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Volume 26 Issue 3

Dulce et decorum est pro patria mori

May - June 2024



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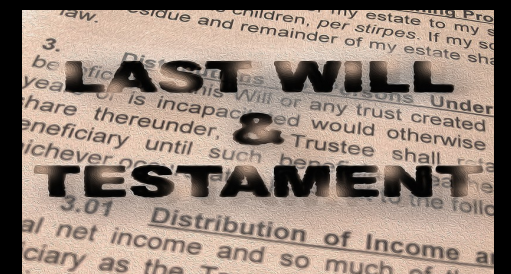
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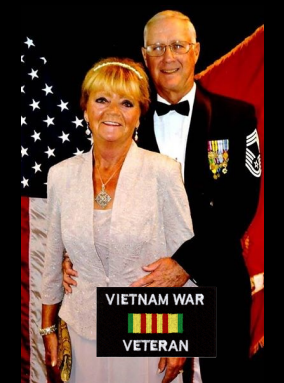
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Your Editor and His Hero

How Old Is Grandpa?

Stay with this -- the answer is at the end. It may blow you away.

One evening a grandson was talking to his grandfather about current events. The grandson asked his grandfather what he thought about the shootings at schools, the computer age, and just things in general. The Grandfather replied, "Well, let me think a minute.

I was born before:

- ' television
- ' penicillin
- ' polio shots
- ' frozen foods
- ' Xerox
- ' contact lenses
- ' Frisbees and the pill

There were no:

- ' credit cards
- ' laser beams or ball-point pens

Man had not invented:

- ' pantyhose
- ' air conditioners
- ' dishwashers
- ' clothes dryers
- ' the clothes were hung out to dry in the fresh air, and space travel was only in Flash Gordon books.



Your Grandmother and I got married first ... and then lived together.

Every family had a father and a mother. Until I was 25, I called every woman older than me, "ma'am". And after I turned 25, I still called policemen and every man with a title, "Sir".

We were before gay-rights, computer-dating, dual careers, day-care centers, and group therapy.

Our lives were governed by the Bible, good judgment, and common sense. We were taught to know the difference between right and wrong and to stand up and take responsibility for our actions.

Serving your country was a privilege; living in this country was a bigger privilege.

We thought fast food was eating half a biscuit while running to catch the school bus. (Or running to school).

Having a meaningful relationship meant getting along with your cousins.

Draft dodgers were those who closed front doors as the evening breeze started.

Time-sharing meant time the family spent together in the evenings and weekends-not purchasing condominiums.

We never heard of FM radios, tape decks, CDs, electric typewriters, yogurt, or guys wearing earrings.

We listened to Big Bands, Jack Benny, and the President's speeches on our radios. And I don't ever remember any kid blowing his brains out listening to Tommy Dorsey.

If you saw anything with 'Made in Japan' on it, it was junk.

The term 'making out' referred to how you did on your school exam.

Pizza Hut, McDonald's, and instant coffee were unheard of.

We had 5 & 10-cent stores where you could actually buy things for 5 and 10 cents. Ice-cream cones, phone calls, rides on a streetcar, and a Pepsi were all a nickel. And if you didn't want to splurge, you could spend your nickel on enough stamps to mail 1 letter and 2 postcards.

You could buy a new Ford Coupe for \$600, but who could afford one? Too bad, because gas was 11 cents a gallon.

In my day:

- ' "grass" was mowed,
- ' "coke" was a cold drink,
- ' "pot" was something your mother cooked in and
- ' "rock music" was your grandmother's lullaby.
- ' "Aids" were helpers in the Principal's office,
- ' "chip" meant a piece of wood,
- ' "hardware" was found in a hardware store and "software" wasn't even a word.

And we were the last generation to actually believe that a lady needed a husband to have a baby.

How old do you think I am?

I am 78 years old.

GIVES YOU SOMETHING TO MAKE YOU LOOK UPSIDE DOWN AND THINK ABOUT...

John Stewart, Your Editor



www.stripes.com

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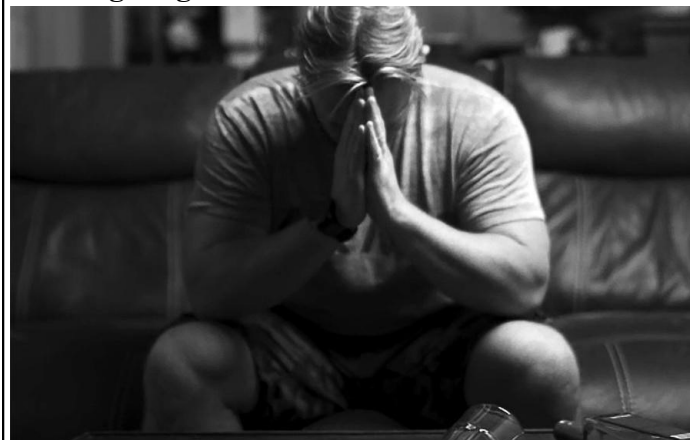
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A wife got so mad at her husband she packed his bags and told him to get out. As he walked to the door she yelled, "I hope you die a long, slow, painful death."

He turned around and said, "So, you want me to stay?"

Military's shortage of mental health workers causing long waits for care



The military's shortage of mental health workers and an increase in demand for care has forced troops to seek help off base and sometimes wait a month for appointments, according to a Government Accountability Office report released Feb. 6, 2024. (Defense Department)

By ROSE L. THAYER STARS AND STRIPES

The military's shortage of mental health workers and an increase in demand for care has forced troops to seek help off base and sometimes wait a month for appointments, according to a new government report.

The Government Accountability Office found 43% of authorized behavioral health care jobs in the military's Defense Health Agency were vacant as of January 2023, said Alyssa Hundrup, author of the report titled "Defense Health Care: DOD Should Monitor Urgent Referrals to Civilian Behavioral Health Providers to Ensure Timely Care," which was released Tuesday.

"We also heard that facilities are facing hiring challenges, such as slow hiring processes or they're not able to offer competitive pay when compared to the private sector or other agencies," she said.

Mental health workers can include psychiatrists and nurse practitioners, as well as clinical social workers, licensed professional counselors, substance abuse counselors, therapists and nurses who do not prescribe medicine but are trained to diagnose and provide counseling.

The staffing shortages found by the GAO stand in contrast to a recommendation from the Suicide Prevention and Response Independent Review Committee created last year by Defense Secretary Lloyd Austin. The committee called for an increase in mental health services and appointment availability.

The Defense Health Agency typically aims to keep medical care for troops within military treatment facilities. When that's not available, DHA will send troops to civilian providers that accept Tricare, the military's health insurance.

To mitigate the effects of vacancies in mental health care jobs, officials from selected military treatment facilities reported taking several steps, including more referrals to facilities off base and prioritizing initial appointments over follow-ups, according to the report.

When service members go into a local community for care, Hundrup said DHA is not doing enough to monitor how quickly those with urgent referrals are being seen. Without doing so, the agency can't identify and address what is causing delays in care.

In response to the GAO's findings, DHA director Lt. Gen. Telita Crosland said when service members are referred off base, they are responsible for making their own appointments, which gives DHA less control over meeting a standard. At military facilities, appointments are made for them.

GAO found when looking at fiscal 2022 data that initial routine appointments were scheduled within 16 days on average in military facilities and about 30 days off base. The Defense Department mandates these appointments take place within 28 days, Hundrup said in a GAO podcast about the report.

The military is not alone in its shortages. Nationwide there are not enough mental health workers to meet demand, according to the National Institute for Health Care Management Foundation. Nearly half of all Americans live in a region lacking enough mental health workers.

This could also be exacerbating the off-base wait times, Hundrup said.

"Specific to the Tricare network, we heard that some service members had a hard time finding people that would accept Tricare or that had availability," she said.

Urgent appointments were met the same day on military bases, while it could take between two and three weeks at civilian facilities. However, there is no set standard for how quickly urgent referrals should be seen in its civilian network, she said.

"[The Defense Department] has explained to us that they don't have this because it can really depend, vary based on clinical need and what the provider indicates," she said. "We certainly appreciate that clinical needs vary, but with timeframes of over two and three weeks, it's hard to see how under any circumstance that would be considered expedited or urgent."

Hundrup said she did see DHA making strides to improve wait times. The agency has launched a physician recruitment team, is piloting a program to triage some patients into non-medical settings, such as counseling, and is preparing to expand telehealth appointments.

However, Lt. Col. Chris Paine, chief of behavioral health at Carl R. Darnall Army Medical Center at Fort Cavazos in Texas, said during an October interview that the triage program to send soldiers to chaplains or targeted counseling services only worked in the short term. In the end, the soldier gets to choose, and many preferred a medical health care worker.

"No one really goes to a cardiologist and says, 'I have a heart problem.' You go to primary care, primary care does an assessment and then based on that assessment, they'll refer you to a specialty service," Paine said.

To normalize mental health care, the Army directed soldiers to go straight to medical staff, he said.

"In some ways, we got what we were asking for and then some. The system is just trying to adapt to that influx," Paine said.

He also participates in a DHA working group looking to reduce the time it takes to hire new mental health care workers. Across DHA, it can take more than four months to hire a new employee. It can be longer in mental health, he said.

“The fundamental problem is we attract people faster than our time-to-hire process allows us to backfill them. There are many initiatives being done to try to fix that. We’ve not fixed it yet,” Paine said. “It’s the lowest of the low because we don’t have leaders who will tolerate this anymore. We have nowhere to go but up and I really do believe that.”

(Source: <https://www.stripes.com/theaters/us/2024-02-08/military-mental-health-shortages-long-waits-suicide-12944619.html>)

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Navy Humor

A gray-headed old man shuffled into a downtown bar holding his head up high. His hands shook as he took the "Piano Player Wanted" sign from the window and handed it to the bartender.

"I'd like to apply for the job," he said. "I was a Navy F-4 pilot off the USS Coral Sea. I learned to play the piano at Officers' Club happy hours while in port, so here I am."

The barkeep wasn't too sure about this doubtful looking old guy, but it had been quite a while since he had a piano player and business was falling off. So, why not give him a try.

The old pilot shuffled his way over to the piano while several patrons snickered. By the time he was into his third bar of music, every voice was silenced. What followed was a rhapsody of soaring music unlike anything heard in the bar before. When he finished there wasn't a dry eye in the place.

The bartender took the old Navy pilot a beer and asked him the name of the song he had just played.

"It's called Drop your Skivvies, Baby, I'm Going Balls To The Wall For You", he said. After a long pull from the beer, leaving it empty, he said "I wrote it myself."

The bartender and the crowd winced at the title, but the piano player just went on into a knee-slapping, hand-clapping bit of ragtime that had the place jumping.

After he finished, the F-4 pilot acknowledged the applause, downed a second offered mug, and told the crowd the song was called, "Big Boobs Make My Afterburner Light."

He then launched into another mesmerizing song and everyone in the room was enthralled. He announced that it was the latest rendition of his song, "Spread 'em Baby, It's Foggy Out Tonight and I Need To See The Center-line".

He then excused himself and headed for the john.

When he came out the bartender went over to him and said,

"Hey, Fly boy, the job is yours; but do you know your fly is open and your pecker is hanging out?"

"Know it?" the old fighter pilot replied, "Hell, I wrote it!"

President Putin The Hostage

Putin is held hostage by a terrorist. A Russian truckdriver stops at the back of a long line of cars on the interstate. He sees a policeman walking down the line of stopped cars to briefly talk to the drivers.

As the policeman approaches the truck, the truckdriver rolls down his window and asks, "What's going on?"

Policeman: "A terrorist is holding Putin hostage in a car. He's demanding 10 million rubles, or he'll douse Putin in gas and set him on fire. So we're asking drivers for donations."

Driver: "Oh, ok. How much do people donate on average?"

Policeman: "About a gallon."

Community vet centers cited for failing to assess veterans at high risk for suicide

By LINDA F. HERSEY STARS AND STRIPES

WASHINGTON — Community counseling agencies — known as vet centers — with a mission to help troubled veterans are failing to assess and document suicide risks consistently for clients experiencing post-traumatic stress disorder, depression or military sexual trauma, according to the Department of Veterans Affairs' Office of Inspector General.

“We repeatedly find evidence of noncompliance with many required processes, most notably those for assessing and documenting a veteran suicide risk,” said Julie Kroviak, principal deputy assistant inspector general in the Office of Healthcare Inspections. “Further our teams are finding repeated failures in oversight of staff training and supervision. These deficiencies can have severe consequences”.

Kroviak testified Wednesday before a Senate Committee on Veterans' Affairs hearing that focused on the ability of vet centers to meet the mental health needs of veterans and their families. She talked about the findings from several inspections of the centers.

There are 300 community-based vet centers nationwide. Established in 1979 for Vietnam veterans, the vet centers provide mental health counseling to veterans who have served in any conflict area or who have experienced military sexual trauma.

“Veterans have the option to receive confidential mental health services separate from the [Veterans Health Administration] facilities,” said Sen. Jon Tester, D-Mont., the chairman of the committee.

Tester and other lawmakers said vet centers are popular for their accessibility and welcoming atmosphere.

“People can let their hair down and talk to other veterans there,” Tester said.

“Veterans who use our vet centers trust us to improve their quality of life,” said Michael Fisher, chief officer for the VHA’s readjustment counseling service. But the IG inspections repeatedly found the centers were not in compliance with documenting suicide risks and there was a lack of internal oversight to ensure staff are trained in counseling veterans at risk.

The inspections also found staffing shortages affected the ability to meet demand for counseling, including in the area of helping veterans adjust to civilian life after military service. The centers typically have small teams of four or more staff members that include at least one licensed mental health professional.

“During interviews, we frequently met with leaders in acting positions or leaders assuming multiple roles to compensate for vacancies, which are in part due to the inability to compete with the clinical salaries offered by VA medical centers,” Kroviak said. “This leads to client workload some counselors have described as unsustainable.”

The IG looked at the findings from the vet center inspection program to determine whether staff adequately identify and assist the most high-risk veterans with counseling services and connect them with additional care as needed at Department of Veterans Affairs health facilities.

The inspector general published nine reports covering inspections between September 2021 and May 2023.

Vet centers were cited for lack of documented evidence that counselors performed suicide risk assessments or themselves completed required training for counseling clients who were suicidal or who had experienced military sexual trauma.

Kroviak pointed to a report from the vet center in South Bend, Ind., about “leadership failures that jeopardized the care of several clients deemed high risk for suicide.”

She said the vet center director, who was removed from the post, encouraged staff to “underrate clients’ suicide risks” and failed to train staff on assessing and managing clients’ risks of suicide.

“Considering that vet centers can be the first door a veteran in crisis opens to engage in care, there is no room for careless and incompetent leadership,” Kroviak said.

But Fisher also underscored the central role of vet centers in connecting veterans with people and services in the communities where they reside. Surveys show veterans appreciate the ease of use, responsiveness of staff and efficiency of receiving services.

Sen. Angus King, I-Maine, said the veterans he meets value and use the services.

He recommended financial counseling be added to the services offered at vet centers, as economic hardship often is an identified contributing factor in veteran suicides.

“This strikes me that financial services fits well in the services [vet centers] are providing,” King said. “In my experience, the vet centers in Maine are a high-return, low-cost service. They are a very cost-effective way of serving and meeting the needs of veterans. I know our veterans appreciate it.”

Tester emphasized the appeal of vet centers as a place to get help and talk with other veterans in a casual, non-medical setting.

“One of the things that has always appealed to me about vet centers is the same thing that appeals to me about taking somebody who has PTSD and putting them on a river fishing or riding a horse or doing yoga or any of that stuff. It is more laid back,” he said. “It’s much less structured, much more welcoming and from my perspective, when I’ve visited, the stress level is zero.”

(Source: <https://www.stripes.com/veterans/2024-02-01/veterans-affairs-senate-vet-centers-suicide-12865526.html>)

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Visit their website at www.stripes.com*

“I was talking to my therapist and he goes, ‘You tend to pursue damaged people and try to help them.’

I was like, ‘You too.’”

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Veteran Travel Reimbursement Headaches Prompt VA to Pursue New Options for Claims Filing, Processing

Military.com | By Patricia Kime

Elizabeth Oomps, wife of retired Marine Maj. Lloyd Oomps, accompanied her husband to a medical appointment Nov. 7 at the Veterans Affairs Outpatient Clinic in Cambridge, Maryland, 96 miles from the couple's home in picturesque Onancock, Virginia.

Immediately following the visit, she popped a paper travel claim into the facility's depository and waited for the reimbursement. When it hadn't come by Dec. 29, she struggled with the VA's online travel reimbursement system to attempt to refile the claim, and when that didn't work, made a few phone calls.

That's when she learned that her husband would not get reimbursed for gas and mileage, because the electronic claim wasn't submitted within 30 days of his appointment.

"I didn't know about the 30 days," Elizabeth Oomps said in an email last month to Military.com. "This is SO UNFAIR, and even [though] I have tried EVERYTHING to show that we didn't know about the 30 days, they will not pay the mileage."

Between the end of a pandemic-era flexibility for veterans to submit travel claims at any time, the challenges posed by the VA's app-based travel claims system for some veterans, and the removal of filing kiosks that relied on an older system from medical facilities, veterans continue to have trouble filing travel reimbursement claims, with some simply giving up and paying out of pocket.

Military.com has received dozens of complaints over travel reimbursement claims. Iraq War Army veteran Crystal Miller, who works as a veterans service officer, told Military.com she had surgery in March 2023 and tried multiple times to input appointments into the electronic system. But since the locations she attended -- a mobile site and a non-VA neurosurgeon -- weren't in the system, it didn't work.

