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Volume 26 Issue 3

Dulce et decorum est pro patria mori

May - June 2024



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This Issue

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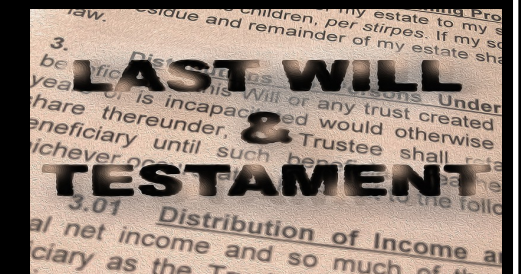
What Is New For 2024?



Top Veterans Support Charities



Are You Eligible?



Need One? VA Has Help

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 LOOK UPSIDE DOWN AND THINK ABOUT...

John Stewart, Your Editor



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

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 Government Accountability Office report released Feb. 6, 2024. (Defense Department)

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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Let's Talk Gems

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!"

A man is driving down a highway, and he hits and kills a rabbit. He gets out of the car and walks over to the rabbit. He picks it up and starts crying, thinking he's a horrible person. Someone else driving down the highway stops and walks over to him, and asks, "What happened?"

The man replies, "I hit this rabbit with my car and now it's dead!"

The other person gets a thoughtful look on their face and goes back to their car. They rummage around in the trunk, and eventually walk back over to the man holding a spray bottle. They spray the rabbit with the bottle, and it comes back to life. It starts hopping away, turning back every few hops to wave at the two people. The man, astounded, turns to the other person and asks, "What was in that bottle?"

The other person replies, "It's hare spray."

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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My boss arrived at work in a brand-new Lamborghini. I said, "Wow, that's an amazing car!"

He replied, "If you work hard, put all your hours in, and strive for excellence, I'll get another one next year".

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 Getman/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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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.



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"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

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

Then, in articles having blue text, click on it and the link will take you to much more information on that particular subject.

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](#).

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."

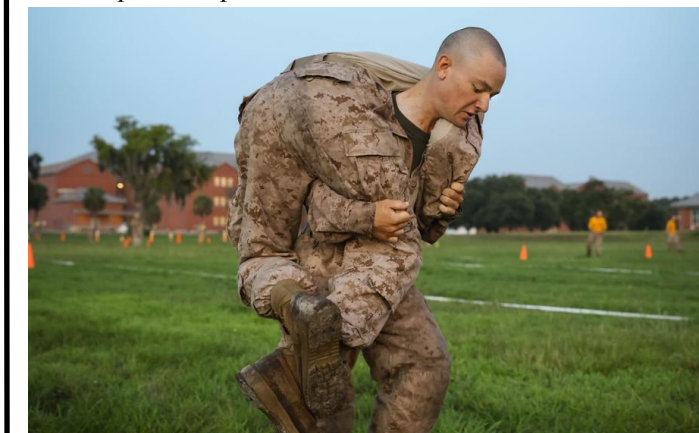
While there aren't any official records on who was the shortest man to ever serve in the military, Laprade is likely in the running.



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)

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.



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)

"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."

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.


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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Experience live events through Vet Tix with friends and family

By Steven Weintraub is the chief strategy officer of the Veteran Tickets Foundation (Vet Tix) and a retired Marine Corps Reserve Colonel

Attending live events, such as concerts, sports, performing arts and family themed events is how many of us relax with entertainment. These experiences are especially significant to Veterans and those who serve our country in uniform. Quite often, our Veterans and service members have missed out on various life events, such as birthdays, anniversaries and holidays with family and friends. Those are experiences that we can't get back, however we quite often commit to making up for it when we're back with our loved ones.

Vet Tix is open to Veterans of all eras

Vet Tix is a national nonprofit organization that provides free event tickets to give something to those who gave. Vet Tix supports Veterans and service members by honoring their service and providing positive family and life experiences during and after their years of service to our country, delivering experiences to last a lifetime. Becoming a member is free; to join, one just has to be a Veteran (all eras), a member of the military, or the immediate family member of a service member who was killed in the line of duty.

The cost of attending live entertainment events can range anywhere from over \$200- \$500 for a family or four, making these All-American events far too expensive for many of the families to attend.

Vet Tix receives donated tickets from professional and collegiate sports teams, concert and performing arts venues, artists/performers, private donors who aren't going to use their tickets, entertainment promoters from motor sports, rodeos, festivals and more. It receives tickets to many major concert tours, performing arts such as Hamilton, and even major sporting events such as the NFL Super Bowl.

Giving something to those who gave

Created in 2008 by U.S. Navy Veteran Michael Focareto III, Vet Tix has distributed over 16 million tickets to over 200,000 events throughout the United States. "Vet Tix is able to continue to achieve our mission of 'giving something to those who gave,' due of the generosity of or amazing donors. We're grateful for their continued support," Focareto said.

The ticket to the rest of your life

Vet Tix has received over one million testimonials from its members, referred to as VetTixers who share their experiences by thanking the over 30,000 donors for creating lifelong memories. Quite often, they've shared their stories of success in addressing personal challenges through attending events provided by Vet Tix. "People don't realize that this is truly more

than a ticket to an event, it's a ticket to the rest of our life," said Adrienne, a U.S. Army Veteran.

