reports,” said National Legislative Director Joy Ilem. “We’re incredibly proud this legislation was enacted, and we’re grateful to the House and Senate Veterans’ Affairs Committee leaders who have helped to champion change for the women who have served.”

Also included were provisions to aid homeless veterans and veterans affected by the COVID-19 pandemic, including easing the federal grant process to help support shelters accommodating veterans under social distancing guidelines. The bill also requires the VA to publicly account for coronavirus cases and deaths that have occurred within state-run veterans homes.

Additionally, key provisions in the bill require the VA to provide Disability Benefits Questionnaires online; lower the age, from 57 to 55, at which a surviving spouse may remarry and still maintain Dependency and Indemnity Compensation benefits; and eliminate the 12-year delimiting date for disabled veterans (discharged after Jan. 1, 2013) to receive counseling, training and benefits under the VA’s Veteran Readiness and Employment program. Altogether, this bill is drawn from over two dozen veteran-related bills that were introduced during the 116th Congress.

Follow along with updates to this and other legislation affecting veterans and their families by joining DAV CAN (Commander’s Action Network) at davcan.org.
When Sarah Nutt contacted DAV last May, she hoped her husband, Gary, an Air Force veteran, would be eligible for some much-needed additional compensation from the Department of Veterans Affairs.

Finances had become so bleak in the years after Gary stopped working due to illness that Sarah would trim expenses by routinely cutting his hair. There was rarely cash for extra food or gas. And medical and dental insurance was a luxury they couldn’t afford.

“There was no money for anything other than the bare necessities,” said Sarah. “That’s why we were reaching out so desperately.”

What she didn’t bank on, however, was DAV helping the family obtain much more than the modest $150 per month she was hoping for, substantially increasing Gary’s VA rating and even connecting their daughter, Sadie, with educational benefits for eligible dependents.

Years before, Gary got to see the world serving as an aircraft electrical and environmental systems mechanic, traveling to Germany, Spain and the Philippines. But it was his service in the Persian Gulf War that sparked a medical mystery.

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Top: Gary Nutt poses in front of a C-130. He served nine years in the Air Force before leaving military service in 1995. Bottom: Gary and his wife, Sarah, outside their home in Lonoke, Ark. Facing increasing financial stress, Sarah had called upon DAV for assistance in connecting her husband with additional VA benefits.
After spending just over six months at King Abdulaziz Air Base in Saudi Arabia, Gary began to experience excruciating headaches while stationed at Little Rock Air Force Base in Arkansas.  

“I bent over to open up my locker on base, and after standing up, I had a splitting headache,” said Gary, a DAV life member of Chapter 7 in North Little Rock, Arkansas, “the worst I’ve ever had in my life.”  

Doctors said he had a sinus infection, but the medication they offered provided no relief.  

“They gave me some pills that didn’t work, so I went back and they gave me some more pills that didn’t work,” added Gary. “Nothing really seemed to help.”  

Moments of intense anguish persisted after Gary left the Air Force, which led doctors to temporarily remove part of his skull, hoping to end the agony. Shortly after that, he began having seizures. As the years passed, Gary’s symptoms became worse.  

The headaches continued, but other worries appeared: slowed speech and a steep and gradual decline in Gary’s reaction time. As more tasks took him longer to complete, the air conditioning repair company Gary worked for considered him a hazard to the workplace.  

“They had laid me off because I got to the point where I was really slow,” said Gary. “I got there at 5 every day, I worked as hard as I could, but they said I was more of a liability than an asset.”  

“Everything slowed down,” added Sarah, “to the point where I had to help him do anything.”  

A stay-at-home mom, Sarah began caring for him full time, and Gary’s VA compensation at the time was not enough to cover their expenses. With Gary out of work since 2016, they slipped further into financial distress.  

However, their tide turned after Sarah called DAV National Service Officer Lindsay Kinslow, who was confident she could significantly increase Gary’s overall VA rating. “They were really adamant about the $150 that comes with aid and attendance benefits,” said Kinslow, who works at the DAV national service office in Washington, D.C. “And I said, ‘Well, maybe we can get you a little bit more than that.’”  

Kinslow submitted the claim last June, which opened the floodgates of VA appointments for Gary—six in two months—to reassess his health. By staying in constant communication with Sarah, Kinslow learned the scope of the Nutts’ financial anxieties extended to their home, which they were close to losing.  

So when Sarah got the call last October and learned about everything Kinslow had secured for Gary, she broke out in tears.  

“It was just such a huge blessing and a relief,” said Sarah.  

“When [Sarah] told me Gary had to quit working due to this condition, I knew for sure that would lead to an increase,” added Kinslow.  

In all, Gary became a permanent and total service-connected disabled veteran, with the special compensation Sarah originally asked about. With the increased funds, they were able to get a new vehicle, and for the first time in four years, Gary received a professional haircut.  

But the most unexpected benefit the Nutts received was the VA educational benefits available to survivors and dependents of eligible veterans. With that added benefit, their daughter Sadie will be able to recoup some of the money she spent while enrolled in cosmetology school.  

“We are just so thankful to Lindsay and DAV,” added Sarah. “I know money isn’t the most important thing, but it can be very hard to live.”
Blast from the past

Marines reunite, add new chapter to history

By Bryan Lett

Editor’s Note: This article contains vivid combat descriptions that may be triggering to veterans with PTSD and upsetting to others.

DAV life member Bill Klobas has lived a life full of experiences, but he can’t remember some of them because of injuries sustained in Vietnam. However, a little bit of luck and a lot of personal resolve led to a reunion with Marines from his past that helped bring back lost memories.

On April 26, 1969, Klobas was among a group of Marines who were scattered throughout an open field and pinned down by Vietnamese snipers.

“They must have followed us out of the jungle,” said Klobas. “Once they started firing, I remember seeing and getting behind a large boulder or rock.”

The team of Marines called upon their big guns—155 mm howitzers—on a nearby hill to eliminate the threat.
“We had called in artillery close to us before, so I wasn’t surprised when I heard it whistling over my head,” said Klobas. “The first one landed about 500 yards in front of me. I thought I was going to live at that point. When I heard the next round, I knew it was going to hit me. I thought I was dead. I just curled up.”

Klobas was struck in the blast. He was immediately airlifted to the nearest field hospital—the last thing he remembered. He endured months of rehab with spotty memory of his time in Vietnam before exiting the Marine Corps.

His transition was a challenge. He often struggled to reconcile how he saw himself as a man with what he saw in Vietnam. But in 1975, he met Gale, the woman he credits with saving his life—and now his wife of 45 years.

The couple would go on to have four children while Klobas worked in construction to provide for his family. But the repressed memories from Vietnam never completely went away.

“It was just a couple of years ago that I was watching cartoons with my young granddaughter when she looked at me and smiled,” Klobas said. “That triggered something inside of me and I had to go. I drove away to a place and cried for two and a half hours. I couldn’t get the image of burned kids out of my head.”

Sensing the need to get help, Klobas opened up to his daughter Casey for the first time about some of his experiences in Vietnam and his ongoing struggles.

“I saw a softer side of him,” Casey said. “I feel closer to him. It’s like a secret bond. But I think of our childhood and how he would mask things. I think that is what hurts the most.”

One of the results of these conversations was Casey getting her father to agree to file for benefits through the Department of Veterans Affairs. Klobas’ medical records indicated that he was airlifted in Vietnam, but no reason was listed. This prompted their need for more proof.

“All I really knew was that it happened during Operation Oklahoma Hills,” said Klobas. “I searched for some documentaries on YouTube and found one that was about 10 minutes long that I watched.”

While attempting to click the full screen icon on his computer, Klobas accidentally opened up the comments section.

“I never read comments,” Klobas said. “But I happened to see a comment that was 4 or 5 years old asking to talk to any Marine who had been a part of Operation Oklahoma Hills.”

The author of that comment was Al Moreno, who was working on a book about his service in the Marines. Moreno left his phone number in the
comment, and Klobas, unsure if anything would come of it, decided to call.

“I told the man who I was and I heard the phone hit the floor,” Klobas said. “He started screaming ‘Rocket Man!? Rocket Man!? ’ and then picked up the phone and asked me if this was a joke.”

As luck would have it, Moreno was one of the first Marines to reach Klobas after the errant 155 mm round struck him.