"I got paid for none of them. I actually just cried at the hoops they expect veterans to jump through to get their mileage reimbursement," Miller said in an email.

The Veterans Health Administration rolled out the Beneficiary Travel Self-Service System, or BTSSS, in November 2020 to replace a long-standing system accessible through stand-alone kiosks at VA medical facilities or by submitting paper claims.

The system, developed by Liberty IT Solutions, now part of Booz Allen Hamilton, was designed to solve claims automatically, without human involvement, at least 90% of the time and was to be used by veterans without them requiring assistance at least 80% of the time.

But a VA OIG review published last year found that just 17% of claims filed from February 2021 through July 2022 were automatically adjudicated, "well short of ... the goal of 90%."

And it found that veterans and staff were having difficulties using the system. The OIG calculated that veterans used the web-based portal for only about 49% of total claims and said travel employees had implemented workarounds to deal with the new program or used the old system to approve claims.

In response to the watchdog's report, the VA decided to integrate a claims filing system into the patient check-in process and announced it would develop a program that will let staff more efficiently handle paper claims.

Under Secretary for Health Dr. Shereef Elnahal said Monday during a press conference that the VA also is taking a top-down look at travel reimbursements to make the system more user-friendly and provide different options for filing claims, a process that will take "a couple of months."

"I've been hearing a lot about this, and we just have to make this process easier. Right now, it is not easy enough for too many veterans to be able to file a claim on time and get reimbursement," Elnahal said.

Currently, the VA has several ways to submit claims and accelerate payments. In addition to the BTSSS, veterans can use the VA.gov app when they check in for their medical appointments -- a system put in place by the end of last year.

And it has piloted a modified claims kiosk system based on another app, called VetLink, at the Charleston, South Carolina, VA Medical Center. That system will be tested in more locations this year, at select sites in South Carolina, Kansas City and the Southwest, according to VA spokeswoman Gina Jackson.

"Both of these enhancements offer direct integration with BTSSS, streamlining the claims submission process for the veteran and allowing the opportunity for the claim to be automatically adjudicated," Jackson said in an email.

Veterans also are able to file paper claims at their local VA medical centers, although Oomps found that process to be less than reliable.

"Even though I can prove (and VA does not dispute) that I drove my husband to this appointment, he would NOT BE PAID due to having entered the date into the labyrinthine and arcane website that I could not access until December after an expired 30-day limitation," Oomps said.

According to the VA, the department suspended what was a 30-day deadline for filing VA travel reimbursement claims at the start of the pandemic -- an allowance that ended on June 9, 2023, following the end of the COVID-19 public health emergency.

The VA announced that change, along with five other impacts on VA services and benefits, in a news release in May 2023. It is

unclear whether VA medical centers notified patients directly or whether veterans received any message on the change.

(Source: <https://www.military.com/daily-news/2024/02/27/veteran-travel-reimbursement-headaches-prompt-va-pursue-new-options-claims-filing-processing.html>)

Patricia Kime focuses on military personnel and veterans issues for Military.com, reporting on health care, military families, justice and benefits. She has covered military issues for decades, reporting on combat-related illnesses and injuries, the Defense Department and the Department of Veterans Affairs. [Read Full Bio](#)

No tall tales here: 4-foot-7 recruit makes it into Marines, likely sets record

By JOHN VANDIVER STARS AND STRIPES



Marine Pfc. Nathaniel Laprade speaks to commanding officer Lt. Col. Christopher Kearny at Marine Corps Recruit Depot Parris Island, S.C., on Aug. 25, 2023. At 4-foot-7, Laprade could be the shortest member of the Marine Corps in its history. (William Horsley/U.S. Marine Corps)

At a height of 4 feet, 7 inches, Pfc. Nathaniel Laprade could be the shortest Marine in the Corps' nearly 250-year history.

But after making it through the Corps' grueling boot camp at Parris Island, S.C., on Sept. 1, he is standing tall. Laprade said his stature helped galvanize fellow recruits during 13 weeks of basic training.

"I think they kind of looked up to me in a way," Laprade said in a statement Tuesday. "I had one recruit, now a Marine, who told me that I was his motivation."

While there aren't any official records on who was the shortest man to ever serve in the military, Laprade is likely in the running.

Richard James Flaherty, a Green Beret who served in Vietnam, had been regarded as the shortest man in U.S. armed forces history, though proving that is probably impossible. At 4 feet 9 inches tall, Flaherty was known as the "the Giant Killer" for his exploits.

Laprade was regaled with stories of Flaherty by recruiters while he was still in high school. Joining the Marines would be a way to one-up him, Laprade said.

"The main part that inspired me was that he was Army and 4 foot, 9 inches," he said. "If I go Marines when I'm 4 foot, 7 inches, I will beat him in two ways."



Pfc. Nathaniel Laprade does the Combat Fitness Test while a recruit at Parris Island, S.C., on Aug. 5, 2023. (Ava Alegria/U.S. Marine Corps)

During boot camp, Laprade faced obstacles that literally towered over him as he worked through the array of physical challenges, but he overcame them with little to no trouble, according to the Corps.

"It showed me that mounting the obstacles wasn't really a challenge because of my height. It just meant I needed to push myself to jump a little higher," Laprade said, adding that he had come into the Parris Island training with a fear of failure.



Pfc. Nathaniel Laprade, a Marine who stands 4 feet, 7 inches tall, is shown at Marine Corps Recruit Depot Parris Island, S.C., on Aug. 25, 2023. (William Horsley/U.S. Marine Corps)

Leading his formation on long ruck marches proved to be the most challenging test for him, Laprade said.

"Little legs with a little body weight, a lot of weight in the pack and a lot of miles in the hikes," he said. "That was the hardest part for me, the hikes."

(Source: https://www.stripes.com/branches/marine_corps/2023-09-06/shortest-marine-boot-camp-11280787.html)

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Is CHAMPVA for your family?

Here's some information on how CHAMPVA can help your family

By Stephanie Slater
Office of Integrated Veteran Care

Are you a Veteran with a permanent and total service-connected disability? Did you know your family members may have access to VA-covered care through the Civilian Health and Medical Program of VA (CHAMPVA)?

To help Veterans and their family members learn more about the program, [theSITREP – VA Health Care Made Simple](#) invited CHAMPVA's deputy director and Coast Guard Veteran Luke Davis to its podcast. In the podcast, Davis answers frequently asked questions about CHAMPVA in a [series of videos](#) worth watching.

What is CHAMPVA?

Top three takeaways from [VA health care for Veterans families | CHAMPVA](#):

CHAMPVA is a health care benefit program for family members of Veterans with a permanent and total service-connected disability, provided they don't qualify for TRICARE. (TRICARE is the Department of Defense's health care program for active-duty and retired service members and their families.)

CHAMPVA is not an insurance policy, but it shares the cost for care and will pay as secondary to any other health insurance.

Family members can enroll in CHAMPVA by completing and mailing a [CHAMPVA application form](#) and [Other Health Insurance certification form](#).

Who can you see with CHAMPVA?

Three highlights from [Who can you see with CHAMPVA](#):

Because CHAMPVA doesn't have in-network providers, family members can see their regular providers and specialists as long as they accept CHAMPVA payment methods.

Providers who accept TRICARE or Medicare are more likely to honor CHAMPVA.

Family members are encouraged to reach out to their providers and find out if they accept CHAMPVA.

For more information

Call 800-733-8387, Monday through Friday from 8:05 a.m. to 7:30 p.m. ET for more information about CHAMPVA. You can also view this [CHAMPVA fact sheet](#) or visit the [CHAMPVA website](#).

(Source: <https://news.va.gov/128172/is-champva-for-your-family/>)

Benny

In the great desert lived a bunch of nomads.

Their leader, Benny, had risen to his rank, due to his magnificent beard. His people believed a man's strength and courage came from his beard, and thus the man with the biggest beard was their chief.



After leading the band for many years, Benny began to feel uncomfortable wearing the beards, in this hot and dusty land. He wanted to shave it off, so he called his council together to get their advice.

When he said he wanted to shave, the councilmen were shocked.

One said, "Do you now remember the ancient legend, dire? The leader who removes his beard is cursed and made into a piece of earthenware."

Benny had heard this legend, but being a modern man, he scoffed at the tale.

Being headstrong, he went ahead and cut and scraped away his once magnificent beard. As the final whisker was cut off, a huge dust storm came up. It lasted only a few seconds, and when it cleared, there was a man-sized clay vessel where only moments before had stood their leader.

The council then knew the legend must be true.

Their conclusion?

"A Benny shaved is a Benny urned."

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Appeals: Informal conference offers clarity, feedback in higher-level decision reviews

Craig Coleman is a public affairs specialist in VBA's Office of Strategic Engagement

Veterans seeking a higher-level review (HLR) of a benefits claim decision have a powerful tool to communicate directly with a higher-level reviewer. It's called an informal conference.

The HLR is a part of the [Veterans Appeals Modernization Act of 2017 \(AMA\)](#). As part of the HLR process, VBA offers an optional one-time informal conference.

An informal conference is an opportunity for a Veteran or their representative to speak directly with a higher-level reviewer assigned to complete the decision review. Veterans or their representative can point out errors in fact or law in their prior decision based on the record at the time the decision was issued, but they cannot introduce new evidence. VA will listen and will render a decision to overturn, uphold or return issues for additional information based on all information discussed during the conference.

"Informal conferences give Veterans a chance to be heard and to present on the errors in fact or law they believe may have impacted their prior decision to a higher-level reviewer," said Timothy Sirhal, the acting executive director of VBA's Office of Administrative Review. "We want every encounter with VA to be an excellent customer experience."

How to sign up

Signing up for a HLR informal conference is easy. Complete [VA Form 20-0996](#), Decision Review Request: Higher-Level Review, online, and choose the informal conference option. VA must receive the request for an informal conference at the time it receives the HLR application.

The AMA modernized the appeals process to facilitate earlier claims resolution by providing three review options for disagreements with claims decisions. The three review options under AMA consist of:

A new review of the decision by an experienced adjudicator who did not participate in the prior decision, with no submission of new evidence. This review provides the possibility of overturning the decision based on difference of opinion or identifying a deficiency in VA fulfilling its duty to assist in obtaining evidence relevant to the decision under review.

Supplemental Claim. New and relevant evidence may be submitted to support your claim, and VA will assist in developing the evidence.

Appeal directly to the Board of Veterans' Appeals.

To learn more about the informal conference process, please see VA's [Informal Conference Fact Sheet](#). You can learn more about the decision review process here or read the AMA [here](#).

VFW Post 4252 and Det 1139 Marine Corps League Combined Honor Guard

The Men and Women Who Volunteer To Remember and Honor Our Heroes

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Chaplain Tom Martin

Riflemen

John Burton Geoff Mozo
Ted Knight Gary Vincent
Jerry Cecil Michael Monroe
John Attanasio Donna Gray
Ryan Field Dennis Felthouse

The Honor Guard needs members to fulfill our responsibility to our veterans and their families. You can join. Extend your service to America and help us remember and honor our heroes. Support your brothers-in-arms!



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What's the best way to catch a squirrel?

Act like a nut.

VA to fund large-scale studies of magic mushrooms, ecstasy to treat PTSD

By LINDA F. HERSEY STARS AND STRIPES



Juliana Mercer, who served in the Marine Corps for 15 years, is shown in Helmand, Afghanistan, in 2010. She works now with a nonprofit advocating for MDMA-assisted therapy. (Juliana Mercer)

WASHINGTON — The Department of Veterans Affairs has issued a request for applications for clinical trials of psychedelic-assisted therapies using magic mushrooms and ecstasy to treat post-traumatic stress disorder and depression.

The plans represent the first time since the 1960s that the VA plans to test the safety and effectiveness of specific hallucinogenic drugs in the mental health treatment of veterans, the VA said.

With the suicide rate for veterans nearly double that of the general population, veterans groups and policymakers are calling on the VA to investigate alternative treatments for addressing PTSD, a mental health condition that veterans who have been in combat or were injured often experience and increases their suicide risk.

Psychedelic-assisted treatment, which has shown positive outcomes in privately funded clinical studies, is seen as a viable solution.

"Veterans and VA researchers have told us about the potential promise of psychedelics to treat mental health conditions for some time," Shereef Elnahal, the VA undersecretary for health, said Friday in a formal statement when the VA disclosed plans for the study.

While the VA has used "non-VA funds" for limited, small studies at VA facilities for psychedelic-assisted therapies, the new effort involves VA funding a large-scale trial on the effectiveness and safety of the compounds as mental-health treatment.

"This is tremendous progress for the VA, made possible by working closely with Secretary [Denis] McDonough and the House Committee on Veterans' Affairs' commitment to finding better solutions for our veterans," said Rep. Morgan Luttrell, R-Texas, who was a Navy SEAL.

The VA's plans also have support from the American Legion, the Disabled American Veterans and other veterans' groups, which have been advocating for the veteran-specific studies.

Veterans will receive treatments in medically supervised settings, in addition to mental-health counseling, to address symptoms of PTSD and depression related to their military service.

The VA said funding for the research reflects its commitment to exploring unconventional therapies to alleviate symptoms in veterans that counseling and traditional medicine have failed to adequately treat.

Veterans increasingly are seeking psychedelic-assisted therapies to address persistent negative thoughts, flashbacks, depression and mood swings resulting from life-threatening experiences and injuries from their military service.

Juliana Mercer, a retired Marine Corps sergeant who served in Iraq and Afghanistan, welcomed the VA's announcement as a "historic event for those, like me, who have experienced these compounds' life-saving potential."

Mercer, who served in the Marine Corps from 2001-2016, directs veteran advocacy and public policy at Healing Breakthrough, a California nonprofit that supports MDMA-assisted treatment for veterans.

The VA's decision, Mercer said, "is the culmination of tireless efforts of veteran advocates, bipartisan legislators, VA clinicians and researchers, and philanthropists who are determined to end the veteran suicide epidemic."

Psilocybin and MDMA are classified as Schedule I drugs under the Controlled Substances Act, which means they are illegal under federal law and have been determined to have no current acceptable medical use. VA officials said they will undertake the research with regulatory approvals from the Food and Drug Administration and the Drug Enforcement Administration,

The Defense Department also plans a separate study of psychedelic-assisted therapy and cannabis medical treatment for service members with PTSD and traumatic brain injuries.

The military research and clinical trials will receive \$10 million in funding, under provisions of the fiscal 2024 National Defense Authorization Act that Congress approved.

For the VA research, scientists will collaborate with universities to examine the potential mental health benefits of psilocybin, commonly known as magic mushrooms, and MDMA, or methylenedioxymethamphetamine, also known as ecstasy.

The VA's decision to advance research on psychedelic-assisted therapies follows a September meeting with federal clinicians, scientists and policymakers that focused on the body of research on psychedelic-assisted therapies for PTSD and depression.

"This meeting's working groups provided advice to VA leadership, including the recommendation for VA to begin funding its own studies into these compounds," the VA said.

Recent research includes work by Johns Hopkins University showing positive outcomes among study participants, the VA said. However, most of the current research has involved few or no veterans as participants.

"Veterans themselves play an integral role in the VA research program," according to information on the VA Office of Research and Development website. "Thousands of VA patients volunteer each year to participate in VA research studies, both

to address their own health challenges and to help their fellow veterans, now and in the future.”

The VA does not publicly disclose details of funding for various grant initiatives, which are shared with VA investigators only, according to the VA.

Requests for applications are formal solicitation notices announcing the availability of grant funding by government agencies to qualifying recipients. RFAs often are the first step in initiating research, projects and programs.

There will be three funding cycles resulting from this RFA, the VA said Monday. The first funding decision is expected after the conclusion of the peer-review process planned for August 2024.

A 2022 study published in the National Library of Medicine noted “after several decades when research into psychedelics was effectively halted by federal legislation, the past several years has shown the re-emergence of thoughtful investigations studying the utility of compounds.”

Improvement in patient symptoms “seem unlike the improvements seen in the currently available care paradigms,” the study concluded.

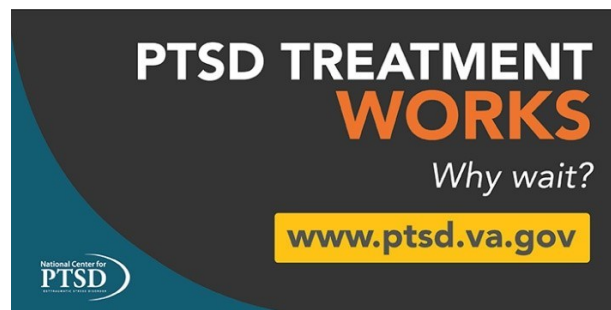
(Source: <https://www.stripes.com/veterans/2024-01-09/veterans-affairs-suicide-ptsd-magic-mushrooms-ecstasy%C2%A0-12611576.html>)

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Visit their website at www.stripes.com*

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Stack Up’s Overwatch Program: Mental health support for Veterans, active duty military through online gaming

By L. Sahara McGirt

Stack Up Social Media Manager



With the rising popularity of online gaming, more and more Veterans and active-duty military members are playing video games together. Veterans form online gaming communities through platforms such as Discord chat, where they can hang out and play games—both casually and competitively. One of those platforms is Stack Up, and its Discord has become a safe haven to get away from life’s difficulties and everyday problems.