Join Vet Tix today

Thousands of Veterans who are registered with VA are enjoying the experiences and opportunities Vet Tix provides. To become a VetTixer, create an account for free at Vettix.org. Once your status is verified through Vet Tix and VA's verification portal, ID.me, you, too, can experience events through Vet Tix with friends and family. Tickets are free, however there is a nominal delivery fee. If you're a caregiver of a Veteran, have them sign up; many VetTixers bring their caregivers to events through Vet Tix as a way to thank them for what they do.

The sharing of any non-VA information does not constitute an endorsement of products and services on part of VA.

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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 1 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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I was wondering why the frisbee was getting bigger.

Then it hit me.

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

VA now has updated two webpages to answer those questions and more.

These new webpages contain answers to other questions such as:

- Missing your exam and what you can do
- Rescheduling an appointment
- Guidance on what to bring to your exam and how to prepare for it
- Who will examine you
- Costs or travel expenses and so much 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>

VA Claim Exam (C&P Exam) | Veterans Affairs

<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 implemented 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."

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

By TRICARE Communications

The most recent TRICARE pharmacy contract, known as TRICARE 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>)

Opinion

My doctor told me I would need an operation on my knee. I said I wanted a second opinion.

He said "alright you're ugly".



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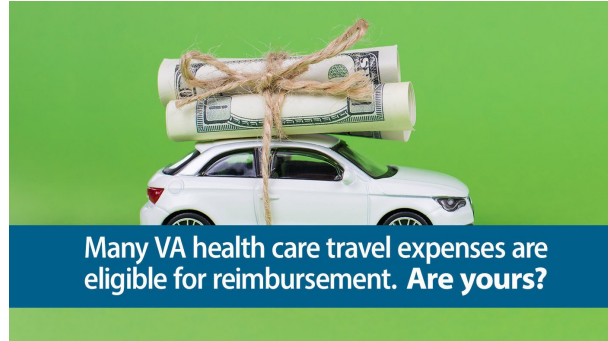
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Many VA health care travel expenses are eligible for reimbursement. **Are yours?**

Veteran travel 101: Applying for travel reimbursement

VA may reimburse you for travel expenses to and from medical appointments

By: Keith Leach, Communications Specialist, VHA Office of Integrated Veteran Care

VA wants to make it easy for you to receive care, and to help you travel to and from your appointments. VA offers many options for quality health care tailored for Veterans, from VA medical centers and community-based outpatient clinics to virtual care and telehealth appointments.

If you do need a face-to-face appointment, you may incur a cost to travel to see a provider. Did you know you may be eligible for reimbursement of some or all of those travel expenses?

VA's travel reimbursement program can help.

"Our mission is to ensure timely access to world class health care regardless of your location or the way you choose to get care—in-person, over the phone or video appointments, at VA or in the community," said Hillary Peabody, acting assistant under secretary of Health for Integrated Veteran Care. "Travel reimbursements can make a real difference when it puts money back in the wallets of Veterans and their beneficiaries. We know the challenges of getting to an appointment. The cost to get there shouldn't be one of them."

Who is eligible?

Veterans who travel for care at a VA health facility or for VA-approved care at a non-VA health facility in their community and who also meet one of the following:

You have a VA disability rating of 30% or higher.

You're traveling for treatment of a service-connected condition even if your VA disability rating is less than 30%.

You receive a VA pension.

You have an income below the maximum annual VA pension rate.

You can't afford to pay for your travel, as defined by VA [guidelines](#).

You're traveling for a scheduled VA claim exam, also called a compensation and pension (C&P) exam), to get a service dog or for VA-approved transplant care.

Eligible Veterans can file claims for:

Regular transportation, such as by car, plane, train, bus, taxi or light rail.

[Approved meals and lodging expenses.](#)

VA can also reimburse caregivers for transportation and related lodging and meals if they meet any one of the three requirements below:

They are a family caregiver under the National Caregiver Program traveling to receive caregiver training or support your care.

They are a medically required attendant traveling with you to support your care.

They are your transplant care donor or support person.

Before filing

Before filing a claim:

Keep your receipts for all transportation and approved meals or lodging. Be sure to track your mileage to and from appointments.

[Set up direct deposit.](#) VA will deposit reimbursements into your bank account.

[File your claim on time.](#) You must file within 30 days of the appointment or 30 days from when you become eligible for reimbursement. File a new claim for each appointment.

To file a claim:

Use the step-by-step [instructions](#) online to file a claim through the Beneficiary Travel Self Service System (BTSSS) and refer to the [Beneficiary Travel Frequently Asked Questions](#).

You can also file your claim by mail, fax, email or in-person at the VA facility where you received care. Complete the Veteran/Beneficiary Claim for Reimbursement of Travel Expense Form ([VA Form 10-3542](#)) and use the [VA facility locator](#) to find your facility's contact information.

You can also contact your local Beneficiary Travel [point of contact](#) if you need help with your travel claim.