“Klobas was hurled through the air like a rag doll with his head, arms and legs flailing in opposite directions all at once,” Moreno recalled. “When we got to him, our corpsman was feverishly working on him. He was hemorrhaging blood from his nose, mouth and ears. His eyes were rolled back and you could only see the whites of his eyes. Nobody thought he was going to make it.”

While on the phone, Moreno asked Klobas if he knew Richard “Ski” Czerniejewski.

“I said no, and that’s when Al told me he was the radioman who called in my medevac,” said Klobas.

Moreno had been in contact with Czerniejewski since 2006 and quickly arranged a phone call between them.

“I was really happy when I found out he was alive,” Czerniejewski said. “[Klobas] was tossed about 30 yards. Nobody thought he could live. We dragged him away from the snipers and called in the air support. We all assumed he was dead.”

Klobas explained to both of them that he was in the process of filing for VA compensation and needed two witnesses for his attempts to receive the Purple Heart. Czerniejewski, a DAV life member since receiving benefits assistance in the 1970s, encouraged Klobas and Casey to get DAV’s help.

“I told him he should really get DAV involved with his benefit claims. I even submitted a write-up along with Al for Bill’s attempt for the Purple Heart.”

Casey did all of the legwork she could before eventually handing the claims to DAV in December 2019. While Klobas continues to maneuver the VA system for an increased disability rating and the Purple Heart, the pursuit of his benefits have brought him some closure and acceptance about his forgotten past.

“Getting in touch with Al and Ski was probably the best thing to happen to me in my life, especially with my memory,” Klobas said. “I couldn’t do memorials or events until last year. I felt pride for the first time in 50 years! I would give my life today for the Marine Corps.”

Sadly, due to COVID-19, the three Marines have not been able to get together in person, but that is a top priority as soon as it’s feasible. In the meantime, Casey is proud to see the change in her father.

“The difference in him is huge,” she said. “It’s a weight lifted off of his shoulders. It’s a place of forgiveness for him.”

Note to readers: If you or someone you know served in Vietnam and was a part of Operation Oklahoma Hills or believe they served with Mr. Klobas, please let us know by emailing DAV at feedback@dav.org.
When Opha May Johnson became the first woman to enlist in the Marine Corps in 1918, she took the oath to defend a nation that wouldn’t even allow her to vote. Even with the ratification of the 19th Amendment in 1920, which finally granted Johnson and all other American women the right to a voice at the ballot box, gaining respect, support and appreciation for their contributions in uniform has been slow.

Since the founding of our nation, women have served and sacrificed—first to establish and then to defend our republic. While this service has evolved from roles as nurses, telephone operators and typists to Army Rangers, special forces operators and fighter pilots, recognition and inclusion—including care for those women who have borne the wounds of battle or otherwise suffered disability as a result of their service—has been a persistent issue.

Delphine Metcalf-Foster, an Army veteran of the Persian Gulf War who went on to become DAV’s first woman national commander in 2017, said that being female in a male-dominated military culture strengthened her character and sharpened her fortitude. “It wasn’t easy,” she said in her acceptance speech. “But I’d like to believe I came through with the same fighting spirit that my male counterparts had.”

In the years following the first Gulf War, Tammy Duckworth’s generation of women warriors continued to make advancements. She was commissioned in the Army Reserve in 1992 and went on to serve in the Illinois National Guard, where she ultimately became a Blackhawk helicopter pilot. During the Iraq War in 2004, her helicopter was hit by a rocket-propelled grenade—the crash resulting in the loss of both of her legs and partial use of one arm.

Such hardship didn’t stop Duckworth from seeing out her military career, and following her retirement...
as a lieutenant colonel, she went on to first serve in the U.S. House of Representatives and then to become the first double amputee to serve in the U.S. Senate. “I’ve never tried to be a trailblazer. I’ve just tried to do my job,” said Duckworth, who was named DAV’s Outstanding Disabled Veteran of the Year in 2008.

Duckworth said that as women have continued to prove themselves on the battlefield and beyond, their respect and responsibilities have only increased. “We’ve had multiple female four-star [generals] and flag officers, and I think that’s really fantastic,” she said. “You’re seeing even more and more women lead veterans organizations—especially women who have combat time under their belt.”

“I think this is all good. I think greater diversity at every level is good for veterans organizations and good for our military.”

While the population of women in the military has grown and their roles have expanded to include serving in combat operations and experiencing the same war-related injuries suffered by their male peers, women have had to fight for equal access to Department of Veterans Affairs health care services and benefits. Moreover, too many women veterans report they feel as if they don’t belong or that they are not welcome when seeking the care and specialized services they need. More than 60% of women veterans using VA services have a service-connected condition and are eligible for a lifetime of benefits and care, yet many women who served don’t believe they are eligible for these benefits because of their gender.

“I believe the major challenges facing women veterans today are that we are still not being seen as equal to our male counterparts. We are just as much a veteran as men are, but with some unique issues,” said DAV National Service Officer Naomi Mathis, a disabled Air Force veteran who served in Iraq. “I recently was asked, again, if my husband was my sponsor for my TRICARE health benefit. It’s imperative that we are seen to fight right alongside, shoulder to shoulder, with our male counterparts so people can see that we can bring a different perspective as a woman.”

Recent legislative victories supported by DAV, including the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, which included 22 provisions from the Deborah Sampson Act, have started leveling the health care playing field in terms of improving access to care and benefits, increasing VA staff cultural competency, and ending sexual assault and harassment within the VA.

Among many other things, this legislation requires the creation of an Office of Women’s Health within the VA, establishment of a VA policy to end sexual assault and harassment, expansion of treatment and counseling
In 1990, Lt. Cmdr. Darlene Iskra became the first woman assigned to command a U.S. Navy ship—the USS Opportune. (Photo by JO1 Mike O’Shaughnessy/U.S. Navy). Below: From left, Army Capt. Kristen Griest, Army Reserve Maj. Lisa Jaster and Army 1st Lt. Shaye Haver were the first women to gain the coveted Ranger tab. (Paul Abell/AP Images for U.S. Army Reserve)

“"I’ve never tried to be a trailblazer. I’ve just tried to do my job.””
—Sen. Tammy Duckworth, DAV Outstanding Disabled Veteran of the Year, 2008

for sexual trauma, improvements to the Women Veterans Call Center, child care and legal support services for certain veterans, studies on infertility services, and prioritized retrofitting of VA medical facilities to accommodate women veteran patients.

“The passage of this comprehensive bill at the end of the 116th Congress reflects the commitment to ensuring we’re continuing to refine and improve care and support services for women veterans,” said National Legislative Director Joy Ilem. “It represents years of hard work and advocacy by DAV members and truly recognizes the service and sacrifice of our nation’s women veterans.”

There is still work to do, but as long as women veterans continue to face challenges wrought by inequality, DAV will be there beside them in the battle for change.

“DAV draws no line at male or female when it comes to the word ‘veteran,’” Mathis said. “We have led the charge, and remain in the forefront, of making sure the country knows that, man or woman, veterans put their lives on the line for our country.”
Over the past several years, studies have shown a significantly higher rate of certain cancers within veteran populations than nonveterans—among them, breast cancer. According to the Department of Veterans Affairs, an estimated 700 women veterans enrolled in VA health care are diagnosed with breast cancer each year.

To address this need, the VA announced in October the establishment of the National Women Veterans Oncology System of Excellence in partnership with Duke and Baylor universities, as a means of leveraging a broad network of clinical knowledge and research to provide women veterans across the nation access to state-of-the-art oncology care and clinical trials.

The women veteran population is growing, and as such, more cases of breast cancer—and other cancers unique to women—are likely to be diagnosed. The VA has made strides in its prevention program, including leading the nation in rates for mammography and instituting breast exam training programs for VA physicians who may not typically see many female patients, but the challenge in treating cancer often lies in proximity to the medical facility.

“We have a number of medical centers, and 48 of those medical centers are associated with [National Cancer Institute] comprehensive cancer centers, but that still is not a big enough network to cover the entire country,” said Dr. Michael J. Kelley, director of the VA’s national oncology program and professor of medicine at Duke University. “So now we’re switching from this concept of Centers of Excellence—or hubs—to a System of Excellence.”

This model follows what the VA has already launched for lung and prostate cancers, two other top cancer diagnoses among veterans. Plans are to develop national tumor boards; improve veterans’ access to clinical trials; prioritize co-recruiting efforts; and begin new joint research programs to improve and transform cancer prevention, treatment and overall health outcomes. It relies on programs like teleoncology (the application of telemedicine to oncology) to increase access to care wherever a patient is located, even if the physician is states away from the veteran.