Stack Up’s Overwatch Program came about due to Stack Up’s mission of supporting Veterans “through the power of gaming” and an organic need for its online community members’ support for mental well-being. PTSD, depression and other emotional distresses caused by daily life affect Veterans and supportive civilian community members alike. For some, carrying those burdens makes it harder to enjoy themselves while gaming.

What is the Overwatch Program?

It’s a 24/7/365 online, peer-to-peer crisis intervention and mental health support offered through the Stack Up Discord. Overwatch Program staff and volunteers are HIPAA-certified and PyschArmor-trained, and certified for crisis management.

Who is eligible to use the Overwatch Program?

Veterans, active duty military members and civilians who come through the Stack Up Discord server are all eligible to access the Overwatch Program.

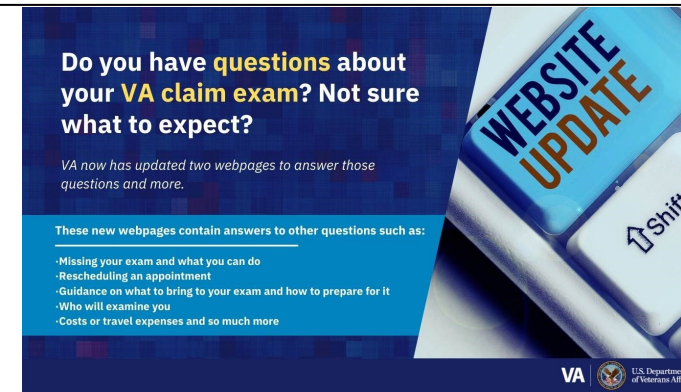


How to Access the Overwatch Program

Download the [Discord app](#) from your PC or phone, sign up for a Discord account and then join the Stack Up Discord at discord.gg/stackupdotorg. Post in #The-Overwatch-Program channel to ask for help.

How to Volunteer as a Peer-to-Peer Support for the Overwatch Program

We’re looking for good listeners who know how to handle people in crisis, including those who may be preparing to do something life-threatening and who are seeking help to prevent that. In the Overwatch Program, peer-to-peer support volunteers go through several training scenarios to prepare for guiding people through some of their toughest moments. Visit stackup.org/stop to learn more.



Your VA claim exam questions answered

Two newly updated FAQs

By Heather Osborne
Management Analyst with VA’s Medical Disability Examination Office

Do you have questions about VA claim exams? Not sure what to expect?

Veterans filing disability claims may feel a sense of relief when they submit their claim but still have lingering questions about what comes next in the claims process. Many Veterans wonder what will happen at their VA claim exam (also known as a compensation and pension, or **C&P exam**). To help answer these questions, VA has updated two websites which provide current information on frequently asked questions:

[Claim Exam Information – Compensation \(va.gov\)](https://benefits.va.gov/compensation/claimexam.asp)
<https://benefits.va.gov/compensation/claimexam.asp>

[VA Claim Exam \(C&P Exam\) | Veterans Affairs](https://www.va.gov/disability/va-claim-exam/)
<https://www.va.gov/disability/va-claim-exam/>

Answers to Frequently Asked Questions

VA claim exams are an important part of the claims process. VA’s updated websites provide Veterans with answers about why a claim exam may or may not be needed, who contacts Veterans about scheduling exams and how Veterans will be contacted. These new webpages contain answers to additional questions such as:

- What to do if an exam is missed;
- How to reschedule an appointment;
- What to bring to the exam and how to prepare for it;
- Who completes the exam;
- Costs or travel expenses, and more.

Updated exam information

All Veterans—including those who have been through a VA claim exam in the past—will want to check out the new websites to get the latest information on how VA conducts claim exams. In addition to examiners at VA medical facilities, VA Medical Disability Examination Office (MDEO) also has highly trained health care professionals across the country and overseas completing claim exams. These contract examiners are trained to ensure exams are conducted promptly, professionally and at a location near the Veteran’s home of record. VA has also imple-

mented modernizations, such as telehealth exams. During a telehealth exam, the examiner can meet with a Veteran via video to complete certain types of exams instead of traveling to an in-person exam.

Website information

VA wants to bridge any gaps in communication by giving Veterans a comprehensive and easily accessible resource for all VA claim exam questions. Please visit our updated websites to learn more about VA claim exams and to find answers to frequently asked questions.

(Source: <https://news.va.gov/110436/your-va-claim-exam-questions-answered/>)

Sound Familiar?

There's a fully stocked bar, so each of the men orders a martini. In no time the bartender serves up four iced martinis - shaken, not stirred - and says, "That'll be 10 cents each, please."

They look at each other and then go in, thinking, This is too good to be true.

The old bartender says in a voice that carries across the room, "Come on in and let me pour one for you! What'll it be, gentlemen?"

There's a fully stocked bar, so each of the men orders a martini. In no time the bartender serves up four iced martinis - shaken, not stirred - and says, "That'll be 10 cents each, please."

The four guys stare at the bartender for a moment, then at each other. They can't believe their good luck. They pay the 40 cents, finish their martinis, and order another round.

Again, four excellent martinis are produced, with the bartender again saying, "That's 40 cents, please."

They pay the 40 cents, but their curiosity gets the better of them. They've each had two martinis and haven't even spent a dollar yet.

Finally one of them says, "How can you afford to serve martinis as good as these for a dime apiece?"

"I'm a retired tailor from Phoenix," the bartender says, "and I always wanted to own a bar. Last year I hit the Lottery jackpot for \$125 million and decided to open this place. Every drink costs a dime. Wine, liquor, beer - it's all the same."

"Wow! That's some story!" one of the men says.

As the four of them sip at their martinis, they can't help noticing seven other people at the end of the bar who don't have any drinks in front of them and haven't ordered anything the whole time they've been there.

Nodding at the seven at the end of the bar, one of the men asks the bartender, "What's with them?"

The bartender says, "They're retired people from Minnesota. They're waiting for Happy Hour when drinks are half-price."



VA is with you when you travel or relocate

Here are links to all the services you need

By Shane Suzuki

Communications Specialist, VA Office of Clinical Services

If you plan on traveling or relocating this year, with some planning, VA will be with you every mile of the way.

Veterans enrolled in VA health care receive the same standard of care while traveling as they would at home. It's as simple as coordinating with your VA health care team to ensure you have a plan before you leave.

"If you are relocating or even traveling, VA care coordination has never been more seamless," said Mallory Murray, VA Traveling/Relocating Veteran coordinator. "Reaching out to your VA provider to request a Traveling/Relocating Veteran Consult and update them about your plans is step one. Additionally, the Traveling/Relocating Veteran Coordinators are a huge help when trying to navigate between VA facilities."

Notify your VA care team

Temporarily relocated Veterans should notify their VA Patient Aligned Care Team (PACT) or specialty care provider/team of the travel destination, temporary address, dates of travel and contact phone number. They should also provide any specific health care questions.

A traveling Veteran coordinator ensures care is coordinated per your provider's request via the traveling/relocating Veteran consult. This consult helps register you at the new VA and provides a handoff to your new facility. The traveling Veteran coordinators at both sites will work to ensure your care needs are ordered locally and scheduling occurs timely.

Discussing current prescriptions and the plan for getting refills is also essential when talking with your health care team before travel.

All VA medical centers have a Traveling Veteran Coordinator. Notifying your health care team 4-6 weeks before travel is highly recommended to ensure seamless care, particularly if you

need medication refills or regular medical appointments.

Resources for traveling Veterans

Use of Secure Messaging within the [Home – My HealtheVet – My HealtheVet \(va.gov\)](#) portal is an easy and additional way for traveling Veterans to access care from their assigned VA health care team.

Need emergency care while traveling? [Be ready for anything and learn about VA's emergency medical care program.](#)

[Find a VA facility here](#)

Veterans are encouraged to contact the [Foreign Medical Program](#) when traveling outside of the U.S. and U.S. territories.

Also, don't forget to update your address on file if your mailing address is changing. Updates can be done in minutes online on [VA.gov](#).

While traveling, take advantage of the United States' 400+ National Parks. Disabled Veterans are eligible for a [free National Park Service Lifetime Access Pass](#).

Emergency preparedness resources to assist Veterans before, during and after an emergency can be found here: [Veterans & Emergency Management – VHA Office of Emergency Management \(va.gov\)](#).

<https://www.va.gov/VHAEMERGENCYMANAGEMENT/veterans/index.asp>

Get [more information on seamless care for traveling Veterans](#). <https://www.va.gov/health-care/about-va-health-benefits/where-you-go-for-care/>

Important VA Telephone Numbers

Quit VET (get help from a counselor to stop smoking)

855-784-8838

**Hours: Monday through Friday
9:00 a.m. to 9:00 p.m. ET**

Caregiver support line

855-260-3274

**Hours: Monday through Friday, 8:00 a.m. to
10:00 p.m. ET, and Saturday, 8:00 a.m. to 5:00 p.m. ET**

VA benefits hotline

800-827-1000

**Hours: Monday through Friday
8:00 a.m. to 9:00 p.m. ET**

If olive oil comes from olives, where does baby oil come from?

I went for a walk last night and my kids asked me how long I'd be gone. I said, "The whole time."

Charity Donating Tips (Sourced from <https://www.charitywatch.org/>)

With more than 1.5 million nonprofit organizations in the United States and limited funds available to address society's needs, competition for donations can be intense. Poor economic conditions can result in increased demand for charities' services at a time when their resources are shrinking and they are asked to do more with less. All charities must spend money to cover overhead costs, including costs associated with soliciting donations, but not all charities are committed to keeping overhead costs reasonable. Some charities stuff your mailbox with fundraising appeals, hire high pressure telephone solicitors, and use aggressive tactics to get your money. All of this can leave you feeling overwhelmed and confused about which charities are most deserving of your contributions. CharityWatch provides the following pointers to help you avoid charity frauds, scams, and inefficient nonprofits so that your contributions to charity will have the best chance of making the impact you intend.



**America's most
Independent, assertive
charity watchdog**

1. Know Your Charity

Charities have an obligation to provide detailed information to interested donors. Never give to a charity you know nothing about. Request written literature and a copy of the charity's latest annual report. This should include a list of the board of directors, a mission statement and the most recent available audited financial statements with accompanying notes.

If a charity does not provide you with the information you request, you may want to think twice about giving to it. Honest charities typically encourage your interest and respond to your questions.

2. Find Out Where Your Dollars Go

Ask how much of your donation goes for general administration and fundraising expenses and how much is left for the program services you want to support. Most highly efficient charities are able to spend 75% or more on programs. Keep in mind that newer groups and those that are working on less popular issues may find it necessary to spend a greater percentage on fundraising and administrative costs than well-established, popular groups. See a list of Top-Rated charities here.



Attempt to seek more information about charities that identify as "public education" large portions of their direct mail and telemarketing expenses. This may be done in some cases to disguise high fundraising costs.

It is difficult to find out the real percentage of donor dollars spent on program services due to the inconsistent quality of charitable self-reporting. But you can ask the charity's representative for specific information, such as how many individuals were served annually or what were the major program accomplishments during the past year.

For charities that claim to work locally, you may want to contact local organizations to ask if they work with or know about the charity. (Our tips for researching local charities can be found here.)

3. Give Directly

Rather than give through a third-party website or middleman, it is more efficient and less risky to give directly to the group you want to support. Giving directly ensures that your donation will not be given a haircut, delayed, or even diverted by a middleman.

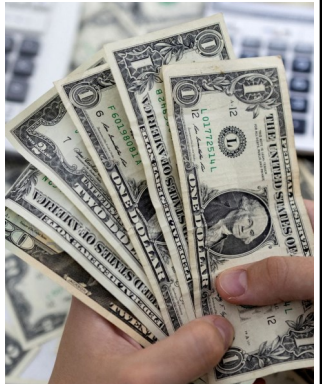
Also if you receive a solicitation from a professional fundraiser, contact the charity to be sure they are an authorized fundraiser and never make checks payable to fundraisers.

4. Do Not Respond To Pressure

Do not let yourself be pressured into contributing on the spot. If you are not familiar with a charity, request additional information in writing and inspect it carefully. You have a right to say no. No legitimate organization will pressure you to give immediately.

5. Keep Records Of Your Donations

Do not give cash. Also, do not give your credit card number to a telephone solicitor or website that you do not know. Be sure to obtain a receipt or printed copy of your donation so you will have a record for tax purposes. Read more tips for giving online.



For tax purposes, you will need to keep a record of all your contributions of any amount. For contributions under \$250, records may be in the form of a bank record, cancelled check, or written communication from the charity. The written communication may be in the form of receipt or letter that must contain the charity's name and the amount and date of the contribution.

For all tax-deductible contributions of \$250 or more, the IRS requires that you obtain a receipt from the charity (a cancelled check will not suffice).

6. Remember: "Tax Exempt" Does Not Always Mean "Tax Deductible"

Not all charities soliciting for "good causes" are eligible to receive tax-deductible contributions. Many well known groups engage in lobbying or political activity which precludes them from receiving tax-deductible donations. "Tax exempt" means the organization does not have to pay taxes. "Tax deductible" means the donor can deduct contributions to the charity on his or her federal income tax return. Request the charity's tax exempt letter. If the charity does not have a tax exempt letter indi-

cating its status with the IRS, you cannot legitimately claim your contribution as a tax deduction.

7. Do Not Be Misled By A Charity's Familiar Name

Some questionable charities use an impressive name which closely resembles the name of a respected, legitimate organization. Ask for information in writing. Check out the charity with CharityWatch or your state charity registration office before making a contribution.

8. Do Not Be Enticed By Emotional Appeals

Beware the pathetic "sob story." The hard-luck appeal is a favorite of some organizations. Question phone solicitors or direct mail appeals which tell you nothing of the charity or offer vague explanations for spending your charitable dollars.

9. Ask If The Charity Is Registered By Federal, State And/ or Local Authorities

Nearly all non-church charities with more than \$50,000 per year in income must file financial information annually with the IRS. Forty-one (41) states and the District of Columbia require that charities register annually. Bear in mind that registration in and of itself is not a stamp of government approval or endorsement of the charity.



Charities with annual incomes of under \$50,000 are also required to file very limited information annually with the IRS.

10. Beware Of Charities Offering Gifts

Direct mail solicitations are often accompanied by greeting cards, address stickers, calendars, key rings or other "gifts." Charities do this because it can increase donations. But do not feel that you have to make a contribution to keep these "gifts." It is against the law for a charity to demand payment for any unordered merchandise. Beware that these enclosed items can mean higher fundraising costs for the organization.

11. Consider Giving Generously

Once you are satisfied that the charity is worthwhile, give generously if you can. There are many good charities that need your help to operate valuable programs and provide needed services. When you give wisely, you will be giving more effectively.

(Source: <https://www.charitywatch.org/charity-donating-tips>)

Risen

My nagging wife died suddenly on a trip to Jerusalem. Funeral director, "Sir, it would cost about \$45,000 if we send her home back to the states or \$500 if we bury her here in Jerusalem." Me: "Ship her home."

Funeral director: "But sir, why don't you bury her here in the Holy Land and you can save money."

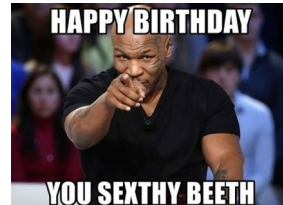
Me: "A long time ago a man was buried here and 3 days later he rose from the dead, I can't take that chance."

Post 4252 Birthdays

May 1 Tom Brown
May 2 Jeannie Dominique
May 3 Barb Sreom
May 6 Carol Nebelzski
May 7 Charlotte Poland
May 15 Lou Lanue
May 17 Chris Barrell
May 19 David Moran
May 21 Jim Sparks
May 25 Rich Hauter
May 30 Janive Andrews
May 31 Ronald Desrosiers



June 2 Tim Novota
June 6 Cora Lowery
June 6 Jack Knight
June 6 Caro Deyoung
June 6 Vern Hajjeu
June 6 Charli D.
June 6 Hailey Walker
June 6 Bruce Her-



mann
June 13 Judy Prive
June 13 Mike Herb
June 14 Ace D'Jerff
June 15 Ken Wunderly
June 21 Mike Roggo
June 21 Bruce Boardman

June 24 Linda Berna
June 25 Ron Clark
June 29 Steve S.
June 30 Jim Minsell
June 30 Jack Watson



Post 4252 Anniversaries

May 17 Rich and Jayne Stasik
May 22 Ted and Brenda Knight
May 30 John and Renate Stewart

June None reported

(If your special day does not appear here, or name is miscchspelled, see the Canteen Manager and have your information entered or corrected in the Birthday/ Anniversary Book that is located in the canteen. Despite many requests to do so I do not list divorce anniversaries, pet birthdays, date a husband bought the wife a new Porsche, or when you first purchased that goldfish.)



Share the new
Veterans Crisis Line number
with your Veteran loved ones.

Dial 988 then Press 1



A Sample Selection of Veterans Support Charities Independent Rankings Is Below. You Can Visit The Charities By Going To Our Website, Download This Grapevine, Go To This Page, And Click On The Name Of The Charity Below For More Information About Their Mission. Our Website is www.veteransgrapevine.com.