“Every veteran will have access to cutting-edge oncology care that will be delivered as close to them geographically as possible,” said Kelley.

Advancing cancer research is a key focus of the partnership. The VA’s National Precision Oncology Program, which launched in 2016 and uses samples of tumors to look at a patient’s genetic profile and create a targeted treatment approach, grew out of such research and testing. At the Baylor College of Medicine, teams have recently launched a study using artificial...
intelligence imaging systems to help surgeons make better assessments about the removal of breast tumors, which could help reduce the need for further surgeries due to recurrence.

“One of the big problems in breast cancer surgery is that, in about 1 in 4 women on whom we do a lumpectomy to remove cancer, we fail to get clear margins,” Dr. Alastair Thompson, a surgical oncologist and Baylor professor, said in a statement. “Hence the need for a good, effective and user-friendly tool to help us better identify if we have adequately removed the breast cancer from a woman’s breast, to get it right the first time.”

Baylor researchers are also currently looking at ways to screen Food and Drug Administration-approved compounds to treat cancer in ways that are faster and less costly than traditional drug development strategies, as well as using lab testing to explore the causes behind racial and ethnic health disparities in breast cancer.

And while the primary focus of this partnership is on women’s health, men are not immune from breast cancer—especially male veterans, who have higher rates of the disease as well.

“It’s interesting that the VA has a significant fraction of all the men that have breast cancer, and it then actually presents an opportunity perhaps to test some hypotheses, new treatments or new approaches to treating men with breast cancer that may be different in a population that you wouldn’t ordinarily be able to approach because there just aren’t enough men in one system, but now there may be in our system,” said Dr. Rola El-Serag, Baylor assistant professor and medical director of the Women’s Health Program at the Houston VA Medical Center.

According to the Armed Forces Health Surveillance Center, 874 military women were diagnosed with breast cancer between 2000 and 2011—slightly more than the number of U.S. women wounded in Iraq and Afghanistan over that period. While it’s unclear what characteristics these tumors had, a University of Michigan study found that among a group of more than 62,000 patients who were diagnosed with estrogen receptor-positive breast cancer, the risk for spread was between 10% and 40% for recurrence over a 15-year period, even after being deemed cancer-free following a course of treatment.

“The women serving today are the ones who will be sitting in VA exam rooms in the coming decades, and they will carry with them an entire medical history of illness and injury,” said National Legislative Director Joy Ilem. “The VA must be prepared to help the growing number of women veterans diagnosed with breast cancer get the best care possible, so this System of Excellence partnership really comes at a crucial moment.”

“[The VA does] have hubs around the nation where we are providing outstanding state-of-the-art care for breast cancer,” said El-Serag. “Part of establishing this network is really for us at the centers to be able to share these practices and guide other facilities around the nation, along with our community partners, to standardize the care so that all of our female veterans are receiving excellent care.”
Veterans, caregivers benefit from new initiative

By Tom Jenkins

Twelve years ago, Donna Joyner had to make a difficult decision when her husband, Dennis, needed rotator cuff surgery on his shoulder. When his arm was put out of commission, Dennis—a triple amputee who was injured during his Army service in Vietnam—temporarily lost the use of his last remaining limb along with his ability to push his wheelchair.

Donna, who worked for the DAV Department of Florida, chose to resign from her full-time position to take on the full-time role as her husband’s caregiver—a role she had already been performing throughout their 40 years of marriage.

“It was really tough because that decision was made in about a day and there was no choice,” said Donna.

“We just dealt with it. And, you know, at first I was furious. I had two years until I actually would get a pension, and everything went out the window. At first I was like, ‘Gee, what else?’ Then I thought of my husband whom I would do anything for. It’s just what you do.”

For the next 12 years, the Joyners kept moving forward with no formal medical training and no means of compensation for Donna’s role as a caregiver, including her lost wages and retirement income.

Dennis, a member of Chapter 16 in Orlando who served as DAV national commander from 1983 to 1984, not only personally knew the importance of having a family caregiver but also knew the struggle that thousands of others like them faced.

The Joyners finally found relief last year. After years of helping DAV’s push for disabled veterans
of all eras to be made eligible for the Department of Veterans Affairs’ Program of Comprehensive Assistance for Family Caregivers—the program that provides training for caregivers, along with a modest stipend and respite care, among other resources—the expansion of which began Oct. 1. On that date, in accordance with the VA MISSION Act of 2018, the VA began accepting program applications from Phase 1 veterans, those whose injuries or illness was incurred on or before May 7, 1975.

For Dennis and Donna, the timeline from submitting their application to receipt of support services was a matter of weeks—and the program has already made a world of difference.

“It provides a lot of different resources,” said Dennis. “It provides contact with the caregiver’s office in your area. You can call and talk with someone if you need advice, assistance, or they can help you figure out certain things.”

In addition to an extensive training program, caregivers like Donna have answers and support for issues that have loomed over them for decades.

“It was quite scary, not knowing what would happen to Dennis should something happen to me,” said Donna. “Thankfully, I did have family backing me up. However, I think of all the people that don’t have that, and where do they go? Now they have a resource to go to. Now, I can turn to the caregiver program and say, OK, we need some help in this direction.”

“The expansion of the comprehensive caregiver program for families like Dennis and Donna Joyner has made a world of difference in their day-to-day lives and provided more peace of mind about the future,” said DAV National Legislative Director Joy Ilem. “This program provides needed training, support from VA staff, and tips that remind caregivers it is important to take care of themselves so they can provide the best care for their veteran or loved one. Dennis can rest assured that if Donna is no longer able to care for him at some point, there are now other options. For Donna, just the acknowledgment and support this benefit brings helps her continue on in this critical role and feel like she is not alone anymore.”

Along with the changes to the caregiver program, the Campaign for Inclusive Care, created to actively include caregivers in veterans’ medical care, will now begin to filter across the VA. The campaign, in partnership with the Elizabeth Dole Foundation, aims to equip medical professionals with training to better support both veterans—specifically those receiving geriatric, polytrauma and traumatic brain injury care—and their caregivers.

Veterans with a 70% or higher single or combined service-connected disability rating are considered eligible within the Campaign for Inclusive Care.

For the Joyners, changes like these have been a long time coming, and despite the decades of financial difficulty and emotional strain, the support comes at a crucial time for them and for many veterans of Vietnam, Korea and World War II.

“You take on a lot when you’re a caregiver,” said Donna. “I might be getting older, but I’m doing probably more than ever.”

Learn more about the VA’s Program of Comprehensive Assistance for Family Caregivers at dav.la/2ls and the Campaign for Inclusive Care at dav.la/2lt.
After years of procedural hurdles, Iraq War hero Alwyn Cashe cleared to posthumously receive long-overdue Medal of Honor

By M. Todd Hunter

Every American armed conflict seems to have at least one service member whose battlefield heroics are known to an entire generation of warfighters, but who—for one reason or another—many feel has not received proper recognition for those actions. For the post-9/11 generation of veterans, that hero is Sgt. 1st Class Alwyn Cashe.

On Oct. 17, 2005, while on his second combat deployment to Iraq since the 2003 invasion, the Bradley Fighting Vehicle he was in ran over an improvised explosive device in the city of Daliaya. The blast ruptured the Bradley’s fuel cell and spread gasoline throughout the vehicle’s hull, completely disabling it and engulfing it in flames. Cashe, who was manning the turret, was only slightly injured but drenched in fuel. As soon as the Bradley screeched to a halt, the vehicle and its crew began taking incoming fire. Seeing the driver was on fire, Cashe climbed out of the gun turret to pull him out of his hatch. After extinguishing the driver’s flames and pulling him to safety, Cashe returned to the vehicle to get the six other soldiers and their Iraqi translator out of the firestorm inside the payload compartment. That’s when Cashe caught fire himself.

Cashe returned to the Bradley multiple times to make sure every soldier was pulled out alive, ignoring the flames as they burned away his personal protective equipment. Though his uniform was melted to his skin, he refused treatment until all of his soldiers were taken and cared for first. Eventually, medical personnel at Balad Air Base were able to begin treating his extensive injuries.

“The surgeons worked for hours on his wounds, and we worked for hours in the intensive care unit to stabilize him for transport. In the end, damage to his lungs made him too sick to be safely transported by plane to our hospital in Germany and then on to a burn center in San Antonio,” then-Maj. Mark Rasnake, an Air Force infectious disease specialist, wrote in a letter home to Cashe’s family. “Our air evac team loaded him into the plane for the six-hour flight to Germany. They
had to deliver every breath to him during that flight by squeezing a small bag by hand."

By the time Cashe reached Germany for additional treatment, 72% of his body was covered in second- and third-degree burns. He was then transferred to Brooke Army Medical Center in Texas before succumbing to his injuries there on Nov. 8, 2005, leaving behind a wife, two daughters and a son. He was 35.

“My brother told me an officer once asked him why, when they were in a danger zone, he was always out front,” his brother, Karlos Cashe, said during his funeral, according to The Orlando Sentinel. “He told me that he said, ‘I’m at peace with myself and God, and some of these other guys might not have reached that point yet.’ That was my brother.”

Four of the soldiers he saved that day ultimately succumbed to their injuries as well, but for his actions, Cashe was posthumously awarded the Silver Star and Purple Heart.

Many of those who were privy to the facts of the attack felt Cashe was deserving of the Medal of Honor, but Army officials contended at the time that his actions did not meet the active combat criterion in order for it to be awarded. Initial reports did not include the detail of incoming enemy gunfire. But after those facts came to light, Cashe’s battalion commander, then-Col. Gary Brito, launched a campaign to have his award upgraded to the Medal of Honor.

That nomination was submitted to the Army in May 2011 but seemingly got lost in Pentagon bureaucracy, as can often happen in the extensive Medal of Honor recommendation process. One such hurdle included a five-year procedural limit on awarding the medal.

Meanwhile, Cashe’s many advocates continued pushing for an upgrade until, in August 2020, then-Defense Secretary Mark Esper completed his review of the case and wrote a letter to lawmakers indicating he would support such an upgrade and requested Congress to pass legislation that waived the five-year limit.

Reps. Stephanie Murphy and Michael Waltz of Cashe’s home state of Florida, as well as Rep. Dan Crenshaw of Texas, then took action by introducing the individual waiver legislation.

“For well over a decade, there has been a painstaking effort by Cashe’s family, friends, and former comrades to have his Silver Star upgraded to the Medal of Honor, which is clearly justified by the facts of this case,” Murphy said in a statement about the bill. “My colleagues and I are working together to remove the one remaining technical obstacle that stands in the way of this incredible soldier receiving the recognition he earned.”

In September 2020, the legislation was approved and later signed into law, clearing the way for Cashe to receive the Medal of Honor. However, an additional measure to award the medal must still be submitted by the Department of Defense and approved by the president to finalize it.

If the move is made, Cashe would become the first African American to receive the Medal of Honor for actions in Iraq or Afghanistan.

“Everybody that has been on this path and remained faithful helped us learn about a different side of my brother,” Kasinal White, Cashe’s sister, said at a press conference when the legislation was approved. “We knew his positive and generous side, but we didn’t know about his military side and what he did.

“They’ve given us pictures we probably never would have gotten.”

And once he is awarded the Medal of Honor, Cashe’s picture will hang in the Pentagon’s Hall of Heroes, immortalized among post-9/11 veterans and generations of American warfighters to come.
How DAV is changing the way we view benefits for burn pit-related disabilities

By Tom Jenkins

When Michael Hert sat in on a panel with other post-9/11 veterans to discuss the effects of toxic exposure, he thought the only thing they all had in common was the decision to wear the uniform of service. However, what Hert discovered is that the similarities they truly shared were beneath the skin. Many had symptoms of toxic exposure brought on by their time spent serving near open-air burn pits.

Hert began his 31-year military career under President Ronald Reagan. After the attacks on 9/11, he served as a civil affairs officer, including five overseas tours—two deployments to Iraq, one to Afghanistan and his final two to the Horn of Africa. This service placed Hert in proximity of 15 burn pit-eligible locations, recognized by the Department of Veterans Affairs, in the span of nine years.

At 63, Hert has seen the lingering health effects his Vietnam veteran predecessors have had from their exposure to Agent Orange and the denial of service connection they received for certain medical conditions despite overwhelming scientific evidence of an association between their exposure to Agent Orange and known health effects.

“We’ve seen what happened with Agent Orange,” said Hert, who is a past commander of the DAV Department of Wisconsin. “Then when I look at myself having had 15 different opportunities to be in a Burn Pit Registry-eligible location, it’s scary.”

The long shadow cast by Agent Orange was on the minds of DAV leaders and members when they were the first to raise the issue through journalists and constant, ongoing legislative efforts. DAV then initiated the pilot for the Burn Pit Registry, and the battle began.

Among those in the fight from the early days alongside DAV was Jill Wilkins, a DAV Auxiliary member, who has now spent years seeking answers after her husband, Kevin, an Army nurse who served at Balad Air Base, Iraq, was diagnosed with brain cancer and died just five days later.

“You just go from him being here and everything’s great … then he’s gone,” said Wilkins. “He had two weeks’ vacation coming. We had some money saved, but I didn’t take time from my job because I thought I’m going to have to work a lot.”

These stories have become all too common for Deputy National Legislative Director Shane Liermann, who has been working with legislators in Washington, D.C., to find an accessible and clear path for veterans exposed to toxins to gain the benefits they deserve.

However, in the search for a way to pass legislation for presumption of exposure to toxins from burn pits, as Congress was able to do for Vietnam veterans exposed to Agent Orange, Liermann and his colleagues ran into issues surrounding the science.
“When I began working on this issue several years ago, we had only a study in 2011 to go off of,” said Liermann. “The study was inconclusive in connecting veterans’ health symptoms and diseases to their time serving near burn pits. So we knew that the science and studies needed to establish presumptive medical conditions based on exposure to toxins emitted from burn pits was going to take too long to try to prove.”

The reasoning behind the study’s decision was the number of variables that could have caused the effects of the exposure. When studies were able to show the symptoms of toxic exposure in Vietnam directly correlated to Agent Orange, scientists could point to the exact cause of the effects. With burn pits, however, the length of exposure at different sites could differ and numerous substances could be mixed at any time and vary widely between composition, making it difficult to determine the exact cause of veterans’ reported symptoms and diseases.

“It’s not that Congress doesn’t want to do the right thing for veterans,” said Liermann, “but it’s much harder to authorize benefits without the science behind it—that’s not responsible legislation. However, what they can do is pass the Veterans Burn Pits Exposure Recognition Act, legislation that would concede exposure to airborne hazards and toxins from burn pits and allow veterans to file for direct service connection. It’s not a guarantee, but veterans aren’t going to have to wait for science and presumptive conditions to be established.”

This bill already has bipartisan support in the Senate, and if reintroduced to the 117th Congress, it would allow all veterans who served in the

“We don’t have to repeat what happened with Agent Orange. DAV is working with veterans and elected officials to promote awareness—and understanding—around toxic exposure.”

—Michael Hert, Army veteran
designated parts of the world where burn pits were used to receive an examination by the VA. “It’s a foot in the door,” said Liermann, adding that passage of the act may be all it takes to help save thousands of lives and provide benefits these men and women need and deserve.

Veterans exposed to burn pits would benefit from DAV’s leadership on this issue, according to Hert. “We don’t have to repeat what happened with Agent Orange. DAV is working with veterans and elected officials to promote awareness—and understanding—around toxic exposure,” he said. “Because of the great leadership team at DAV at the national level and the legislative team we have in Washington, working in conjunction with DAV departments and local chapters, I think we’re going to have a real impact.

“There’s nothing better than an educated DAV chapter member going to a town hall meeting or meeting individually or as a group with local elected officials that are on the federal level and talking with them about this subject and making a connection with them,” he added.

As for the families, the bill would alleviate many of the financial and medical worries they face. “That would be huge,” said Wilkins. “I basically started from scratch. With something like this, it would make someone not have to go through the frustration and the stress of trying to figure out what their next step is going forward.”

Top: Army Nurse Kevin Wilkins, who died of brain cancer shortly after serving at Balad Air Base, Iraq, in 2008. Bottom: Survivor Jill Wilkins and her children, Keaton and McKenna, visit the Florida National Cemetery in Bushnell, where Maj. Kevin Wilkins was interred. (Photo by Nina Berman/NOOR. All rights reserved.)
though the COVID-19 pandemic has upended much of the past year, the Independent Budget (IB) partners—DAV, Veterans of Foreign Wars and Paralyzed Veterans of America—remain committed to elevating critical veterans issues spanning from veterans health care and benefits to employment and education. In February, the group—as it has for the past three decades—released The Independent Budget Veterans Agenda for the 117th Congress along with recommendations for the Department of Veterans Affairs’ fiscal year 2022 budget.