Charity	Rating
Armed Services YMCA of the USA	A-
Bob Woodruff Foundation	A-
Fisher House Foundation	A+
Folds of Honor Foundation	A+
Gary Sinise Foundation	A
Homes For Our Troops	A
Hope For The Warriors	A
Intrepid Fallen Heroes Fund	A+
Iraq & Afghanistan Veterans of America	A-
K9s For Warriors	B+
Mission Continues	A-
National Military Family Association	A
Semper Fi & America's Fund	A+
Tragedy Assistance Program for Survivors (TAPS)	A
Wounded Warriors Family Support	A

(Source: <https://www.charitywatch.org/top-rated-charities/veterans-military>)

Armed Services YMCA of the USA	(A)
Bob Woodruff Family Foundation	(A)
Fisher House Foundation	(A+)
Gary Sinise Foundation	(A)
Homes For Our Troops	(A)
Hope For The Warriors	(A)
Intrepid Fallen Heroes Fund	(A-)
K9s For Warriors	(A-)
Mission Continues	(A)
National Military Family Association	(A)
Navy-Marine Corps Relief Society	(A)
Semper Fi & Amercia's Fund	(A+)
Tragedy Assistance Program for Survivors	(A)
Wounded Warriors Family Support	(A)

(Source: <https://clark.com/military/best-worst-veterans-military-charities/>)

Charity
1. Bob Woodruff Family Foundation
2. Everyone for Veterans
3. Homes for our Troops
4. Operation Second Chance
5. Puppies Behind Bars
6. Operation Homefront
7. Fisher House Foundation
8. Hope for the Warriors
9. Yellow Ribbon Fund
10. Gary Sinise Foundation

(Source: <https://donorbox.org/nonprofit-blog/veteran-nonprofit-organizations>)

Bob Woodruff Family Foundation	(A)
Fisher House Foundation	(A+)
Gary Sinise Foundation	(A)
Guide Dog Foundation for the Blind	(A)
Homes for Our Troops	(A)
Hope For The Warriors	(A-)
Intrepid Fallen Heroes Fund	(A)
National Military Family Association	(A)
Navy-Marine Corps Relief Society	(A)
Operation Homefront	(A)
Semper Fi Fund	(A+)
Team Rubicon	(A-)
Tragedy Assistance Program for Survivors	(A)
Wounded Warriors Family Support	(A)

(Source: <https://www.kiro7.com/consumer/clark-howard/a-guide-to-the-best-and-worst-veterans-charities/756443953/>)

See What's in Store for the TRICARE Pharmacy Program in 2024

By TRICARE Communications

The most recent TRICARE pharmacy contract, known as TRI-CARE Pharmacy 5th Generation (TPharm5), started on Jan. 1, 2023. Since then, you may have experienced some enhancements to how you get your prescription drugs. In 2024, you can continue to expect improved access to pharmacy benefit services through the [TRICARE Pharmacy Program](#).

"The Defense Health Agency listened to our beneficiaries' concerns and needs. We responded with several enhancements to the pharmacy contract that went into effect last year," said U.S. Public Health Service Cmdr. Teisha A. Robertson, Deputy Chief of the Purchased Care Branch at the Defense Health Agency. "This year, we'll continue to roll out improvements. These improvements include new specialty pharmacy services, cost control measures, and a more efficient home delivery process."

Here are some TRICARE Pharmacy Program updates to note.

2024 cost updates

Your options for filling your prescriptions are [military pharmacies](#), [TRICARE Home Delivery](#), [retail network pharmacies](#), and [non-network pharmacies](#). Prescription copayments for most beneficiaries changed on Jan. 1. To see your costs, check out the [TRICARE Costs and Fees Fact Sheet](#). As noted in this fact sheet, active duty service members (ADSMs) pay nothing for covered drugs from military pharmacies, home delivery, and retail network pharmacies.

Want to know the copayment for your prescription? Check the [TRICARE Formulary Search Tool](#). You can search for your drug to see if it's covered, how much it will cost, and where you can get it.

Military pharmacy tools

If you get prescriptions at a military pharmacy, you may be able to use certain tools to avoid long pick-up lines. Check with [your military pharmacy](#) to see if it offers these tools:

[Q-Anywhere](#) lets you quickly activate a new prescription by texting your military pharmacy or scanning your pharmacy's unique QR code. You'll get a text when your prescription is ready for pick-up.

[ScriptCenters](#) are automated kiosks and locker systems that give you a safe, secure way to pick up prescriptions. You can use them to pick up prescriptions after hours or avoid crowds at the pharmacy. Each location sets its own hours, but some are open 24/7.

TRICARE Home Delivery

[TRICARE Home Delivery](#) is a convenient way to have up to a

90-day supply of medication shipped right to you.

With home delivery, you can manage your prescriptions from the [Express Scripts Pharmacy Mobile App](#). You'll also have 24/7 access to pharmacists who can answer questions about your prescription.

The TRICARE Pharmacy Program is also making sure that you only receive your medications when you need them. Express Scripts requires you to give consent on every refill in the [Automatic Refill Program](#). You'll need to consent via email, text message, or phone call before Express Scripts will fill your prescription.

Specialty drugs changes

Effective March 1, [Accredo provides specialty drugs](#) and enhanced clinical services if you fill [TRICARE-defined specialty prescriptions](#) with TRICARE Home Delivery. Accredo is in the TRICARE network as a retail pharmacy.

With Accredo, you have 24/7 access to a clinical care team who can help you manage your treatment with specialty drugs. These expanded services are provided at no extra cost beyond your TRICARE cost-share.

This change improves cost efficiency in the Military Health System (MHS). Increasing the use of home delivery helps the MHS keep your prescription costs lower.

If you already get your specialty drug through home delivery, your prescription has been transferred to Accredo. If you were getting your prescription at a network pharmacy, Express Scripts contacted you. To contact Accredo, call 1-877-882-3324. An Accredo patient care advocate will work with you and your military or civilian prescriber as needed. To learn more, go to [Accredo](#).

TRICARE retail network pharmacies

Looking for a retail network pharmacy in your area? You may find that there's a network pharmacy closer than you thought. TPharm5 network [access standards](#) state there must be at least one pharmacy within 15 minutes driving time of 90% of TRICARE beneficiaries.

It's easy to find a retail network pharmacy near you with the Express Scripts [Find a Pharmacy](#) tool. Enter your ZIP code to see a map of network pharmacies nearby.

(Source: <https://newsroom.tricare.mil/News/TRICARE-News/Article/3700294/see-whats-in-store-for-the-tricare-pharmacy-program-in-2024>)


My daughter brought a friend from school and she said his great-great-great-great-grandfather was coming to pick him up later. I was impressed and asked: "Does he know how his so many greats grandfather lived for so long?"

My daughter answered: "It's because of my friend's stutter."

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The Editor

Share the new
Veterans Crisis Line number
with your Veteran loved ones.
Dial 988 then Press 1



VFW Post 4252 House Committee 2023 - 2024

Chairman: Anthony Vessecchia

Larry Miller Bob Halpin
Tom Martin Gary Vincent
Guy Wedding

Contact any member of the House Committee regarding problems or ideas. Your input will go before the general membership for approval, when needed. All By-Laws and Rules and Regulations of the Post, State, or National will be enforced, as well as all Florida Liquor Laws, by this committee. Committee meets on the 1st Monday of each month at 11am.

Hyperlinks

In your Grapevine you will see articles with portions of **text in blue**. This provides a link to a website regarding the information being presented in the article.

To see the link simply go to our website at www.veteransgrapevine.com, download this Florida Grapevine and click on the **blue link** in an article. It will open your browser to that link and you can view much more information about the subject of the Grapevine article.

John Stewart

Important VA Telephone Numbers

National Cemetery Scheduling Office

800-535-1117
Hours: Monday through Friday, 8:00 a.m. to 7:30 p.m. ET,
and Saturday, 9:00 a.m. to 5:30 p.m. ET

Headstones and markers

800-697-6947
Hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. ET

Extended Family...VFW

I will be celebrating 77 years in September and I decided to share with you the importance of the VFW to me. I joined into the VFW not as a Combat soldier but as a non-combat member of the Auxiliary and was fortunate enough to become the Auxiliary Chaplain of Auxiliary to Post 4252, Hernando, Florida.

With the current trend of declining membership in the VFW and the Legion, I felt the need to share my early life experiences with my father and I and the VFW. But before I begin that journey let me tell you about my father Tesalonico Mendoza Pepito a Filipino immigrant.



COMPANY H
CAPT. PARDO, COMMANDING

My dad front, second row, center. Good Luck finding him.

After the surprise attack at Pearl Harbor December 7th, 1941 and the surrender of the Philippines April 8, 1942. The Philippines was the largest surrender of American Troops (76,000) since the surrender of more than 5,000 Continental soldiers to the British during the Revolutionary War.

My father worked since 1936 at the Commissioned Officers Mess, North Island, San Diego. My dad had two major hurdles to overcome. Public Law 360 of the 77th Congress on December 20th, 1941, prohibited Filipino alien men from joining the American Army to avenge the invasion of their homeland. Through the help of Philippine High Commissioner J.M. Elzalde and General Douglas MacArthur, President Franklin Roosevelt signed a law revising the Selective Service Act where the Filipino men had the right to serve in the U.S. Military Service.



My dad second on the right, Bona, New Guinea, 1944

After the proclamation period, Philippine High Commissioner J.M. Elzalde urged every able-bodied Filipino of military age to

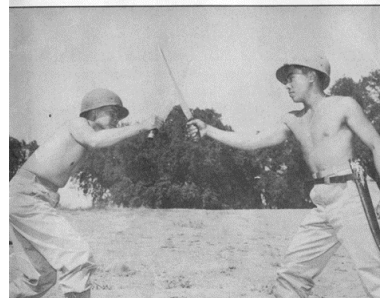
volunteer for induction, which numbered between 70,000 to 100,000. The 1st Filipino Battalion was formed on March 4, 1942 and activated April 1 at Camp San Luis Obispo, California. My father was assigned to the 1st Filipino Regiment, Ft. Ord, California, Company H. Captain Pardo Commanding.



First Filipino
Regiment Patch

Within three months, the overflow of troops warranted the activation of the 2nd Filipino Infantry Regiment, at Ft. Ord California. Colonel Charles L. Clifford became its Commanding Officer. The rest is history. My father fought in the Pacific, Korea and served during the Vietnam era.

1ST FILIPINO INFANTRY'S
FAVORITE WEAPON
"The BOLO"



My earliest remembrance of the VFW was as a youth from grade school through high school. From Texas, the Carolinas to Okinawa...my dad loved the VFW. It was our extended family. During the holidays, especially during Christmas, we kids received our holiday presents and Santa flew in on a helicopter. On Okinawa our favorite breakfast meal was at the VFW after Sunday service. My favorite was scrambled eggs and SOS with bacon or sausage links. When dad was on deployment it was his buddies from the VFW or company that took care of us until my dad returned.

The VFW has not changed much, we are much older, (average age is 60 to 69). With over 6,000 Posts many are struggling to stay alive. The need is paramount for the future of the organization. I agree it is a challenge. I have a son, brother and nephew who fought in foreign land and it has been a challenge for me to have them join. My membership has been a reward meeting men and women and just letting them know we care.

At the 124th VFW National Convention, Duane Sarmiento was elected the first Filipino-American national commander of the 124-year-old organization. Now how sweet is that. God Bless!

4252 Auxiliary Chaplain

Bill Pepito



DOD IG report highlights health care access issues in US military communities worldwide

By ALEX WILSON STARS AND STRIPES

December 7, 2023

The U.S. military community must navigate hurdles to access health care, both at home and abroad, according to a recent report from the Defense Department's Office of the Inspector General.

Among the issues plaguing the military health care system are long wait times for appointments, understaffed facilities and a general lack of access to care, all of which are contributing to complaints and concerns, the Nov. 29 report said.

It recommends that the Defense Health Agency, which oversees all military treatment facilities, conduct a survey of health care providers and patients and use the results to help develop and implement a plan to "bring those provider networks into compliance" with Defense Department requirements.

For its report, the IG collected information from DHA, service audit agencies and inspectors general from the Army, Navy, Air Force and Marine Corps.

The results identified health care access issues in a variety of military communities, including Pearl Harbor, Hawaii; Lemoore, Calif.; Oak Harbor, Wash.; and Pensacola, Fla.

Smaller military treatment facilities "often only service active duty service members, and send all other beneficiaries, such as family members and retirees, to the TRICARE provider network," according to data provided by the attorneys general.

Additional data showed that some TRICARE networks "are not robust or adequate to meet this need and beneficiaries may have difficulty obtaining network care," the IG's report said.

Citing Naval Health Clinic Pearl Harbor in Hawaii as an example, the IG said the clinic accepts only active-duty service members and offers only limited specialty care. Other patients are turned away and sent to the TRICARE network at large; however, the network in Hawaii has limited facilities when compared to places such as San Diego.

Specialty services in Hawaii also have appointment wait times that exceed DOD's 28-day standard. Gastroenterology services, for example, take an average of 49 days and urology services can take an average of 67 days.

The IG also identified significant health care access issues for overseas military communities, specifically in Japan.

Problems there include the necessity of translation services, the lack of certain U.S. prescription medicines and the fact that medical services may not be available at all.

"Japanese medical facilities routinely and lawfully turn away patients when limited by medical staff, translation support, or when advanced payment cannot be secured, resulting in denial of care," the report said.

U.S. insurance is often incompatible with Japan's medical system or not accepted by Japanese doctors, the report said. Upfront payment is often required, making health care "cost

prohibitive for some civilians."

The issues aren't just an inconvenience, they're causing some DOD civilians to leave their jobs altogether.

Within a six-month period this year, at least eight Air Force civilian employees requested their tour in Japan be shortened due to health care access concerns, service officials told the IG. Another three declined job offers and two chose to relocate all together.

At the Department of Defense Education Activity, which manages base schools, at least 15 Japan-based teachers resigned from positions during the 2022-2023 school year, the report said. They cited access to health care as their reason.

In October, the Federal Education Association — a Washington, D.C.-based teachers union that represents DODEA employees — told Stars and Stripes that "a majority of our members in Japan are planning to retire or seek employment elsewhere because of the lack of on-base health care."

FEA represents more than 600 DODEA employees in Japan, spokesman Gary Hritz told Stars and Stripes by email Oct. 11.

Because of these concerns, the IG is asking DHA's director, Army Lt. Gen. Telita Crosland, to conduct surveys at installations worldwide to learn about the concerns of patients and providers alike.

Crosland did not provide a response to the recommendations prior to its publication, the report said, despite already receiving an extension to the IG's original deadline.

The IG is asking Crosland to respond by Dec. 29 with details on her planned course of actions or alternative recommendations.

A spokesperson for DHA, headquartered in Virginia, did not immediately respond to Stars and Stripes' request for comment Thursday.

(Source: <https://www.stripes.com/theaters/us/2023-12-07/health-care-access-military-communities-12283662.html>)

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Americans less likely to urge young adults to enlist in military, study finds

By JOHN VANDIVER STARS AND STRIPES



New military recruits are sworn into their respective branches during a ceremony at the New York Jets "Salute to Service" pre-game activities at MetLife Stadium in East Rutherford, N.J. on Nov. 6, 2023. A new Rand Corp. report released Dec. 14 found that a majority of Americans would discourage young people they know from joining the military. (Mark Geman/U.S. Army)

A majority of Americans say they would discourage young people they know from joining the military, according to a new study in which nearly half of respondents also think veterans are likely to physically harm themselves.

The findings, detailed in a Rand Corp. report released Thursday, aimed to shed light on factors in the military's recent recruiting struggles.

However, when it comes to encouraging young people to seek a military career, much depends on whether that potential recruit is considering enlistment or joining the officer ranks, according to the study.

While 54.4% of people would discourage young people close to them from enlisting, 61.2% would encourage them to join through ROTC or a service academy, Rand said.

Although Democrats surveyed were less likely than Republicans to encourage enlistment, both groups were largely in favor of such pathways into the officer corps, the study found.

The negative sentiment toward enlistment exists even as most Americans hold generally positive views about those who have served in the military. It's one of an array of conflicting views among respondents about service in the armed forces.

Meanwhile, overall public confidence in the military is declining.

Factors such as the end of the war in Afghanistan, heightened politicization of the military and increased polarization of the public shape that outlook, Rand said.

The report did not delve into other issues at the forefront of the debate around the recruiting crisis, such as conservatives' assertions that the military has become too "woke" and created a

new stigma to counter.

Perceptions of veterans are largely positive, with clear majorities believing that people who had served in the military are more hardworking and reliable than the rest of society.

But those positive views don't necessarily translate into a perception that the enlisted ranks are a good career course. One reason could be the widespread belief that former service members are somehow damaged goods.

The survey found that 46% of respondents said they think it is likely or highly likely that veterans would do something violent toward themselves.

"Perceptions of veterans as potentially damaged physically or mentally by their service highlight that nearly 20 years of war have led to widespread familiarity with the wounds of war" such as post-traumatic stress disorder, Rand said.

Currently, the top two reasons cited by young people for not wanting to join the military are the possibility of physical harm or violent death, and the risk of PTSD, Rand said.

About 15% of post-9/11 veterans had PTSD in the past year and 29% had it at some point in their lives, Rand said, citing U.S. Department of Veterans Affairs data.

"The challenge remains of maintaining the right balance in drawing attention to and raising awareness of the difficulties veterans experience without perpetuating negative stereotypes about them," Rand said.

The report was based on surveys administered between February and June 2022. It did not cite a margin of error.

(Source: <https://www.stripes.com/theaters/us/2023-12-18/american-opinion-military-service-12395955.html>)

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It's All Relative

After 5 long years of studying, a student comes rushing into Einstein's office shouting...

"Sir, Sir, I finally understand your theory of Special Relativity!"

Einstein rolls his eyes, "It's about time"

Veterans exposed to toxins and other hazards during service now eligible for VA health care



“We want you to come to us for the health care you deserve.”