The past year has presented new challenges for veterans, impacting their access to VA health care, benefits and transition services. As the disruptions from the pandemic are expected to stretch into much of 2021, the IB’s budget recommendations and critical issues reflect a cautious approach, urging flexibility in meeting unprecedented and unpredictable needs.

“Given the public health crisis and the amount of uncertainty in the year ahead, it is imperative that the new administration and VA leadership work closely with the 117th Congress and veterans organizations to ensure that there is full transparency about VA expenditures throughout fiscal year 2021,” said the IB partners.

For FY 2022, The Independent Budget recommendations include approximately $102.2 billion in total medical care funding and approximately $109.2 billion for FY 2023; however, the IB cautions that the VA must be prepared to request—and Congress should be prepared to approve—supplemental appropriations in the event that VA appropriations fall short of what is needed to provide veterans timely access to medical care. Similarly, the group says, the “VA and Congress must be ready to adjust fiscal year 2022 budget requests and appropriations to ensure full funding for all veterans benefits, programs and services.”

The impact of the pandemic on demand for VA services both at present and into the future, the IB partners believe, must be accounted for, including the likelihood that deferred care and demand by veterans will increase VA health care usage as 2022 approaches. Additionally, the group believes the VA will likely experience a period of new, unique patient growth—estimated to be roughly 80,000 patients—partially due to pandemic-related job losses and economic turmoil.

The Independent Budget tackles a number of issues—including VA claims reform, benefits for toxic exposure, mental health care and suicide prevention efforts, refinement of services for underserved and minority veterans, and veterans education and employment. It also provides lawmakers and the administration with a series of recommendations for improvements.

“The 117th Congress will be responsible for continuing to oversee the completion of modernization efforts begun under the VA MISSION Act, as well as confronting the ongoing health and economic challenges associated with the pandemic,” said National Legislative Director Joy Ilem. “The Independent Budget is an important guide to help this new Congress identify and tackle these issues, building on the wealth of historical knowledge and expertise the IB partners bring to the table.”

View all the IB partners’ critical issues and budget recommendations at independentbudget.org.
As a second wave of the coronavirus ravaged communities across America, hospitals—including Veterans Affairs medical centers—were hit hard. With active COVID-19 cases among VA patients up 70% in November alone, VA health facilities and services were stretched thin as they headed into the winter months.

For DAV volunteers, the dedication to serve veterans remains strong despite the ongoing public health crisis, especially for those who volunteer with DAV’s Transportation Network. Though the process looks and feels a little different now in locations that are allowing the network to operate, volunteers from the Department of Minnesota and many other states have proven it’s possible to carry on through challenging times.

“With COVID, our numbers are starting to go up on positive tests,” said veteran and volunteer driver Alan Skramstad, who also happens to be mayor of Mora, Minnesota. With these numbers rising in Skramstad’s community, receiving regular scheduled medical care is a growing necessity for veterans. However, as cases rise, the reality of the pandemic weighs heavily on the Mora community. Nevertheless, Skramstad and his local chapter are committed to helping and honoring their fellow veterans.

“We have lost nine members of our community to the pandemic,” said Skramstad. “Three that I know of and have done honors for have been veterans. Our honor guard has said we will do that no matter what; we take every precaution.”

Mora is 74 miles from the St. Cloud VA Medical Center, and it can take an entire day just driving one or two veterans to and from a medical appointment. Skramstad and other DAV volunteer drivers make the trek to and from the hospital to ensure the veterans in his community and surrounding area still have access to their care—usually a 270-mile round trip, from pickup to drop-off.

Helen Loslebon retired from her 9-to-5 job a few years ago and was looking to give back to her community when she received a postcard...
from her local VA searching for volunteer drivers. Since then, she has spent one day a week driving veterans to and from their local VA and says it has given her something to look forward to.

“I just know that driving makes my week a lot more interesting,” said Loslebon. “[The veterans] have really given a lot back to me too.”

With COVID-19 cases on the rise, though, drivers like Loslebon have begun to feel the pressure of a growing workload.

“I have just been back about six weeks now,” said Loslebon, who lives in the suburbs of Minneapolis. “I think that they still have a shortage of drivers because I can see that some days I’m the only driver in the afternoon.”

Vietnam veteran and volunteer driver Jeff Jarret, from Hibbing, Minnesota, typically makes a 450-mile round-trip journey to bring his passengers to the nearest VA in Minneapolis. He said that, while the miles may add up, the journey is far too important not to make it.

“It’s a long, long drive, but being a veteran myself, volunteer driving feels more like I’m paying it back to the people that need it,” said Jarret. “I don’t think anybody really knows what it’s like to be in a war unless you’re there and the trauma that they’ve had.”

While the pandemic has brought its share of challenges, the program—and many other groups across the nation—face a growing shortage of available volunteers.

“The fact of the matter is, we need an entire new corps of volunteer drivers to step up and help the generation of aging volunteers who are carrying the majority of the load now,” said National Voluntary Services Director John Kleindienst. “With this pandemic, the risk for many of our drivers is often too high for them to volunteer their time, and soon they themselves will need help getting to and from their appointments. That’s why we encourage everyone, not just our veterans or their family members, to volunteer. Ask your neighbors, friends and community to repay the time and sacrifice that our nation’s veterans have made for us.

“All we need is one day a month from our volunteers, and you will have changed the lives of so many,” said Kleindienst.

Get Involved

To become a driver or learn about other volunteer opportunities, visit dav.org/volunteer.
As we begin to see the light at the end of the tunnel of the COVID-19 pandemic, we must remember that we cannot let up in our endeavors to continue to help those who have served. The pandemic in parts of the country has inhibited our amazing volunteers from doing their jobs; however, several Voluntary Service programs throughout the country are finding ways to fulfill their duties.

In Wisconsin, Patty Davis, DAV Auxiliary state adjutant and Milwaukee VA transportation manager, has been leading the charge with her team on developing ways to volunteer safely during this pandemic. Making sure every DAV Transportation Network vehicle has been disinfected and cleaned after each ride, ensuring every veteran and volunteer driver has an efficient amount of personal protective equipment (PPE), and limiting the number of passengers in each vehicle.

In Minnesota, DAV Department Adjutant Trent Dilks has been focusing on the importance of personal and human connections made by his volunteer drivers. Dilks says that many of the veterans in his community, especially throughout the winter, are isolated. So the time these veterans get with their Transportation Network volunteer drivers is often the most conversation they’ve had during this isolating time.

For our homeless veteran population, DAV has provided backpacks filled with essential toiletries, warm clothes, PPE and even nonperishable foods. However, these packs would not have been available without the help of volunteers taking one hour out of their day to help fill and distribute them throughout their community.

Our incredible volunteer drivers would not be able to provide rides to their local VA hospitals without the vehicles provided by DAV departments and chapters. In 2020, DAV departments and chapters donated 111 Ford vehicles, in addition to eight that were donated from longtime DAV partner Ford Motor Co. However, these vehicles have to be transported throughout the country, and the risk of travel for many of our volunteers is high.

Nevertheless, we’ve had volunteers fly and drive across the country to make sure their community and the VA receive new Transportation Network vehicles. Drivers from Montana and Colorado to New York and Massachusetts—among many others—made their way to national headquarters this summer, fall and winter to pick up vehicles.

We are all so proud of these amazing volunteers—and all those who give their time and energy to DAV.

Today and going forward, we will face many of the same issues we did upon our founding in 1920: veteran homelessness, the struggle to find meaningful employment, and access to the health care and benefits veterans need and have earned. But as we begin to build normalcy back into our lives, we have the opportunity to emerge stronger than ever. We will, but we can only do so with the help of our volunteers—and we need as many as we can get.
In December, then-President-elect Joe Biden selected Denis McDonough to lead the Department of Veterans Affairs. A public servant who has spent most of his career engaged at the highest levels of shaping domestic and foreign policy, McDonough was nominated in December to become the 11th Secretary of Veterans Affairs.