By Hans Petersen

Air Force Veteran and VHA Digital Media Editor

In one of the largest-ever expansions of Veteran health care, all Veterans exposed to toxins and other hazards during military service—at home or abroad—are now eligible for VA health care.

At the direction of President Biden, VA is expanding health care eligibility to millions of Veterans, including all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan or any other combat zone after 9/11, years earlier than called for by the PACT Act. These Veterans will be eligible to enroll directly in VA health care without first applying for VA benefits.

Additionally, Veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll.

This expansion of VA health care eliminates the phased-in approach called for by the PACT Act, meaning that millions of Veterans are becoming eligible for VA health care up to eight years earlier than written into law.

VA encourages all eligible Veterans to visit the [Pact Act website](https://www.va.gov/PACT) or VA.gov/PACT, or call 1-800-MYVA411 to learn more and apply for VA health care, beginning March 5. Since President Biden signed the PACT Act into law on Aug. 10, 2022, more than 500,000 Veterans have enrolled in VA health care.

“Once you’re in, you have access for life.”

“If you’re a Veteran who may have been exposed to toxins or hazards while serving our country, at home or abroad, we want you to come to us for the health care you deserve,” said VA Secretary Denis McDonough. “VA is proven to be the best, most affordable health care in America for Veterans. And once you’re in, you have access for life. So don’t wait, enroll today.”

“Beginning today, we’re making millions of Veterans eligible for VA health care years earlier than called for by the PACT

Act,” said VA Under Secretary for Health Dr. Shereef Elnahal. “With this expansion, VA can care for all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror or any other combat zone after 9/11. We can also care for Veterans who never deployed but were exposed to toxins or hazards while training or on active duty here at home while working with chemicals, pesticides, lead, asbestos, certain paints, nuclear weapons, x-rays and more. We want to bring all of these Veterans to VA for the care they’ve earned and deserve.”

Enroll directly in VA care without applying for VA benefits

In addition to expanding access to VA care, this decision makes it quicker and easier for millions of Veterans to enroll. Many Veterans believe they must apply to receive VA disability compensation benefits to become eligible for VA health care, but this isn’t correct.

With this expansion and other authorities, millions of eligible Veterans can enroll directly in VA care without any need to first apply for VA benefits.

This is a critical step forward because Veterans who are enrolled in VA health care are proven to have better health outcomes than non-enrolled Veterans, and VA hospitals have dramatically outperformed non-VA hospitals in overall quality ratings and patient satisfaction ratings.

And VA health care is often more affordable than non-VA health care for Veterans.

How to apply for VA health care

Veterans can apply for VA health care:

Online at <https://www.va.gov/health-care/apply/application/introduction>

By calling our toll-free hotline at 877-222-8387, Monday through Friday, 8 a.m. to 8 p.m. ET.

By mailing their completed [Application for Health Care Benefits \(VA Form 10-10EZ\)](#) to:

Health Eligibility Center
2957 Clairmont Rd., Suite 200
Atlanta, GA 30329

In person by visiting their [nearest VA medical center or clinic](#).

(Source: <https://news.va.gov/129241/veterans-exposed-toxins-hazards-now-eligible/>)



“Like Iron-Filled Tears”—My First Time Seeing a Dead Body in a Combat Zone



By Jackie Munn

The body was lying on an army field stretcher, nestled between the olive green metal bars, drooping lifelessly on the black mesh fabric. I could see black tufts of hair sticking out from the blue tarp they’d used to cover the body. Congealed blood and dirt sprinkled throughout his hair like a deathly version of confetti. Slowly, small pools of blood began collecting underneath the stretcher, each drop clinging to the body in vain before succumbing to gravity. *Drip. Drip. Drip.*



A security checkpoint along the Pakistan border. Courtesy of Jackie Munn

An elderly Afghan man wearing a dusty brown shalwar kameez stood over the stretcher. He mumbled Pashtu while one of his stubby hands rubbed the back of his neck exasperatedly, gesturing aimlessly with the other. He kept pointing dejectedly between the lifeless body and desolate land outside the combat outpost’s HESCO walls.

He paused, soaking in the translation. Our interpreter explained to our small gathered group—a military physician assistant, a few infantry medics, and myself—that the man was the father of the deceased. He was looking for compensation for his son who had died at the hands of a neighbor after disputing land rights. The father had brought the body to the outpost in the hopes that it might garner sympathy from the Americans. Maybe we’d help with retaliation or possibly provide a payout to help alleviate the burden the family now faced—one less set of hands to help out in the fields.

The weary old man grasped the end of the blue tarp, snapping it back to reveal the lifeless face of his dead son, whose bloodshot

eyes stared blankly at the endless Afghan sky. The son’s mouth was gaping open, the expression of horror from the moment he’d taken his last breath set on his face. I could see now that a sizeable chunk of his scalp was missing; his brain matter, flesh, and bone were mangled in a thick, mushy mess. The father gestured again between his deceased son and the barren land beyond the outpost’s walls, imploring us, it seemed, to intercede, to pay up.

This was the first dead body I’d ever seen. Standing mere feet from the corpse, I was struck by an awful ambivalence. Certainly, people die every day; and yet, being so close—physically and chronologically—to the death of this farmer who had died for disputing his property lines felt surreal.

Unlike back home, where death feels sterile and hidden from public attention, or combat KIAs, where emotion and chaos fill every space with immeasurable density, this felt uncomfortably normal. As though untimely death was so rampant and expected in Afghanistan that bartering over your son’s freshly dead body barely merited a raised eyebrow or a second thought.

As our interpreter finished translating, everyone became fixated on the stretcher and the dead Afghan corpse. The drops of blood continued to slowly drip, staining the wooden deck below. *Drip. Drip.*



HESCO walls lining the Combat Outpost in eastern Afghanistan. Courtesy of Jackie Munn

The silence was eventually broken by the physician assistant, his words snapping my attention back to reality, shocking my senses awake. His voice was focused, deliberate, but tinged with remorse. He explained through the interpreter that it wasn’t U.S. policy to intercede in tribal disputes, and that the U.S. made payouts only if U.S. forces were involved in the death. That’s

fairly well known in Afghanistan; the father had to know that.

Looking at the father, the physician assistant shrugged his shoulders, his lips slightly down-turned, cocking his head to

one side as if to say, *My hands are tied, I'm sorry.*

The elderly Afghan man stared at the physician assistant, his brown shalwar kameez flapping loosely in the gentle wind. His hand stopped rubbing the back of his neck; his other lay limply by his round torso. He seemed frozen, or at least at a loss for words.

The physician assistant recommended the father speak with the local Afghan elders and district governor—*perhaps they could help?* The interpreter initially matched the tone and tenor of the physician assistant's intention, but by the end of his translation, the words seemed to come across hurried and impatient.

the WAR HORSE

Again the group froze, transfixed by the corpse lying on the wooden deck outside the outpost's trauma center, a modest plywood hut. Watching the blood continue to drip, I kept imagining all the little droplets that marked the journey from his small farming village to our little base. His blood continued to seep from his gaping wounds, staining the ground like iron-filled tears. *Drip.*

The father hung his head for a moment, as though he were deciding whether it was worth it to push us harder or to just give up. He snapped his head up and began hurling impatient Pashtu at the Afghan men who'd driven him onto the outpost in their ragged old Toyota Hilux. The men moved deftly, grabbing the ends of the stretcher then whisking the dead body away to the bed of the truck; the blue tarp whipped in the breeze, snapping back and forth like the rapid movements of Afghan men who departed with obvious indignation.

They were gone in the blink of an eye. One minute we were witness to a father bartering over his son's dead body; the next, we were watching the trail of dust as their broken-down pickup sped away.

I stared at the pool of congealed blood on the wooden deck. It looked so mundane, like red wine the father had spilled and left behind for someone else to clean up.

Jackie Munn is an Army brat, West Point graduate, and former Army Captain. Her time in service brought her to Iraq as a logistics officer; Washington, D.C., working with wounded soldiers at Walter Reed; and Afghanistan as a Cultural Support Team leader with Special Forces. She earned her master's in nursing from Vanderbilt University and was named a 2015 Tillman Scholar. She now works as a family nurse practitioner and yoga instructor.

(Source: <https://thewarhorse.org/as-iron-filled-tears-stained-the-deck/>)

Wednesday Menu

4-7pm

TACOS	FRENCH FRIES	\$2.00
HARD OR SOFT	Fries with Cheese	\$3.00
\$2.00 EACH	Fries w/ chili & cheese	\$5.00
TACO SALADS		
SMALL- \$3.00	Hot dog	\$2.00
MEDIUM- \$5.00	Chili Dog	\$3.00
LARGE—\$7.00		
INCLUDES:	Nachos w/ cheese	\$4.00
LETTUCE, TOMATO, ONION,	Nachos w/ Chili & cheese	\$7.00
CHEESE, SOURE CREAM,		
SALSA, CHOLULA HOT	Bowl of Chili	
SAUCE & JALAPENO PEP- PERS	Sm. \$2.00 Med. \$4.00 Lg. \$6.00	

VFW Post 4252

**Membership Meeting Time
6pm, 2nd Thursday of Each Month**

**Auxiliary Meeting Time
5:30pm, 2nd Thursday of Each Month**

A Haircut

One day a florist went to a barber for a haircut. After the cut, he asked about his bill, and the barber replied, 'I cannot accept money from you, I'm doing community service this week.' The florist was pleased and left the shop. When the barber went to open his shop the next morning, there was a 'thank you' card and a dozen roses waiting for him at his door.

Later, a cop comes in for a haircut, and when he tries to pay his bill, the barber again replied, 'I cannot accept money from you, I'm doing community service this week.' The cop was happy and left the shop. The next morning when the barber went to open up, there was a 'thank you' card and a dozen donuts waiting for him at his door.

Then a politician came in for a haircut, and when he went to pay his bill, the barber again replied, 'I cannot accept money from you. I'm doing community service this week.' The politician was very happy and left the shop.

The next morning, when the barber went to open up, there were a dozen politicians lined up waiting for a free haircut.

And that, my friends, illustrates the fundamental difference between the citizens of our country and the politicians who run it.

Beneficiary Financial Counseling Service and Online Will Preparation

VA makes financial planning and online will preparation services available at no cost to beneficiaries of:

SGLI (Servicemembers' Group Life Insurance)

TSGLI (Traumatic Injury Protection)

FSGLI (Family Servicemembers' Group Life Insurance)

VGLI (Veterans' Group Life Insurance)

The financial counseling and online will preparation services offered here are **only for SGLI, VGLI, and FSGLI beneficiaries** and Servicemembers who have received TSGLI benefits. Servicemembers who are interested in financial counseling, but have not received a TSGLI payment may contact their Command Financial Specialists or Financial Readiness Counselor. Members may also visit www.militaryonesource.mil or call 800-342-9647 for additional information.

Service Features

Beneficiary Financial Counseling Service (BFCS)

Download one of our Financial Counseling Services Brochures for easy reference.

[Beneficiary Financial Counseling Services for SGLI, VGLI and FSGLI Beneficiaries](#)

[Beneficiary Financial Counseling Services for TSGLI Recipients](#)

This service provides beneficiaries with free, professional financial advice from FinancialPoint, an independent company whose team of professionals are experts in



handling a wide range of financial matters. Beneficiaries can access this service online 24/7 to request a financial plan. They simply enter their information into FinancialPoint's website, and a financial professional will prepare a customized financial plan based on the details provided. They can also call or e-mail to get quick answers to simple financial questions. In-person meetings with financial professionals are also available upon request. These important financial services are available to beneficiaries for two years following claim settlement.

Effective April 1, 2021, BFCS is available for two years

from the date the claim is paid. This includes 40 hours of personal counseling over the two years and access to the program's online resources. Beneficiaries already using the services can continue to access an additional 40 hours with a local counselor and use online resources through April 30, 2023. [Additional financial planning resources may be available to you.](#)

Online Will Preparation Service

The online will preparation service enables beneficiaries to quickly and easily prepare a will without an attorney. After answering a series of straightforward questions, the beneficiary will receive a legal will, valid in all states, ready to print and sign.

How to Access These Services

Online Access

Go to www.financialpointplus.com

Register as a first-time user.

Use "BFCSVA" as the Organization Web ID.

Have your eight-digit SGLI, TSGLI, FSGLI, or VGLI claim number available.

Select FinancialPoint to submit information that will be used to create a personalized financial plan for you.

Select EstateGuidance® to create and print a will.

Note: If you do not have your claim number, please call the Office of Servicemembers' Group Life Insurance at 800-419-1473.

Phone or E-mail Access (BFCS only)

SGLI, FSGLI, VGLI beneficiaries: 888-243-7351

TSGLI recipients: 800-428-3416

Email: fcs@FinancialPoint.com

Financial professionals are available 24/7.

(Source: <https://benefits.va.gov/insurance/bfcs.asp>)

Important VA Telephone Numbers

VA health benefits hotline

877-222-8387

**Hours: Monday through Friday,
8:00 a.m. to 8:00 p.m. ET**

My HealtheVet help desk

877-327-0022

**Hours: Monday through Friday,
8:00 a.m. to 8:00 p.m. ET**



Eligibility Requirements for VFW Auxiliary Membership:

Members must be at least 16 years old.

Those eligible are:

- Husband/Wife
- Widower/Widow
- Father/Mother
- Grandfathers/Grandmothers
- Sons/Daughters
- Grandsons/Granddaughters
- Brothers/Sisters

Of persons who were or are eligible for membership in the Veterans of Foreign Wars of the United States.

Those eligible for membership in the VFW are those that have received a campaign medal for overseas service; have served 30 consecutive or 60 non-consecutive days in Korea; or have ever received hostile fire or imminent danger pay.

Step- and adopted parents, children, siblings (and half-siblings), grandparents and grandchildren are considered the same as biological parents, children, siblings, grandparents and grandchildren and may join the VFW Auxiliary under their VFW-eligible veteran.

Proof of service is required for eligibility and must be obtained by the applicant. Information on a veteran's service record can be obtained by contacting National Archives and Records Administration Phone: 1-866-272-627

Headed To the Doctor? Bring Proof of Your TRICARE Coverage

By TRICARE Communications

FALLS CHURCH, Va. – Are you preparing for a trip to the doctor's office or the pharmacy? If so, make sure you have your proof of TRICARE coverage.

For most people with TRICARE, you'll need to show your Uniformed Services ID card to your provider as proof of TRICARE eligibility. If you're an active duty service member, you'll need to show your Common Access Card.

Each ID card has a unique 11-digit Department of Defense Benefits Number (DBN), which confirms TRICARE coverage. The DBN helps you and your provider file claims. When getting care, filling a prescription at a military or retail pharmacy, or signing up for TRICARE Pharmacy Home Delivery, your ID card is your proof of coverage.

"Without the proper documents, you could be denied treatment and have to reschedule your appointment," said Jim Frank, DEERS Integration Manager, TRICARE Health Plan Division. "Knowing what proof of coverage you need is an important step to getting the care you need. You'll also avoid unexpected out-of-pocket costs."

How do you find and maintain your TRICARE proof of coverage? Follow these tips to ensure you have everything you need before your next provider appointment.

Update DEERS

Using your ID card starts with making sure your [Defense Enrollment Eligibility Reporting System \(DEERS\)](#) record is up to date. You must be registered in DEERS to use your TRICARE health program benefit. If you're already in the system, be sure to update your or your family's information in DEERS too.

To add or remove family members to DEERS, sponsors must go in person to a local [RAPIDS ID Card Office](#). You can make an [appointment online](#) to do this. Remember to bring all required forms, documentation, and identification to your appointment. Learn more about getting your ID card. If you need to renew your ID card, you may be able to do so online. A Department of Defense pilot program, which was recently expanded, allows family members, retirees, and others to renew a Uniformed Services ID card online. At this time, the pilot is limited to cardholders in the United States.

Eligibility letters

Eligibility letters are another way for providers to verify your TRICARE coverage. Sponsors can access these letters for themselves and their eligible family members. You can bring this letter with you to your health care appointments. To download an [eligibility letter](#), go to [milConnect](#) and click "Obtain proof of health coverage."

TRICARE For Life

Do you have TRICARE For Life (TFL) coverage? You need to show both your Medicare card and your Uniformed Services ID card when getting care, as noted in the [TRICARE For Life Handbook](#). It's a good idea to check with your provider to see if

they take Medicare. You should also check that Medicare and TFL cover the type of care you'll receive. Otherwise, you may have out-of-pocket costs.

Premium-based plans

If you're enrolled in TRICARE Reserve Select or TRICARE Retired Reserve, you can show your provider your enrollment card as proof of coverage. If you need a replacement card, log in to [milConnect](#) to print a copy.

You can enroll in [TRICARE Young Adult](#) without a Uniformed Services ID card. When your coverage begins, and you're notified by your regional contractor, visit any ID card office to get a new ID card. You should show your ID card when you go to the doctor or pharmacy.

Having proof of TRICARE coverage is the first step to getting care. Remember to keep your information in DEERS up to date and your Uniformed Services ID card current so you and your family have access to health care services when you need them.

(Source: <https://newsroom.tricare.mil/News/TRICARE-News/Article/3663635/headed-to-the-doctor-bring-proof-of-your-tricare-coverage>)



Yesteryear Photos In Our Post

Mac Was My Hero. I Never Told Him. I'm Sure He Never Knew.



Mac, second from left, showing one of Ed Meagher's men his shotgun. Photo courtesy of the author.