“Through his service as White House chief of staff, deputy national security advisor, and chief of staff of the National Security Council, McDonough helped lead the Obama-Biden administration’s work on behalf of military families and veterans and earned the trust of the president-elect as a first-class manager with the knowledge and vision to deliver results,” Biden said in a statement following his announcement of McDonough’s nomination.

“The partnership between the VA and veterans service organizations is invaluable, particularly during a transition of leadership, and we look forward to meeting with Mr. McDonough to learn more about his vision for executing the department’s mission and to share DAV’s views on the most critical issues facing the nation’s veterans,” DAV said in a statement after Biden’s announcement.

While other veterans organizations expressed surprise—and in some cases disappointment—in Biden’s pick of McDonough, owing to the fact that he does not have a military or medical background, DAV remained open and hopeful during the nomination and confirmation process.

“Secretary McDonough reached out to me personally nearly immediately after being nominated to voice his dedication to America’s veterans and his resolve in making it a priority for the federal government to work as it should for veterans,” said Washington Headquarters Executive Director Randy Reese. “His proactive approach to foster good relationships with veterans groups like DAV is very much appreciated. We look forward to getting a better understanding of his plans for addressing the issues the department faces and hopefully for achieving some of DAV’s priorities as well.”

Secretary of Veterans Affairs nominee Denis McDonough is sworn in during his confirmation hearing before the Senate Committee on Veterans’ Affairs. (Leigh Vogel/Pool via AP)
From basic training to combat, receiving mail is a time-honored military tradition. A letter from home goes a long way to boost morale by offering a glimpse of something familiar and comforting. But research indicates that the steady flow of caring messages can do more than just enhance one’s mood; it can also lead to lower rates of suicide.

To bolster suicide prevention efforts last summer, the Department of Veterans Affairs launched the Caring Letters Program. The evidence-based initiative involves sending recurring messages to veterans enrolled in VA health care who contacted the Veterans Crisis Line.

“It’s a series of about nine letters that veterans receive after they call the Veterans Crisis Line that indicates care, concern and connection,” said Dr. Lisa Kearney, VA deputy director for suicide prevention. “It’s focused on those individuals because we have all of their information and they’re identifiable.”

In each letter, veterans are reminded of their resources, such as mobile apps and telephone numbers related to their benefits.

The program follows the 2019 VA and Department of Defense clinical practice guidelines, which encourage brief, nondemanding follow-up communication that engages veterans by informing them of available treatment options.
It’s a way to reconnect, not only with treatment options, but to remind them that there are folks here that care for them,” added Kearney.

This simple yet effective approach to suicide prevention follows medical research showing that those receiving thoughtful letters can reduce their likelihood of suicide. In a 2001 study, published in the medical journal Psychiatric Services, scientists at the University of California San Francisco School of Medicine split 843 patients into two groups: those who received a letter at least four times a year and those with no further contact.

“Patients in the contact group had a lower suicide rate in all five years of the study,” the study’s authors concluded.

The VA has mailed 172,000 letters to just over 47,500 veterans during the first five months of the program.

Maintaining contact—even via a text message or video chat—can go a long way to fight isolation, said Kearney, particularly during the pandemic. But writing letters to help combat feelings of aloneness and desperation isn’t only being coordinated at the higher levels of the VA. Some VA employees are taking it upon themselves to bring heartfelt messages to the people they serve.

Like nearly all veterans residing in VA community living centers across the country, residents at the VA Central Western Massachusetts Healthcare System are physically isolated due to COVID-19 safety precautions, and visitors are prohibited. So when Navy veteran and VA registered nurse Tim Moran saw an opportunity to lift spirits, he posted a Facebook status encouraging people to send a heartfelt message.

“I asked people to write to our veterans in the [community living center] on the main campus since they can’t leave or receive visitors for their own safety,” Moran said in a VA blog post in July. “We received between 115 to 120 pieces of mail in response to that first Facebook post. Every veteran received at least three or four letters during the first mail call.”

While VA mental health professionals and other individuals involved with the Veterans Crisis Line write the Caring Letter Program’s correspondence, Kearney challenges anyone to consider what a simple, caring message can do for the veterans in their communities.

“When those thoughts come up of someone in your life that you care about, make it a point to act, not to do it later, but to say, ‘OK, I’m going to stop right now and do that,’” she said.

Campaigns like this can easily translate to DAV and DAV Auxiliary at the chapter and unit levels.

“Being there is such an important part of what we do as veterans,” said National Commander Butch Whitehead. “It only takes a few minutes of your time, but checking in and sending or delivering messages can make a world of difference in a veteran’s frame of mind and give them a reason to stay connected.”

“Dr. Lisa Kearney, VA deputy director for suicide prevention
Receive a generous fixed income for life

While helping your fellow veterans!

Charitable gift annuity donors receive generous fixed payments for life, largely tax-free; a charitable income-tax deduction for those who itemize; and DAV Guardian Society recognition.

Gift Annuity Requirements
• $10,000 minimum gift to the Trust.
• Up to two annuitants (payment recipients).
• Minimum age(s) 60; no maximum age.

For more information
• Call Judie List Sweeney at 1-800-216-9802, ext. 1.
• Email giftplanning@dav.org.
• Return the attached postcard.

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Please call for all one- and two-life rates.

Funding a charitable gift annuity is a win-win

DAV member and volunteer receives generous fixed income for life, helps fellow veterans

For Jerry Kerkhove, a U.S. Army 101st Airborne Division veteran who served in Vietnam, the decision to fund a charitable gift annuity with the Charitable Service Trust was a wise one.

“I intended to make a larger cash donation, but when I saw the rate of return on a gift annuity, I thought, ‘That is for me,’” said Kerkhove, who is an active DAV volunteer. “Not only could I get a much better return on my money than most other places, but I could also help my fellow veterans. This was a win-win for them and for me.”

Through his gift annuity, Kerkhove receives a generous fixed income for life, largely tax-free. Married couples can ask about two-life rates. Those who itemize can also claim a one-time charitable deduction for a large portion of their gift. In the future, what remains from the annuity becomes a wonderful gift toward veterans programs and services.

Kerkhove’s generosity to DAV extends to his personal time. Since 2015, he has provided rides to more than 1,800 veterans through the DAV Transportation Network and has delivered new vans from DAV National Headquarters to South Dakota. All told, he has logged nearly 3,500 volunteer hours through DAV service programs, generously giving his time out of gratitude and respect.

During the rides, Kerkhove hears touching stories and learns how grateful veterans are to DAV and the Sioux Falls VA Health Care System.

Kerkhove has stories of his own. While serving in the 101st, he was the liaison officer for South Vietnamese soldiers who served as division interpreters. One of his favorite memories of Vietnam was seeing the Bob Hope Christmas Show in Camp Eagle, an area inside the war zone but heavily guarded for the event. He also looks back on the division band often playing “We Gotta Get Out of This Place” by the Animals, what GI’s considered to be their national anthem of South Vietnam.

“I am so thankful I have the time, ability and desire to help my fellow vets,” said Kerkhove. “I never dreamed of how rewarding this would all be. I encourage others to volunteer and to call Judie List Sweeney to learn more about the gift annuity program and how it could be a ‘win-win’ for them too.”

Our charitable gift annuity program is one of many special ways to make a lasting difference in the lives of veterans and, in so doing, “live beyond your years.” You can also check out DAV’s new benefit for members and friends: a no-cost will through Freewill.com/dav.
After a yearlong hiatus that consisted of virtual programs only, Camp Corral is planning to safely host 15 summer camps in 2021. In partnership with DAV, Camp Corral provides free, one-of-a-kind summer camp experiences for children of wounded, disabled or fallen military service members and veterans.

To qualify for Camp Corral, children must also be between the ages of 8 and 15 on the first day of camp. The organization partners with accredited community entities that offer traditional camp experiences through activities such as horseback riding, canoeing and rock climbing. A feature unique to the Camp Corral experience is that a military family life counselor is on-site to work with campers as needed.

Camp Corral has served over 24,000 military children—the majority of whom have a parent who was wounded, made ill or killed in service.

“DAV is honored to support Camp Corral and its mission of ‘strengthening military families, one child at a time,’” said National Adjutant Marc Burgess. “We understand that the children of military members endure unique sacrifices along with their parents. One of our priorities is to give them a chance to be kids while connecting with children from similar backgrounds and experiences. After a challenging summer in 2020, these kids deserve every opportunity available to them to enjoy each other’s company and the great outdoors.”

Through DAV’s Just B Kids scholarship program, more than 4,500 children of wounded, disabled or fallen veterans throughout the nation have attended Camp Corral programs for free.

Applications opened Jan. 26 and will close when each camp session is full or one month before the session’s first day. For more information or to apply, visit justbkids.org.

Schedule is subject to change. Visit campcorral.org for updates and COVID-19 safety measures.
Sharing and caring

As the past few months have exposed many of our wounds, it has just as easily highlighted our many strengths and what we can do when we truly put our minds to something as an organization. Going forward, we must continue to grow and overcome these adversities.

When we think of what has made us so strong over this past year, two words come to mind: sharing and caring. We are taught these words at a very young age. However, over time, they can lose their meaning or fail to grow as we do.

When I say sharing, I mean we need to begin sharing ideas, methods and strategies. This includes ideas that may seem out of the norm but could perhaps make us more effective. We must begin to share ideas again and not be afraid of changing the status quo. There are methods and strategies that may be working for you and your unit, state, department or community that could be shared throughout the rest of the country to help us move forward as an organization. The world is constantly changing, and we must be able to change with it so we are not left behind.

When I say caring, I mean that in the most literal sense possible. We have to care for each other if we are to continue our mission. DAV and the Auxiliary, from our earliest days, were created for veterans and their families to care for one another. We can be proud to say that we have never stopped caring for one another. However, we need to begin to expand this sense of care by spreading our ideas and finding new ways to inspire one another.

Sharing and caring begin in our hometowns. Our mission has always been community-based, and it starts the second a veteran returns home and needs support. We urge you all to get involved in your local communities’ discussions surrounding veterans or, for many, to begin the conversation. How are your neighbors helping those who protected and fought for their freedom?

Sharing and caring. These two basic ideas will serve us best going forward. They go together so incredibly well. By sharing ideas, methods and strategies, we are continuously caring for one another. On the other hand, can we truly begin to care for someone if we do not listen with open minds and hearts?

We become stronger through sharing and caring, which is why we learn that at such an early age. So we challenge you to share your ideas, methods and strategies with your fellow members and neighbors and to reach out to one another in an act of caring and kindness.
Single access point now available for veterans to reach all VA contact centers

The Department of Veterans Affairs launched a single access point to all VA contact centers in order to simplify the process for veterans. The consolidated phone number, 1-800-MyVA411 (1-800-698-2411), is available 24 hours a day, 365 days a year, to serve veterans, their families, caregivers and survivors.

Responding to veteran feedback on the challenges of knowing the right number for VA assistance, 1-800-MyVA411 serves all members of the veteran community seeking information or help.

According to the VA, veterans and their families can still reach the Veterans Crisis Line directly by calling 1-800-273-8255 and then pressing 1, by chat or by texting 838255. The White House VA Hotline is also still available at 1-855-948-2311 for veterans and their families to share compliments and concerns.

1-800-MyVA411 provides information on:
- COVID-19 updates.
- Health care eligibility and enrollment.
- VA benefits, such as disability, compensation and pension, education programs, caregiver support, insurance, home loans, and burial headstones and markers.
- The nearest VA medical centers, benefits offices or cemeteries to veterans; VA medical center operational updates; and connection to VA medical center operators.
- Directory assistance and technical support for VA.gov.
- Debt and payment options.

When dialing 1-800-MyVA411, callers also have the option of pressing 0 to be immediately connected with a customer service agent to answer questions.
Past National Commander Chad Colley


Colley received a commission in the U.S. Army in 1966 after graduating from North Georgia College. In 1968, he was leading a 101st Airborne Division company on a mission northwest of Saigon when he was severely injured by a land mine explosion. The blast took both of Colley’s legs and his left arm. However, it didn’t dim his positive outlook. In a surprisingly up-beat letter to his wife, Betty Ann, just three days after he was wounded, he wrote, “Even though I’m banged up pretty bad, I’m still me. I can put my loss of limbs into an asset. I have a big challenge to undertake now.”

Colley led an astonishing and celebrated post-injury life. Elected DAV national commander at the 1984 national convention in Washington, D.C., he chaired two committees vital to the organization’s mission. As chair of the DAV Charitable Service Trust from 1995-2000, he headed DAV’s efforts to support physical and psychological rehabilitation programs that provide direct services to ill and injured veterans.

Having won several medals in national and international events for severely disabled skiers, including two gold medals at the 1994 Paralympics at Lillehammer, Norway, Colley also served as a DAV ambassador for nearly two decades at the National Disabled Veterans Winter Sports Clinic—one of the most extraordinary rehabilitation programs ever organized for the nation’s most profoundly disabled veterans. There, he and Betty Ann hosted seminars educating married couples about life and relationships after a spouse is severely changed in service.

Active in DAV for many years, Colley was a past commander of Chapter 1 in Fort Smith, Arkansas. He served two years as a vice commander of the Department of Arkansas. In 1970, DAV honored him as national Outstanding Disabled Veteran of the Year, and in 1986, President Ronald Reagan named him Handicapped American of the Year. He subsequently served as vice chair of the President’s Committee on Employment of People with Disabilities. He also won the Unsung Hero Award from the Leaders in Further Education Foundation in 1997.

Colley is survived by his wife, Betty Ann, and two children.

Past Auxiliary National Commander Mary Beth Schulze

Past Auxiliary National Commander Mary Beth Schulze of Alliance, Ohio, died Jan. 12, 2021, just shy of her 100th birthday.

Schulze was elected to the organization’s highest office at the 53rd DAV Auxiliary National Convention in Honolulu on Sept. 3, 1975. She also served as the 13th District National Executive Committee member and in other local and state positions, including state commander and many terms as state treasurer.

“Mary Beth’s legacy will live on thanks to her kindness, dedication, as well as her many accomplishments making a difference in the lives of disabled veterans and their family members,” said Auxiliary National Commander Diane Franz.

Schulze is survived by her children, Pam (Fred) Weibel and Dennis (Karen) Schulze, four grandchildren and six great-grandchildren.
Past National Legislative Director John F. “Rick” Heilman

Rick Heilman enlisted in the Marine Corps and served from 1957 to 1961 before attending Temple University in Philadelphia. Upon graduating in 1966 with a Bachelor of Arts in history and political science, he returned to active service as an officer in Vietnam with Company B, 1st Reconnaissance Battalion, 1st Marine Division. He was medically retired in 1968 as a first lieutenant after suffering combat wounds that resulted in the loss of his leg.

In 1969, Heilman joined the DAV staff as a national service officer apprentice in Albuquerque, New Mexico, where he was a life member of Chapter 32. The next year, he transferred to Cleveland. In 1972, he was appointed assistant national legislative director. He was promoted to deputy national legislative director in 1976 before his appointment to his final post in 1978. He retired in 1994.

“The respect Rick earned as an advocate from his fellow veterans endured beyond his years of service for DAV,” said National Adjutant Marc Burgess. “He was on point for his fellow veterans as they returned from Vietnam and took the lead on many of the most important issues DAV faced in his era. The impact of his service will endure long beyond his time on earth.”

Heilman is survived by his wife, Marilyn, and his six children, including son Jack Heilman, a former DAV national service officer.

**REUNIONS**

**ARMY**

1ST PLATOON, 501ST MILITARY POLICE COMPANY
June 21–25, San Diego, CA, Contact: Robert Howard, Ph: 407-412-1443, Email: rehoward305@yahoo.com

3RD PLATOON, 501ST MILITARY POLICE COMPANY
(BAMBERG, GERMANY), 30-YEAR GULF WAR REUNION
June 19, San Diego, CA, Contact: Robert Howard, Ph: 407-412-1443, Email: rehoward305@yahoo.com

**NAVY**

USS COCHRANE (DDG-21) DECOMMISSIONING CREW
OF 1991
July 30–Aug. 1, Philadelphia, PA, Contact: James Haltsch, Ph: 267-615-1737, Email: jmhaltsch@hotmail.com

USS COGSWELL (DD-651), WITH USS WEDDERBURN (DD-684)
June 7–9, Bellevue, WA, Contact: George Overman, Ph: 760-889-2216, Email: Secretary@usscgswell.com

USS CONSERVER (AD-27) ASSOCIATION
September 18 or 19, 1969, for B Company, 1–3 Bravo, 1st Battalion, 3rd Brigade, Fort Leonard Wood. Willing to pay for yearbook. Contact: Kim Bellrose, Ph: 815-433-4387