By William (Mac) McKissick was my hero. I never told him that. I am sure he never knew. We were not friends. The best that can be said is that we served together in the Air Force in Vietnam for about nine months.

He was a technical sergeant at the time, an [air policeman](#) responsible for the security of the northern perimeter of [Tan Son Nhut Air Base](#) just north of Saigon in Vietnam from six p.m. to six a.m. each night.

There was no fencing for most of that part of the base, just a point where the base sort of ended and rural Vietnam began. There was a road, but the base existed on either side at different points. There were several military facilities scattered somewhat haphazardly north of the east-west runways at Tan Son Nhut. My site was next to a massive bomb dump and favorite target of [Viet Cong sappers](#). There were construction equipment and repair depots, the mortuary, dog kennels, a small arms firing range, and several other sites whose purpose I never knew.

My small site consisted of two one-story cinder block buildings with tin roofs, a two-seater outhouse, two large diesel generators, and a large sandbag bunker. An eight-foot-tall chain-link fence with barbed wire on top encapsulated it. There were two gates and a small courtyard. An antenna farm with a dozen or so very large, very tall, phased array antennas sat next door, practically crying out, "Please blow me up."

I was in charge there each night from six p.m. to six a.m. along with 16 other radio operators, radio and antenna technicians, and diesel engine mechanics.

I was a 21-year-old newly minted staff sergeant, a victim of my upbringing and education. I was brought up to always do my best, never ask questions, and always obey authority. I was educated by the good nuns and brothers of the Catholic madrasa, so I had a firm grasp of reading, writing, and arithmetic and was trained to listen, remember, practice, and regurgitate—all keystones of success in the military. So I was promoted rapidly and slotted for small unit command.

Technically, I was prepared for the job. Mentally and emotionally, though, not so much. I was a young 21-year-old, if that isn't an oxymoron. Perhaps better to say I was young even for a 21-year-old. As far as leadership ability, I faked it. I could give an order in six different ways, but I only parroted what I had heard others do and say. I didn't own any of it. Emotionally, it was much worse. I was a terrified little boy who feigned bravery and indifference to death. Because I feared my real feelings would show through and expose me, I put up a pretty good tough-guy exterior. But it was all artifice.

the WAR HORSE

The physical security for the north or Bravo perimeter at Tan Son Nhut consisted of three manned bunkers and two watchtowers. However, that left large swaths of open land unprotected. To fill in that area without putting up physical fortifications, the Air Force assigned dozens of young air policemen each with a sentry dog to patrol the spaces between the checkpoints during the day and assigned these teams to static positions at night.

The dogs were trained to go on alert when they detected motion or smells near their position. Their handler would then notify the quick reaction teams positioned nearby, and these teams would respond to that area.



Mac, right, was responsible for Bravo sector and would roam around all night in a convoy of three heavily armed jeeps with three men assigned to each vehicle. Photo courtesy of the author.

This is where Mac came in. He was responsible for Bravo sector and would roam around all night in a convoy of three heavily armed jeeps with three men assigned to each vehicle. My site was centrally located in Bravo sector and Mac used it as his unofficial headquarters. We provided him a desk, a landline phone, access to a bottomless cup of coffee, and some protection from the rain. In return, he provided access to information about security around the base and, most importantly, in Bravo sector.

Each night around 7:30 p.m., Mac would position his three jeeps at the intersection of the road leading away from the ken-

nels and where the various teams had to pass by on their way to their nightly assigned static positions. Mac knew every one of these young men and their dogs. He would inspect each of them as they passed by, inquire about the dog's health, or question them about their assigned post. They exchanged friendly banter, talking about how many nights they had left in country. But he had an eagle eye for detail. Did they have the required ammunition clips, illumination rounds, and extra batteries for their radios? Were their dogs properly groomed and alert? He didn't miss anything, and woe to any of them found wanting in some regard because he was a severe disciplinarian. You did not want to get chewed out by Mac.

He had bearing and presence. As these teams prepared to move by him you could see them straighten up and check themselves. He commanded respect, but just as important, he earned it. They trusted him quite literally with their lives. They knew that in the event of an alert, Mac and his quick reaction teams would be there no matter what.

Mac was 31 years old and had spent 11 years in the Air Force. To a 21-year-old, he seemed like an old man. He would sit in our operations room at a desk against the wall and do his paperwork, all the while listening to the radio in front of him for the clicks and codes coming from the young men lying out in the grass or in little gullies with their dogs. He would tune a second radio to the base security network to listen for reports coming from the other security sectors. He would also have an ear cocked to one of our radios monitoring all the other bases around the country for reports of hostile activity.

I watched him like a hawk. He always seemed locked and loaded yet also strangely calm. When we came under attack from rockets or mortar rounds every one of us hit the deck—except for Mac. He listened and factored these rounds into his game plan.

He had names for various explosions. He called 105mm or 122mm rockets one-eyed willies because they were nearly impossible to aim accurately and would land randomly, throw up a lot of dirt, make a lot of noise, and scare the hell out of the rest of us. But not Mac. He was a big believer in the notion that you would not hear the one that gets you, so don't worry about the one you hear. Mortar rounds, on the other hand, commanded his full attention, and he waited for the second round to land so he could determine the direction and level of danger. Mortar rounds could be aimed and adjusted, and based on where the first one landed, succeeding ones could be corrected and "walked" to a target. He called these "grave diggers" or just "diggers."

Apparently, two of his men sitting in the dark of the bunker came to realize that neither of them had brought the extra batteries for Mac's radio—which they had been assigned to do. These batteries were terrible, clearly procured from the lowest bidder. Sometimes they leaked. You could charge them for eight hours and then they wouldn't hold a charge, or they'd work fine one minute and then go dead without warning. Mac required everyone on his team to carry two extra batteries for

themselves; he assigned several others to carry two for his own radio.

Rather than explain their failing to Mac, these two young airmen apparently decided it was much preferable to sneak out of the bunker under the wire and into a benjo, or sewer ditch, and out to a pickup truck that carried ammunition, fuel, rations, water, and all manner of other supplies for the sentry teams.

As I talked to Mac at the bunker entrance, he heard something in the ditch behind the bunker. Mac prided himself on knowing the exact whereabouts of every single man under his command. Mac was the first person to explain "situational awareness" to me. Knowing that none of his men should be in the benjo ditch outside our perimeter, Mac screamed, "VC in the ditch," and like a cat dove out of the bunker, did a roll, and came up in a kneeling position with his M16 at the ready. One of the airmen in the ditch heard Mac yell and said, "Oh shit." That saved their lives.



Mac doing paperwork with his radio in front of him. Photo courtesy of the author.

While we tried our best to blend into the floor, he listened and, if necessary, acted. If the rocket or mortar landed far enough away and we "flinched" or "ditched," he laughed at us. If a rocket landed close enough, he told one of his crew to do a "lights-out" check of the sentry teams nearest where he thought it had landed. They would slowly proceed to that area in one of the jeeps with lights out so as not to give Charlie any guidance as to where their "one-eyed willy" had landed.

He could also tell, based on the alerts coming in, whether the dogs were set off by a Viet Cong infiltrator—or a rat or snake. How he did this I never understood, but he did. In any event, he would be out the door and on his way to that series of posts.

I only saw Mac lose his cool once. We had been under mortar attack for over an hour, and it seemed to him "Charlie" was trying for a hit on the bomb dump across the road from us. He advised us to move into our bunker and go to a bare-bones crew inside the operations room. Radio reception inside the bunker was terrible. While we waited for this little bombing session to end, Mac stood at the entrance just inside the blast wall with his radio in hand. I went back and forth across the 20 yards between the bunker and the operations room and often stood near him, listening to the clicks and having him explain them to me.

Mac went down to a prone position and shouted, “Who is in the ditch?” When they answered, he told them to show themselves with their hands up. They did, and their very bad, no good, awful, terrible night began. After they returned to the bunker and told their story, Mac went off. His anger only built as he chewed and chewed and chewed on them. It got worse when he realized he had cut and bruised his knee as he rolled out of the bunker and was bleeding. It went on for a little longer than an eternity, and he ended it with the ominous notice that he was not finished with the two of them.

After things calmed down and we returned to normal operations, I noticed Mac with his head in his hands a couple of times. Normally Mac was the epitome of calm under pressure. When things started to go squirrely, Mac grew calmer and calmer. It was clearly a learned behavior—and one I noticed the most and tried my best to emulate.

I noticed how Mac joined in the rough and tumble give and take of trash-talking among his men, but he only went so far before backing out. I learned that you can’t be a friend to anyone you might have to order into a dangerous situation. He knew he had to maintain “command distance” while building rapport with his troops. He could be demanding of his men and at the same time show them how much he cared about them.

I asked him questions in the middle of the night to gauge what frightened him so I might compare it to my level of fear, and he often answered with a frustrating shrug. Or he’d say, “You get used to it,” or, “What good does fear do you out here?” I observed him as closely as possible and slowly learned to “be like Mac.”

And then one day he was gone. He had agreed to stay past his date estimated return overseas until his replacement arrived. He did not want to leave his men without a leader he could trust. His replacement showed up; Mac briefed him and then left on the next flight out. I never got to say goodbye or thank him or tell him how much he meant to me.

I suspect it would have been an awkward conversation. If it had occurred, it probably would have surprised him. But it never happened. I have carried the lessons I learned from Mac in the form of a question I ask myself whenever I find myself in a difficult situation. What would Mac do? The answer is almost always the same. Be calm and carry on. Take care of your people. And remember that you won’t hear the one that is going to get you.

This War Horse reflection was written by Ed Meagher, edited by Kristin Davis, fact-checked by Jess Rohan, and copy-edited by Mitchell Hansen-Dewar. Abbie Bennett wrote the heading.

Edward Meagher is a Vietnam service-disabled veteran who retired after 24 years in government, 26 years in the private sector, and four years in the U.S. Air Force. He served for seven years as the deputy assistant secretary and deputy CIO at the Department of Veterans Affairs. He lives in Great Falls, Virginia.

(Source: <https://thewarhorse.org/air-force-sergeant-became-veterans-hero-in-vietnam-war/>)

More than 2 million Women Veterans live in the U.S. today.

Women are the fastest growing group in the Veteran population.

2000: 4% 2040: 18%

Women Veterans have served across all military branches and divisions.

Projections for 2025:

Army: 916,948
Air Force: 464,069
Navy: 409,586
Marines: 124,169
Reserve: 157,385
Non-defense: 28,900

Women Veterans are racially and ethnically diverse.

43% of the women who used VHA health services in FY20 belonged to a racial or ethnic minority group.

3 of 4 women Veterans who used VA health services in FY19 had an urban residence but the number of rural women is increasing.

No matter where they live, every woman Veteran has access to the VA health system which provides care at 1,293 health care facilities, including 171 VA Medical Centers and 1,112 outpatient sites of care.

Every VA Medical Center nationwide has a Women Veterans Program Manager to advise and advocate for women Veterans and help coordinate all the services they may need, from primary care to specialized care for chronic conditions or reproductive health.

Every VA offers maternity care coordination. VA MaternityCare Coordinators understand women Veteran’s unique needs and will support them through every stage of their pregnancy.

VHA provides the highest quality, state-of-the-art systems and health care equipment, including on-site mammography at 69 sites across the country.

VA Resources for Women

Women Veterans Call Center: 855-VA-WOMEN
Veteran Crisis Hotline: 988 (press 1)
Caregiver Support Line: 855-260-3274
VA Benefits Hotline: 1-800-827-1000

If you have questions or can’t find what you’re looking for, you can call, text, or chat online with the Women Veterans Call Center (WVCC) at 855-829-6636 to get help and find available resources and services in your area.

(Source: <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp>)



Joanne Borel, Doris Ricard, & Ruth O’Feild

Linda Berna



Roxie, Becky Parker, Suzanne Monroe, Gloria Quereux, & Vickie



Paulette Reid, Clayton, Deb, & Betty Handy

This event netted over \$1000 which was donated to the Forgotten Soldiers Outreach organization

VFW Post 4252 Card Party was held on Wednesday, March 6.



Kelly Halsey (center) from Moose Lodge 2112 presents a check for \$1000 to Bill Scheiterle as a donation from proceeds of their recent golf tournament.



Did you enjoy your Easter dinner at Post 4252? Well, these wonderful volunteers worked hard to make it a success. Don’t forget to thank them!!!




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No Veteran Dies Alone – Compassion and dignity in life’s final moments

“Having someone there makes a world of difference.”

By Hansraj Raghunandan
Public affairs specialist, Orlando VA

The “No Veteran Dies Alone” program’s aim is to ensure that Veterans are honored by a volunteer or staff member within 72 hours before their passing. It does this by meeting the unfulfilled needs of those Veterans who find themselves alone at the end of their life.

“In the tender and vulnerable moments of life’s closing chapter, solitude often looms for some of our nation’s finest heroes,” said Orlando VA Chaplain Eunice Smith. “These Veterans who have sacrificed so much of their lives to our nation find comfort in the compassionate arms of a dedicated team with the noble mission of ensuring their transition into the great beyond is met with the same unwavering commitment they once offered to us all.”

The program is personal

For Smith, the program is personal. Her brother, Elois Woodard, was one of five brothers drafted into the Armed Services. He was a Marine and Purple Heart recipient who served in the Korean War.

“Prior to passing away, he had wandered out of his home in the early morning hours in the cold streets of San Francisco and succumbed to the elements all alone,” she shared.

A poignant incident involving nurse Kiley Hilderbrandt caring for a Veteran also underscored the urgency of the program’s importance. Hilderbrandt recalled a situation with a Veteran’s daughter who needed to leave her father to tend to her young child. The Veteran eventually passed away with nursing staff by his bedside.

Due to Hilderbrandt’s experience, she reached out to Cristina Mercado Acevedo, Center of Development and Civic Engagement chief, to inquire about what options may be available for special circumstances.

“We deal with oncology patients and they sometimes don’t have families that are available toward the end of their life,” said nurse Allexius Harrell. “Especially during the midnight shift when families are not present. Having someone there for Veterans during this time makes a world of difference.”

Since June 2023, the program has grown significantly. “One hundred per cent of the Veterans who qualified for program have been served thus far. Plans for the expansion of the program are currently underway and there is no shortage of volunteers willing to help,” Hildebrandt said.

“Veterans weren’t alone in the battlefield, so they should not be alone at the end of their life,” Harrell said.

Volunteers provide activities and companionship

Numerous volunteers have voiced their eagerness to spend time with those Veterans who lack companionship before reaching the end of their life.

“We have established a new companionship program allowing volunteers to engage with Veterans, build meaningful relationships and provide comfort before the end-of-life process has begun,” Acevedo said. “Dedicated volunteers provide books, games, puzzles and other activities to share with Veterans to help with fostering connection and moments of companionship.”

The program upholds our organization’s sacred promise, “by honoring Veterans in their final moments, being present with them and expressing our genuine compassion, we ensure that a gentle embrace of humanity accompanies them as they leave their incredible mark in our memories,” said Hospital Director Timothy J. Cooke. “We should all be just as hopeful that when our time comes, others will extend a similar hand of dignity and compassion.”

(Source: <https://news.va.gov/126613/no-veteran-dies-alone-compassion-final-moments/>)

Veterans Crisis Line
DIAL 988 then **PRESS 1**

My daughter want's the new iPhone for her birthday. I told her she will get one as long as she has good grades, does her chores, and follows the house rules. Otherwise she will get a cheaper phone.

It's my way or the Huawei.

Military will conduct research, clinical trials of psychedelic drugs to treat service members for PTSD, head injuries



The military will conduct research and clinical trials to determine whether psychedelic drugs, such as these psilocybin capsules, can treat service members suffering from post-traumatic stress disorder and traumatic brain injury under provisions of the defense spending bill approved by Congress last week. (Thomas Angus/Imperial College London)

By LINDA F. HERSEY, STARS AND STRIPES

WASHINGTON — The military will conduct research and clinical trials to determine whether cannabis, magic mushrooms and other psychedelic drugs can treat service members suffering from post-traumatic stress disorder and traumatic brain injury under provisions of the defense spending bill approved by Congress last week.

Section 723 of the National Defense Authorization Act, which received final Congressional approval Friday, provides \$10 million in research grants for psychedelic-assisted therapies and for “qualified” plant-based alternative therapies that include cannabis.

Medical cannabis is legal in 38 states, the District of Columbia and three U.S. territories but remains illegal under federal law. Language in the legislation states that service members can participate in the clinical trials without breaking the law.

The provision in the NDAA, which specifies spending guidance for the Defense Department during the current fiscal year, was spearheaded by three retired military officers — Rep. Dan Crenshaw, R-Texas, a former Navy SEAL; Rep. Morgan Luttrell, R-Texas, also a former SEAL; and Rep. Jack Bergman, R-MI, a retired Marine Corps lieutenant general.

Luttrell suffered a traumatic brain injury, or TBI, in a Black Hawk helicopter crash in 2009. He credits psychedelic-assisted therapy outside the U.S. after his medical discharge with saving his marriage and changing his life.

Under the legislation, the Defense Department will award research grants to universities and government agencies to

conduct the tests. Service members with certain medical conditions must receive permission to undertake the medically administered therapies in controlled clinical settings.

Veterans’ groups such as Special Operations Association of America have expressed support for the legislation. Limited studies show a decrease in depression, anxiety and stress among users of certain psychedelic drugs.

David Cook, the executive director, said he knows of SOAA members who received psychedelic-assisted medical therapies and had positive outcomes.

“The results, though small in sample size, have been nothing short of miraculous,” Cook said in an interview with Stars and Stripes.