**AIR FORCE**

601ST TACTICAL CONTROL ASSOCIATION
June 16–19, Oklahoma City, OK, Contact: Paul Mussolino, Ph: 937-838-0812, Email: mussolino@earthlink.net

**INQUIRIES**

- Searching for anyone who may know more about my uncle, Pfc. Christopher Schultz, from Perkasie, PA, born May 24, 1929. He was a member of the 525th Engineer Combat Battalion, U.S. Army. He fell from a telephone pole and hit his head. He was taken to the 121st Evacuation Hospital where he died on July 3, 1952. I cannot find any reference to the 525th Engineer Combat Battalion except a Philippine National Guard unit. This is the only info we have on his death. Contact: Chris Mandic, Ph: 513-200-4770, Email: chris_mandic@yahoo.com
- Searching for a friend or family member of Spc. 4 Ed Smith. We were in Vietnam in January 1967 in D Troop, 1st Battalion, 9th Cavalry Division. Contact: Bob Marshall, Ph: 248-328-6066
- Searching for Christopher Reed, 3rd Platoon, 501st Military Police Company, Bamberg, Germany, 1990–93. Contact: Robert Howard, Ph: 407-412-1443, Email: rehoward305@yahoo.com
- Searching for Spec. George Patterson, 4th Infantry Division, Pleiku, Vietnam. Contact: John Olinski, Ph: 321-327-5433, Email: jolin2killy@yahoo.com
- Searching for the basic training yearbook July 17 to Sept. 18 or 19, 1969, for B Company, 1–3 Bravo, 1st Battalion, 3rd Brigade, Fort Leonard Wood. Willing to pay for yearbook. Contact: Kim Bellrose, Ph: 815-433-4387
- Searching for those who served with my stepdad, Leonard Hughes, on the USS Snowden (DE-246) from July 1960 through August 1961. He has relayed an incident with a minesweeper collision. The USS Snowden was just out of dry dock from repairs when the “bump and run” occurred. The seamen were exchanging movies. The Snowden was badly damaged and returned to port, and the captain was escorted off the ship. I am not sure of the name of the minesweeper involved. Contact: Deana Sleep, Email: deana.sleep@gmail.com
- Searching for Thomas (Tom) Robbins. Originally from Cedaridge, CO. Went through basic training together at Lackland AFB, TX, September–October 1966, Training Squadron 1977. He then went to Barksdale AFB for tech school. Contact: Tom Schwieger, Email: thom0619@yahoo.com
- Searching for anyone that served on the Garry Owen Task Force, RF Battery, 26th Field Artillery Battalion in Vietnam, 1972. Contact: Bob Cox, Ph: 843-399-6412
- Searching for people I served with, Coast Guard Squadron 1 Division, 11th Infantry in Vietnam or was in the search and clear operation near Côn Tiên on July 30, 1969. Contact: Joe Blythe, Email: joeblythe@yahoo.com or Contact: Andy Tenessen, Ph: 269-838-1510
- Searching for anyone that served on the USS Garry Owen Task Force. Contact: Teunessen, Ph: 269-838-1510
- Searching for anyone that served on the USS Noa (DD-841) from January 1957 to January 1959 who may have had prostate cancer caused by asbestos on the ship. Contact: Charles Henderson, Email: mhr@maxsouth.net
- Searching for anyone that served on the USS Snowden (DE-246) in 1960 from repairs the “bump and run” occurred. The seamen were exchanging movies. The Snowden was badly damaged and returned to port, and the captain was escorted off the ship. I am not sure of the name of the minesweeper involved. Contact: Deana Sleep, Email: deana.sleep@gmail.com
- Searching for a sergeant who worked in the enlisted mess hall at 8th & I (Marine Barracks Washington, DC), 1971–72. His nickname was Ski. I worked in the post police during this time and would like to get in touch with him if at all possible. Contact: Marvin Eldridge, Email: snowy1@sunflower.com
- Searching for members of the 46th Engineers Headquarters Company at Fort Polk, LA, including, but not limited to, members that held the position of clerk (Cohen) or engineers (Tony, Al Massop). The base was located near Leesville, LA. I was the photographer. Contact: Johnny Bell, Ph: 787-668-9601, Email: radiantplastic1@gmail.com
- Searching for any info on what happened or for photos taken before he was killed. Contact: Michelle A. Kennedy, Email: deserter1440@gmail.com

**DAV.ORG | @DAVHQ | DAVHQ | COMPANY/DAVHQ | DISABLEDVETERANS**
In a world turned upside down, it is important that we the members of DAV and the Auxiliary have an understanding of what it is to be a peacemaker. The word “peace” never has a negative meaning, but neither does it mean the absence of trouble. However, it’s always associated with anything that makes for one’s highest good. Let me explain:

My faith states that there is a blessing for peacemakers, not necessarily for peace lovers. We all have a form of “peace lover” that dwells within. Who doesn’t love peace more than those that served our country in order to maintain a lasting peace for future generations? But the peace lovers I am addressing here are those who have no problem telling you what to do to maintain peace but will do nothing to assist.

For context here, peace lovers are those who avoid conflict, who “go along to get along” and believe that things will work out if we just don’t cause trouble. Peace lovers may stand idly by while evil is at work. They see but are loathe to act; they hear but may not listen. They don’t always see the evil before them as destructive because they do not want to get involved. Our history is rife with examples of individuals and groups who have remained silent. Peace lovers sometimes want everything to just be OK without their input.

Peacemakers, on the other hand, understand that sometimes, in order to have real peace, there must be confrontations. People who have fought for justice, served their country, and risked life and limb have been peacemakers. They understand, as Frederick Douglass said, that “power concedes nothing without a demand.” They dare demand, and they dare stand their ground until someone hears their demand. However, peace has a higher meaning, one in which we establish right relationships between one another. Peacemakers understand that they will get tired, but they do not let their fatigue drive the narrative of their lives. They understand that we are co-creators of justice, and the Creator depends upon those who will walk into the lions’ dens no matter the risk of personal injury or loss.

Peace lovers may hide and in doing so contribute to the perpetuation of evil and injustice for others and for themselves. Silence does not buy justice or ensure the peace that everyone says they want.

This is a time when we might think about how to be a peacemaker in the presence of a culture that often rewards apathy. Be someone who bridges the gaps, heals the breaches and restores a right relationship with one another.

In His Service to You.
Department of Veterans Affairs begins COVID-19 vaccine distribution to high-risk populations, with more on the horizon

By Matt Saintsing

More than 160 VA medical facilities were the first to receive and administer the initial rounds of COVID-19 vaccines in December, with priority going to frontline health care workers along with veterans residing in long-term care and spinal cord injury centers.

“Ultimately, the department’s goal is to offer the vaccine to all veterans receiving care at VA,” noted a VA statement announcing the distribution plan. “As increased vaccine supply is obtained, VA plans to distribute these vaccines at additional facilities to provide the vaccine to more veterans and employees.”

Shortly after the U.S. Food and Drug Administration gave its authorization, the VA received 73,000 Pfizer COVID-19 vaccine doses, with another 53,000 arriving in the weeks that followed. The initial group of 37 VA medical centers to receive the vaccines quickly expanded to 128 additional sites, as the VA received 150,000 doses of Moderna’s COVID-19 vaccine, following its FDA approval.

Pfizer’s COVID-19 vaccine, which the FDA assessed to be 95% effective in preventing the disease caused by the novel coronavirus, is administered in two doses, three weeks apart, officials said.

Following the preliminary rollout, the VA will begin to offer vaccines to more veterans at risk of contracting the virus, developing severe illness and dying from COVID-19, based on guidance from the Centers for Disease Control and Prevention.

Under those guidelines, the factors determining high-risk populations include advanced age, existing health problems that make COVID-19 more severe—such as diabetes, heart disease or obesity—and other risks.

Veterans seeking vaccination may face initial delays due to a limited initial supply. However, the VA expects vaccine production and distribution to increase substantially in 2021 as other pharmaceutical companies receive FDA approval for their COVID-19 vaccines.

“As many more millions of doses become available [in 2021], I know we’ll be continuing that operation to widen the lens for veterans,” said Dr. Jane Kim, the VA’s chief consultant for preventive medicine. “As we get more vaccines, we’ll be able to vaccinate those who are at higher risk first and continue going on from there.”

Learn More Online

For additional information, veterans and family members should review the VA’s coronavirus FAQ, va.gov/coronavirus-veteran-frequently-asked-questions.