He described the legislation as a life-or-death issue for many veterans experiencing PTSD and the effects of TBI.

“What’s been proposed and implemented in the past is obviously not working today,” he said. “Legislation like this aims to give our heroes more options and hope for life-saving treatments.”

Clinics participating in the study must report their findings to Congress, including the medical conditions treated, outcomes and whether active personnel returned to full duty. Large doses of one of the drugs to be tested, ibogaine, have led to serious cardiovascular problems and death.

Nevertheless, Cook said that SOAA members have been encouraged by greater attention in Congress to pursuing alternative treatments for PTSD and TBI.

“Those of us who are serious about the suicide epidemic gripping our service members and veterans have to pivot in our thinking and approaches to these issues,” Cook said.

(Source: <https://www.stripes.com/theaters/us/2023-12-18/psychedelic-drugs-ptsd-military-12400563.html>)

Operation

Two kids are in a hospital each lying on a stretcher next to each other outside the operating room. The first kid leans over and asks, “what are you in here for?”

The second kid says, “I’m getting my tonsils out. I’m a little nervous.”

The first kid says, “You’ve got nothing to worry about. I had that done when I was four. They put you to sleep and when you wake up, they give you lots of jello and ice cream. It’s a breeze.”

The second kid then asked, “What are you in here for?” The first kid says, “A circumcision.”

The second kid replies, “Whoa, good luck buddy. I had that done when I was born and I couldn’t walk for a year.”

About Morale, Welfare and Recreation: Supporting the Military Community



Chances are you have heard of morale, welfare and recreation, which provides quality of life programming for the military community. But you may not be aware of the breadth and depth of its offerings. From fitness and sports to tickets and travel, MWR has something to engage your service member during their free time.

What is morale, welfare and recreation?

Being mission-ready requires having downtime to relax, recharge and have fun. That’s why the U.S. military has long offered services to lift morale among service members. In the late 1800s, installations housed retail and social outlets known as Canteen Associations. Over time, offerings grew to include restaurants, libraries and gymnasiums.

Today, MWR offers nearly 5,000 leisure and support programs for service members, their families and other eligible personnel. These free or low-cost recreational opportunities include recreation programs, youth activities, golf and bowling.

Your service member has access to MWR offerings, whether they are living on an installation or off. Look up the [MWR program at your service member’s installation](#) for an overview of offerings.

Who can use MWR services and programs?

The following individuals have full access to MWR services and programs:

- Active-duty service members and their families
- Members of the National Guard and reserves and their families
- Service academy and Merchant Marine cadets
- Retired service members and their families
- Honorably discharged veterans with a 100% service-connected disability
- Medal of Honor recipients

Surviving family members of uniformed service members or retirees until they age out of eligibility or their dependent status associated with the deceased member or retiree changes

Department of Defense and Coast Guard civilians employees (both appropriated fund and nonappropriated fund) now have access to in-store and online shopping at military service exchanges.

MWR programs and services

Depending on where your service member is stationed, services and activities may include:

Bowling lanes, golf courses, boating, horseback riding, scuba diving, flying

Classes in auto repair, woodworking, painting, photography, music

Equipment rental for camping, canoeing, fishing, hunting, skiing

Special programming for single service members ages 18 to 25, including trips, concerts and tours

Fitness, aquatics and sports programs – and if your service member isn’t near an installation, more than **3,000 YMCAs** and private fitness facilities offer military memberships

Campground sites (and the [Best Kept Secrets](#) guide to those sites) that include recreational vehicle pads, pop-up camper sites, tents, cabins, hotels or yurts available to service members and their families

Recreational lodging and Armed Forces Recreation Centers resorts

MWR outings and vacations

Your service member’s military ID is a pass to a range of free and low-cost adventures.

[Information, Tickets and Travel.](#)

This office helps with vacation planning, offers discounted vacation packages and provides low-price tickets to sporting events, concerts and attractions. The online version of ITT is [American Forces TravelSM](#), where you can purchase discounted flight tickets, book hotel rooms, rent cars and purchase low-price vacation packages.

[Military lodging.](#)

This includes both recreational lodging (such as [Armed Forces Recreation Centers resorts](#)) and official PCS/temporary duty lodging (on a space available basis). This program is available to help your service member save money while on vacation.

America the Beautiful Pass.

Active duty, National Guard and reservists are eligible for a free annual pass to more than 2,000 federal recreation sites, including national parks. (Note: The passes are not issued by MWR organizations, you must obtain the pass from the National Park Service).

Blue Star Museums.

Admission to museums across the country is free for service members and their families between Armed Forces Day in May and Labor Day in September. Blue Star Museums is a collaboration among the National Endowment for the Arts, Blue Star Families, the Department of Defense, and museums across America offering free admission to the nation's active-duty military personnel and their families, including National Guard and reserve.



The MWR Digital Library

Your service member will find a treasure trove of free resources through the [MWR Digital Library](#). In addition to eBooks, audiobooks and magazines, they will find the following and much more:

Ancestry Library unlocks the story of your family through billions of U.S. and international records.

Kanopy offers a streaming service with more than 30,000 award-winning films and documentaries.

Mango Languages provides a language-learning program for more than 70 different foreign languages.

Universal Class offers lifelong learning courses across more than 30 subject areas.

ArtistWorks Music Lessons provides access to hundreds of video lessons for a range of musical instruments.

The library is packed with offerings for children and teenagers as well, including:

Tutor.com, which gives kids free access to online tutoring and homework help from expert tutors across more than 100 subjects.

ScienceFlix, which offers more than 50 complete units of study with hands-on science projects, videos and interactive features.

National Geographic offers issues dating to 1888. National Geographic Kids and National Geographic: People, Animals, World offers textbooks, videos, maps and images.

Encourage your service member to visit the [MWR Digital Library](#) and browse its extensive offerings.

Your service member works hard and deserves convenient and affordable ways to relax and have fun while off duty. MWR works to meet the needs and interests of the military community with its wide variety of programs and services. Have your service member check out their local MWR services and programs to make the most of their military life.

(Source <https://www.militaryonesource.mil/relationships/support-community/about-mwr-morale-welfare-and-recreation/>)

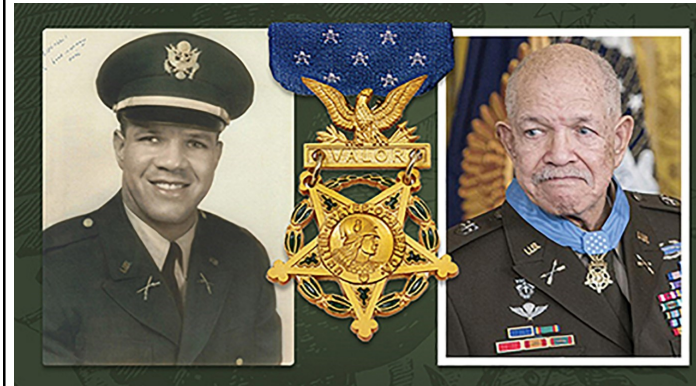


**VFW Post 4252 Military Card Party
With Wonderful Food and Wonderful Volunteers**



Recognizing bravery above and beyond the call of duty

Francisco Crowelle
Public Affairs Specialist, VBA Office of Communication



Veterans all over the world can instantly appreciate extraordinary heroism in action, especially when it comes to Medal of Honor (MOH) recipients who have risked their own lives to save a comrade.

Retired Colonel Paris Davis is one such MOH recipient—for distinguishing himself by an act of valor during combat.

In fact, VA recently recognized Davis for his selflessness and unwavering devotion to his fellow combatants.



Davis's bravery occurred during the Vietnam War, where as a captain, he and his men trained a force of local volunteers in the Binh Dinh province.

On June 18, 1965, while commanding a team of inexperienced South Vietnamese troops, along with special forces soldiers, Davis's group encountered a superior enemy force.

Over the course of two days, he selflessly led a charge to neu-

tralize enemy emplacements, called for precision artillery fire, engaged in hand-to-hand combat with the enemy, and prevented the capture of three American soldiers while saving their lives with a medical extraction.

"This is not heroic. This is military. If you're in charge, you have to take charge," he said, of that day in Binh Dinh.

Although he sustained multiple gunshot and grenade fragment wounds during the 19-hour battle, Davis refused to leave the battlefield until his men were safely removed.

When talking about the men he saved that day, Davis recalls speaking to a soldier who was shot in the temple by a sniper: "I remember him saying, 'Am I going to die?' and 'I remember saying 'Not before me.'"

For his heroic acts, Davis also received the Silver Star, the Bronze Star Medal with "V" device, a Purple Heart with one Bronze Oak Leaf Cluster, and the Air Medal with "V" device. He was also awarded the Soldier's Medal for heroism, for saving the life of a driver who was stuck in an over-turned and burning fuel truck. Davis pulled the soldier from the truck just before it exploded. He is one of only four service members in U.S. military history to receive both the Soldier's Medal and the Medal of Honor.

Davis was born in 1939, in Cleveland, OH. As a young man, he became interested in the military and sports, and he pursued both at Southern University, in Baton Rouge, LA, where he studied political science on an ROTC scholarship.

He was commissioned as an Army Reserve armor officer in 1959, graduated from Airborne and Ranger schools in 1960, and was selected for the 7th Special Forces Group (Airborne), 1st Special Forces, serving first in Korea and then Vietnam.

Davis first deployed to Vietnam in 1962 and again in 1965, where he was promoted to captain as a detachment commander with the 5th Special Forces Group (Airborne), 1st Special Forces, making him one of the first African American Special Forces officers as the civil rights movement gained momentum at home.

He attended Command and General Staff College in 1971 and the Naval War College in 1980. Davis served with the Army staff, the Office of the Joint Chiefs of Staff; and Headquarters, U.S. Army European Command.

Davis assumed command of the 10th Special Forces Group, Fort Devens, Massachusetts, and was promoted to colonel in 1981. He retired from the Army on July 30, 1985. In 2019, he was inducted into the U.S. Army Ranger Hall of Fame.

Following his military career, Davis published the Metro Herald newspaper for 30 years in Alexandria, VA, where he now lives. According to the Congressional Medal of Honor Society, there have been 3,511 individuals who have received the Medal of Honor since the decoration's inception in 1861. It is the United States' highest military decoration for valor in action against enemy forces.



The PACT Act: 2024 Expanded Health Care Eligibility Toolkit

By Veterans Experience Office

Beginning March 5, 2024, VA is making all Veterans exposed to toxins while serving our country eligible to enroll directly in VA health care without first applying for VA benefits. We're using every tool at VA's disposal to ensure that as many of these Veterans as possible come to VA for their care.

This expansion of care means that all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror or any other combat zone after 9/11 will be eligible to enroll directly in VA health care without first applying for VA benefits. Additionally, Veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll.

VA has prepared this PACT Act Stakeholder Toolkit for you to use and share information about VA's expansion of health care eligibility for Veterans. The Toolkit offers multiple communications resources you can use to reach your community members and help them better understand expanded care under PACT Act.

We value your support and thank you for sharing vital VA health information with your constituents to assist Veterans, their families and survivors in receiving the care they deserve. If a Veteran community member asks you about the PACT Act, please direct them to www.va.gov/PACT or call 1-800-MyVA411.

Key messages

Beginning March 5, we're making millions of Veterans eligible for VA health care years earlier than called for by the PACT Act.

Specifically, all Veterans who were exposed to toxins and other hazards while serving our country—at home or abroad—will be eligible to enroll directly in VA health care without first applying for VA benefits.

That includes all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, or any other combat zone after 9/11.

It includes all Veterans who deployed in support of the Global War on Terror.

And it includes Veterans who never deployed but were exposed to toxins or hazards while training or on active duty here at home, including those who worked with chemicals, pesticides, lead, asbestos, certain paints, nuclear weapons, x-rays and more.

We're doing this because VA care is proven to be the best, most affordable health care in America for Veterans and we want as many Veterans as possible to come to us for their care.

So, to all the Veterans out there: don't wait, apply for the care you deserve at VA.gov/PACT.

Even if you don't need this care today, you might need it tomorrow, or the next day, or 30 years from now. It's quick and easy to apply. And once you're in, you have access for life.

Elevator speech

Beginning March 5, VA is making three new groups of Veterans eligible for VA health care years earlier than called for by the PACT Act:

Veterans who were exposed to toxins or other hazards during military service;

Veterans who were assigned to certain duty stations in Southwest Asia or parts of Africa; and

Veterans who deployed in support of certain operations after 9/11.

Here's what that means for Veterans:

If you served in Vietnam, the Gulf War, Iraq or Afghanistan, you can enroll.

If you deployed to any combat zone after 9/11, you can enroll.

If you deployed in support of the Global War on Terror, you can enroll.

And even if you never deployed but were exposed to toxins or hazards while training or serving on active duty here at home—by working with chemicals, pesticides, lead, asbestos, certain paints, nuclear weapons, x-rays, and more—you can enroll, too.

Bottom line: all Veterans exposed to toxins and other hazards—at home or abroad—are eligible to enroll in VA care beginning March 5.

This is the biggest expansion of care in generations, and VA wants you to apply as soon as possible.

It's quick and easy to enroll. You don't need to be sick or file a claim to become eligible; all you have to do is show that you served in one of those locations or operations, or participated in one of the activities that could have exposed you to toxins or hazards. VA health care is proven to be the best, most affordable care in America for Veterans, and Veterans who come to VA have better health outcomes.

Even if you don't think you need this care today, you might need it tomorrow, or the next day, or 30 years from now. All you have to do is enroll; then you have access for life.

Don't miss this opportunity: better, more affordable health care is waiting for you. Go to VA.gov/PACT and get it.

How four nuns became the first Native American women to serve in the U.S. military



U.S. Army nurses pose for an undated photo during the Spanish-American War. (Courtesy of National Institutes of Health)

Maribel Padilla General Assignment Reporter

About 125 years ago, four Lakota nuns enlisted as Army nurses, traveling from North Dakota to Florida, to Georgia and eventually Cuba to help wounded soldiers.

In an old black and white photograph, four nuns flank a priest at a U.S. military hospital in Havana, Cuba. Their severe expressions speak to the harsh conditions they had faced during the Spanish-American War — from the Fort Berthold Indian Reservation in North Dakota to military camps in Florida, Georgia and eventually Cuba.

The four Lakota Sioux women — Mary Anthony, Mary Joseph, Mary Gertrude and Mary Bridget — were there to help care for sick and injured soldiers. They also put their stamp on history as the first known Native American women to serve in the United States military.

Today, Native Americans and Alaska Natives serve in the Armed Forces at five times the national average — with the women serving in higher concentration than any other ethnic population. Nearly 20 percent of Native service members are women, compared with 15.6 percent of all other women service members.

But as the first Native American women to serve, these nurses faced increased scrutiny and racial prejudice from military officials and the news media of the time. A handwritten note on each card recommending them for duty described the women as having “dark” coloring, being used to “severe hardships, and privations, and exposure to heat and cold” while working as missionaries on Indian land and being able to “endure safely what most nurses cannot endure,” according to the U.S. National Archives and Records Administration.

The women were members of a small religious order of Native American women on the Fort Berthold Indian Reservation in North Dakota. The initial focus of the order, founded in 1892 by Father Francis Craft, a missionary priest from New York

City, was on education. Then in 1898, the United States declared war against Spain.

Craft had a medical background. The nuns quickly received nursing training and volunteered to serve as Army nurses. When women entered religious life, it was traditional that they be given a new name, typically the name of a saint: Sister Mary Anthony, also known as Susan Bordeaux, was 31; Sister Mary Joseph, also known as Josephine Two Bears, was 31; and Sister Mary Gertrude, also known as Ella Clarke, was 28, according to military records. It is unknown how old Mother Mary Bridget, also known as Anna Pleets, was when she enlisted.

In 1898, the nuns signed contracts, which guaranteed them a monthly \$30 stipend. More than six months after they volunteered, Craft and the four Lakota women were sent to their first appointment: Camp Cuba Libre in Jacksonville, Florida, where one correspondent from the Sioux City Journal wrote that the “work of the sisters here will be watched and followed with great interest.”

Combat had ended by the time they arrived, but Camp Cuba Libre, hastily set up after facilities in Tampa grew too crowded, provided little for the group at first. They arrived to find spoiling meat, decaying fruit and inadequate amounts of bread, according to Cheryl Mullenbach's book “Women of the Spanish-American War.” The doctors and nurses worked tirelessly to treat gun and stab wounds, cuts, bone fractures, dysentery, typhoid, malaria and yellow fever.

They were assigned to two wards set aside specifically for measles and mumps patients — which often included about 50 sick soldiers. Sister Mary Bridget and Mother Mary Anthony covered the daytime hours, while Sisters Mary Joseph and Mary Gertrude took the night watches.

Observers praised the women for their work. A reporter in Florida described Sister Mary Bridget as “quite young” with “an ever ready and happy smile” and “very sturdy, rugged, as if no amount of fatigue could be too much for her.” One newspaper headline in December 1898 read, “Four Redskin Sisters Who Have Done Good Work in a Southern Hospital.”

Assumptions also informed how the women were perceived: The four Lakota nuns were “believed to be immune either simply because of their race or because they had survived yellow fever,” according to Mullenbach. The idea, she wrote, was that their “Indian blood” made them more able to withstand the poor conditions.

The United States signed a peace treaty with Spain on December 10. But that didn't mean the nuns' service was ending. Officials decided that medical personnel would still be needed as American soldiers would remain in Cuba and the Philippines indefinitely. A few days after the peace treaty was signed and less than two months after they had arrived in Florida, the four nuns and Craft were transferred to Camp Onward in Savannah, Georgia.

They didn't stay long in Georgia as the camp was in flux. Military units were waiting to see where they would be needed; many had already left for Cuba. On December 22, the group followed, making their way to Camp Columbia in Havana.

The group arrived in Cuba about one week before the American military occupation was officially set to take place. The Spanish military was still on its way out and there was unrest among some of the Cubans who were not on board with an American

occupation. During this time, the medical professionals at camp treated Americans, Spaniards and Cubans alike. The camp, at an elevated location with a view of the sea on one side and mountains on the other, did not have water lines; inhabitants had to trek half a mile to the nearest clean water.

The nurses had barely gotten started when, in February 1899, they were informed that the U.S. military was terminating their contracts. The group's standing with the Roman Catholic Church was also in question. For decades, Craft's "eccentricities and outspokenness" kept him in constant conflict with both government and church authorities. His words and actions repeatedly threatened "to detonate the powder keg of Catholic-government relations," according to The Catholic Historical Review.

The reason for their bad standing with the Church and the end of their military contracts has been contested by various historians. According to the Lakota Times, Craft had renounced his affiliation with the Catholic Church before the war started after accusations of abuse led to his banishment from all tribal reservations. But according to the Smithsonian American Women's History Museum, Craft's order of nuns was dissolved because of false rumors started by a disgruntled former Indian Department agent who resented his termination. According to Mullenbach, this drama with the Catholic Church back home "had caught up with the priest."

Craft claimed that "conservative churchmen who opposed the more progressive ideas that he supported" demanded that he and the nurses should be expelled from the island, Mullenbach wrote in her book. Craft also accused an archbishop in Cuba of targeting the women because of their race and acting with "the old hatred against the Indian sisters." Mullenbach wrote that Craft claimed officials had also previously attempted to "send the sisters back to the Indian camps."

No longer under contract with the Army, the nurses and Craft decided to travel about 100 miles southwest to Pinar del Rio Province, where they volunteered at a medical facility, caring for both sick soldiers and civilians.

"Everything went well," Craft said, according to Mullenbach. "Cubans and Spaniards were as well pleased as Americans with the American sisters and their work as nurses and physicians among the poor."

The nurses were welcomed in the community, even joining a local parish choir.

"We will remain here with the army unless other means are found to drive us away," Craft said in April 1899.

However, within months, the situation shifted. On October 15, Mother Mary Anthony, who had caught pneumonia in Florida, succumbed to her illness and died. She was buried in the local cemetery, where she remains, with military honors, according to military records. Craft wrote of her death: "She was much beloved by the soldiers whom she had nursed back to health at the sacrifice of her own life and American soldiers mingled their tears and prayers with those of Cubans and Spaniards who loved her for her care of their orphans and sick."

And by December, two of the other nurses wanted to leave. "I want to come home because I am getting sick and very unhappy," Sister Bridget wrote in a letter to a priest friend back in the United States, asking for help getting home. The women were in

"poor health," "not strong" and had been posted to five different hospitals in four months, according to military records.

Sisters Gertrude and Bridget returned to North Dakota within a month. Sister Joseph, who had stayed longer with Craft in Cuba to run an orphanage, eventually joined them in 1901. The group's war service, however brief, did not go overlooked in Washington. All four women were awarded the silver crosses of the Order of Spanish-American War Nurses. The U.S. House of Representatives also recognized the four Lakota nurses' contributions to the war in February 1899. At the time, Craft wrote that the nurses had "proved what they could do with the same care white Sisters get," according to Mullenbach.

One patient, according to Mullenbach's book, who had been treated by the nuns in Cuba added: "We should give our attention to the lady nurses who are in the service. They are the kindest, gentlest and most patient of creatures and deserve a world of credit from the wives and the mothers of the boys in blue, and their names and heroic deeds should be chronicled on the pages of our great, grand and glorious nation's history."

But that chapter was closed. The three surviving nuns, no longer in a religious order, returned to the use of their former names, and married. Craft later moved to Pennsylvania to become a parish priest, where he stayed for nearly two decades before his death in 1920.

(Source: <https://19thnews.org/2023/11/first-native-american-women-to-serve-military/>)

**You can read, or download,
an online version of this
Grapevine publication at
www.veteansgrapevine.com**

**Click on blue text links
there in the articles to get
more info.**

I was standing at the bar at the VFW one night minding my own business. This ugly woman came up behind me, grabbed my behind and said, "You're kinda cute. You gotta phone number?"

I said, "Yeah, you gotta pen?" She said, "Yeah, I got a pen."

I said, "You better get back in it before the farmer misses you."

Cost me 6 stitches...but, when you're over seventy.....who cares?



VFW Post 4252 Members and Auxiliary presented 14 Good Citizenship Awards to students at Hernando Elementary School.

The presenters were Geoff Mozo, Judy Prive, Susanne Monroe and Bill Pepito.



**1st Place Voice of Democracy
Emily Eden**



**Certificate of Merit Voice of Democracy
Grant Weed**



**2nd Place Voice of Democracy
Delaney Nix**



**Teacher of the Year
Martha Brown**

Presentations By:
(left to right)

**Post Sr Vice Commander Larry Miller
Post Vice Commander Kenneth Smith
Post Commander Geoff Mozo
Post Education Chairperson Bob Haines
Auxiliary President Judy Prive**

and

**VFW State of Florida Auxiliary
Junior Vice President
Michael Yates**



**St. Patrick's Day Flea Market.
Many thanks to the Auxiliary,
Post Volunteers and Chairperson
Becky Parker.**



Some of our great folks at VFW Post 4252



St Patrick's Day At The Post

Fact Sheet

If I notify CHAMPVA after the fact, will CHAMPVA recover payments made?

Yes. We are required by law to only pay for authorized services and authorized amounts for these services. If you have OHI, and we are notified after we process a claim for payment, we automatically reprocess the claim with the OHI information and will recover any overpayment from the patient or the provider.

To avoid a delay in medical and pharmacy claim processing, and the possible recovery of payments made to you or your provider, it is important that you notify CHAMPVA immediately of changes to your OHI.

Will CHAMPVA stop payment claims if there is a discrepancy in my OHI information?

Yes. VHA reviews every submitted health care claim to verify that OHI information is present. If you or your provider stop sending OHI information, we will suspend payment and deny the claim.

We will also suspend payment on claims if we receive an indication that you have signed up for a new OHI plan. Your explanation of benefits (EOB) will indicate that information is needed on your new health plan before we can restart claim payments.

How do I notify CHAMPVA about a change in OHI?

Changes in OHI can be mailed to VHA using [VA Form 10-7959c, CHAMPVA Other Health Insurance \(OHI\) Certification](#). We also accept OHI updates by phone at 800-733-8387, Monday–Friday 8:05 a.m. to 7:30 p.m., Eastern time.

Completed VA Form 10-7959c OHI updates can be mailed to:

Veterans Health Administration
CHAMPVA-Eligibility
PO Box 469028, Denver, CO 80246-9028.

Does the form have to be signed to be accepted by VHA?

Forms submitted by U.S. mail or fax must be signed. If you submit your update by phone, we will send you a confirmation letter in the mail in approximately 10 working days. Forms submitted online require you to acknowledge responsibility for the validity of the information as part of the submission process.

Can a beneficiary have OHI and use CHAMPVA?

Yes. If the beneficiary has OHI, it should be billed first. The EOB should then be submitted with the claim to CHAMPVA for reimbursement of any remaining patient responsibility.

What is the impact of Medicare on CHAMPVA?

CHAMPVA covers eligible family members and survivors of qualifying sponsors. CHAMPVA will pay after Medicare, health maintenance organizations and supplemental plans for health care services and supplies.

CHAMPVA and Medicare

With very few exceptions, beneficiaries eligible for Medicare Part A must also carry Medicare Part B to be eligible for CHAMPVA. Please contact our office if you have questions regarding how your Medicare coverage may impact CHAMPVA benefits.

What are some common terms used for CHAMPVA eligibility?

- **Beneficiary:** CHAMPVA-eligible spouse, widow(er) or child
- **Child:** includes birth, adopted, stepchild or helpless
- **Dependent:** child, spouse or widow(er) of a qualifying sponsor
- **Sponsor:** a Veteran who is permanently and totally disabled from a service-connected condition, died because of a service-connected condition, was rated permanently and totally disabled from a service-connected condition at the time of death or died on active duty, and whose dependents are not otherwise entitled to TRICARE benefits
- **Service-connected:** a VA Regional Office determination that a Veteran's illness or injury is related to military service
- **Spouse:** wife or husband of a qualifying sponsor
- **Widow(er):** surviving spouse of a qualifying sponsor

Civilian Health and Medical Program of the Department of Veteran Affairs (CHAMPVA) Eligibility, Instructions for Applicants and Use of Other Health Insurance

What is CHAMPVA?

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a federal health care benefits program. VA shares the cost of certain health care services and supplies with eligible beneficiaries or Veterans. Veterans Health Administration (VHA) processes CHAMPVA applications and medical claims, determines eligibility and authorizes benefits.

Who is eligible?

CHAMPVA provides coverage to the spouse or widow(er) and children of a Veteran who is not eligible for Department of Defense TRICARE benefits and is in one of the following categories:

- Rated permanently and totally disabled for a service-connected disability by a VA regional office
- Died from a VA-rated service-connected disability
- Rated permanently and totally disabled from a service-connected disability at the time of their death
- Died in the line of duty, not due to misconduct (in most of these cases, these family members are not eligible for TRICARE and CHAMPVA)

CHAMPVA is available to beneficiaries age 65 and older under the following conditions:

- If the beneficiary turned 65 before June 5, 2001, and had Medicare Parts A and B, the beneficiary must keep both parts to be eligible. If you have questions about Medicare and CHAMPVA, please contact CHAMPVA at 800-733-8387, Monday–Friday 8:05 a.m. to 7:30 p.m., Eastern time.
- If the beneficiary turned 65 on or after June 5, 2001, the beneficiary must be enrolled in Medicare Parts A and B to be eligible.

What does CHAMPVA pay?

In most cases, CHAMPVA pays similar to Medicare/TRICARE rates. CHAMPVA has an outpatient deductible (\$50 per person up to \$100 per family per calendar year) and a cost share of 25% up to the catastrophic cap (\$3,000 per calendar year).

A 25% cost share, and any applicable deductible amounts, should be collected from the patient except when the beneficiary has other health insurance (OHI). CHAMPVA will pay rather than pays the patient's responsibility in full or the CHAMPVA-allowed amount, whichever is less. A cost-share and/or deductible is not collected when the beneficiary has OHI.

What is other health insurance (OHI)?

OHI are health insurance plans or programs designed to provide compensation or coverage for expenses incurred by the beneficiary for medical services and supplies. For CHAMPVA this includes Medicare, employer-sponsored insurance, individual insurance, health maintenance organizations, state or federal health benefits programs and Medicare supplemental insurance.

Why does CHAMPVA need OHI information?

CHAMPVA is always the secondary payer of health care benefits except for Medicaid, CHAMPVA supplemental policies, State Victims of Crime Compensation Programs and Indian Health Services. For us to comply with federal law, CHAMPVA needs to know if you have other coverage so we can calculate payments correctly.

Is OHI information reporting mandatory?

Yes. OHI must be reported for each new CHAMPVA beneficiary. VHA will not begin to pay health claims until we receive your initial OHI certification. Additionally, CHAMPVA beneficiaries are required to notify CHAMPVA of any changes in OHI coverage. Failure to provide accurate OHI information can be considered fraud.



CANTEEN FOOD AVAILABLE EVERY DAY

BLT w/chips	\$6
Club Sandwich w/chips	\$8
Grilled Ham & Cheese w/chips	\$6
Grilled Turkey & Cheese w/chips	\$6
Grilled Cheese w/chips	\$5
Chicken Tenders	\$6
Hot Dog	\$2
12" Pizza (Shwans)	\$10
Amish Beef Stick	\$1.50
Popcorn	\$1.25
Cheeseburger w/chips	\$6

2024-2025 VFW Post 4252 Officers

Commander	Ken Smith
Senior Vice Commander	Rusty Groff
Junior Vice Commander	Dona Gray
Quartermaster	Gary Vincent
Chaplain	Geoff Mozo
Judge Advocate	Dan Danecker
Service Officer	Herb Yates
Surgeon	Bob Haines
Adjutant	Dave Wheeler
One Year Trustee	Bill Scheiterle
Two Year Trustee	Herb Snyder
Three Year Trustee	Bill Faber
Canteen Manager	Kimmie Walker
Facility Manager	Guy Wedding

VA Mobile Check-in for Appointments Now Available in select clinics!

- ▶ With VA mobile check-in, you can check-in for your VA appointments using your smartphone.

- ▶ If you see this poster in your waiting area, mobile check-in is available.



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3190 North Carl G. Rose Highway
Hernando, FL 34462

May 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
 5 Bar Joker 2-4pm Karaoke 4-7PM	 6 House Committee Meeting 11am Bar Joker 3-5pm Queen of Hearts 6pm	 7 Auxiliary Officers Meeting 11am Bingo 1-4pm 301 Darts 7pm Stamp Club	 1 Taco Wednesday 4-7pm Karaoke 6-9pm	 2 Show Me The Hand 2-4pm Cricket Darts 7pm	 3 Dinner 5-6pm Melt in your mouth chicken, mashed potatoes, gravy, and green beans, or Fish served 5-6pm Music from 6-9pm	 4 Pool Tournament 4pm Bowling 6-6pm
 12 Bar Joker 2-4pm Karaoke 4-7PM	 13 Bar Joker 3-5pm Queen of Hearts 6pm	 14 Bar Bingo 1-4pm 301 Darts 7pm	 8 Taco Wednesday 4-7pm Karaoke 6-9pm	 9 Auxiliary Mtg at 5:30pm and Post Mtg at 6pm Show Me The Hand 2-4pm Cricket Darts 7pm	 10 Dinner 5-6pm Meatloaf, mashed potatoes, gravy, and green beans or Fish served 5-6pm Music from 6-9pm	 11 Pool Tournament 4pm Bowling 6-6pm
 19 Bar Joker 2-4pm Karaoke 4-7PM	 20 Bar Joker 3-5pm Queen of Hearts 6pm	 21 Bar Bingo 1-4pm 301 Darts 7pm Stamp Club	 22 Taco Wednesday 4-7pm Karaoke 6-9pm Dragon	 23 Thanksgiving Lunch Show Me The Hand 2-4pm Cricket Darts 7pm	 24 Dinner 5-6pm Smothered pork chops, mashed potatoes, gravy and green beans or Fish served 5-6pm Music from 6-9pm	 25 Pool Tournament 4pm Bowling 6-6pm
 26 Bar Joker 2-4pm Karaoke 4-7PM	 27 Bar Joker 3-5pm Queen of Hearts 6pm	 28 Bar Bingo 1-4pm 301 Darts 7pm	 29 Taco Wednesday 4-7pm Karaoke 6-9pm Dragon	 30 Show Me The Hand 2-4pm Cricket Darts 7pm	 31 Dinner 5-6pm Meatloaf, mashed potatoes, gravy, and green beans or Fish served 5-6pm Music from 6-9pm	

June 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
 2 Bar Joker 2-4pm Karaoke 4-7PM	 3 House Committee Meeting 11am Bar Joker 3-5pm Queen of Hearts 6pm	 4 Bar Bingo 301 Darts 7pm	 5 Taco Wednesday 4-7pm Karaoke 6-9pm Dragon	 6 Show Me The Hand 2-4pm Cricket Darts 7pm	 7 Dinner 5-6pm Ham, Au Gratin potatoes, peas and onions or Fish Music from 6-9pm	 8 Pool Tournament 4pm Bowling 6-6pm
 9 Bar Joker 2-4pm Karaoke 4-7PM	 10 Bar Joker 3-5pm Queen of Hearts 6pm	 11 Bar Bingo 1-4pm 301 Darts 7pm Stamp Club	 12 Taco Wednesday 4-7pm Karaoke 6-9pm Dragon	 13 Auxiliary mtg 5:30pm Post Meeting 6pm Show Me The Hand 2-4pm Cricket Darts 7pm	 14 Dinner 5-6pm Chicken Cordon Bleu, scalloped potatoes or Fish Music from 6-9pm	 15 Pool Tournament 4pm Bowling 6-6pm
 16 Bar Joker 2-4pm Karaoke 4-7PM	 17 Bar Joker 3-5pm Queen of Hearts 6pm	 18 Bar Bingo 1-4pm 301 Darts 7pm	 19 Taco Wednesday 4-7pm Karaoke 6-9pm Dragon	 20 Show Me The Hand 2-4pm Cricket Darts 7pm	 21 Dinner 5-6pm Meatloaf, mashed potatoes, gravy, and green beans or Fish Music from 6-9pm	 22 Pool Tournament 4pm Bowling 6-6pm
 23 Bar Joker 2-4pm Karaoke 4-7PM	 24 Bar Joker 3-5pm Queen of Hearts 6pm	 25 Bar Bingo 1-4pm 301 Darts 7pm Stamp Club	 26 Taco Wednesday 4-7pm Karaoke 6-9pm Dragon	 27 Show Me The Hand 2-4pm Cricket Darts 7pm	 28 Dinner 5-6pm Lasagna, salad, garlic bread or Fish Music from 6-9pm	 29 Pool Tournament 4pm Bowling 6-6pm
 30 Bar Joker 2-4pm Karaoke 4-7PM				