For more information, visit [VA travel pay reimbursement](#).

(Source: <https://news.va.gov/129612/veteran-travel-101-applying-for-reimbursement/>)



How Social Security Can Help You When a Family Member Dies

Social Security is here to support you when you lose a family member. Contacting us when you lose a loved one is very important. This ensures that we are able to provide information regarding benefits you may be entitled to.

You may be able to receive Social Security benefits if your loved one worked long enough in jobs insured under Social Security to qualify for benefits.

- Age 18 or older with a disability that began before age 22.
- A stepchild, grandchild, step-grandchild, or adopted child under certain circumstances.
- Parents, age 62 or older, who were dependent on the deceased for at least ½ of their support.
- A surviving divorced spouse, under certain circumstances.

What to do

There are a few things you need to do:

- You should give the deceased's Social Security number to the funeral director because they usually report the person's death to us.
- **Contact us as soon as you can to make sure your family gets all the benefits they're entitled to.**

Who can get Social Security survivors benefits

- We can pay a one-time lump sum death payment (LSDP) of \$255 to the surviving spouse under one of the following conditions:
 - If they were living with the deceased.
 - If they were living apart from the deceased and eligible for certain Social Security benefits on the deceased's record.
 - If there's no surviving spouse, a child who's eligible for benefits on the deceased's record in the month of death can receive this payment.
- Certain family members **may be eligible** to receive monthly benefits, including:
 - A surviving spouse who is:
 - Age 60 or older (age 50 or older if they have a disability).
 - Any age and caring for the deceased's child who is under age 16, or who has a disability and is receiving Social Security benefits.
 - An unmarried child of the deceased who is either:
 - Younger than age 18 (or up to age 19 if they're a full-time student in an elementary or secondary school).

More Information

If the deceased was receiving Social Security benefits, you must return the benefits received for the month of death and any later months. If the payment was received by direct deposit, contact the bank or other financial institution. Ask them to return any funds received for the month of death or later. If the benefit was paid by check, please do not cash. Instead, return the checks to us as soon as possible.

Keep in mind that eligible family members may be able to receive survivors' benefits for the month the beneficiary died.

Visit our Survivors Benefits webpage at www.ssa.gov/benefits/survivors/ for more information.

Contacting Us

There are several ways to do business with us including online, by mail, by phone, and in person. If you cannot use our online services, we can help you by phone when you call our national toll-free 800 number.

If you don't have access to the internet, we offer many automated services by telephone, 24 hours a day, 7 days a week, so you may not need to speak with a representative. Call us toll-free at **1-800-772-1213** or at our TTY number, **1-800-325-0778**, if you're deaf or hard of hearing. We provide free interpreter services upon request. For quicker access to a representative, try calling early in the day (between 8 a.m. and 10 a.m. local time) or later in the day. **We are less busy later in the week (Wednesday to Friday) and later in the month.**



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Social Security Administration
Publication No. 05-10008

January 2023 (Recycle prior editions)
How Social Security Can Help You When a Family Member Dies
Produced and published at U.S. taxpayer expense

What are some of the rules that impact CHAMPVA eligibility?

- **Ending date for a Child's Eligibility.** Eligibility for CHAMPVA ends when:
 - a child turns 18, unless enrolled in an accredited school
 - a child, who has been a student, turns 23
 - a child who marries (as of midnight on the date of marriage)
 - a stepchild no longer lives in the household of the sponsor
- **Impact of Divorce or Remarriage of Spouse on Child's Eligibility.** The eligibility of a child is not affected by the divorce or remarriage of the spouse, except in the case of a stepchild. When a stepchild leaves the sponsor's household, the child is no longer eligible for CHAMPVA.
- **Helpless Child.** A child who, before the age of 18, became permanently incapable of self-support and was rated as a helpless child by a VA Regional Office, is eligible for CHAMPVA with no age limitation.
- **Spouse.** Eligibility for CHAMPVA ends with termination of the marriage to the qualifying sponsor by annulment or divorce.
- **Widow(er) Remarriage Before Age 55.** Eligibility for CHAMPVA ends if the widow(er) remarries prior to age 55.
- **Widow(er) Remarriage After Age 55.** For additional information, refer to the [CHAMPVA Eligibility webpage](#).
- **Termination of Remarriage.** A widow(er) of a qualifying sponsor who remarries and the remarriage is later terminated by death, divorce or annulment may establish CHAMPVA eligibility.

What kind of certification is required for individuals between age 18 and 23 who are in school?

Student status may be established for up to a full year with a letter from the school certifying the beginning and ending dates of the school terms for which the student has pre-enrolled as a student.

How to apply for CHAMPVA benefits

To apply, the following documents are required:

- [Application for CHAMPVA Benefits, VA Form 10-10d.](#) The application is required to be signed and dated.
- **Medicare information:**
 - A copy of your Medicare card, if you are eligible. (Please do not send originals).
 - If you are 65 or older and are not entitled to Medicare, you must send documentation from the Social Security Administration that confirms you are not entitled to Medicare benefits under any other Social Security number.
- **Other health insurance (OHI) certification.** If you have OHI, a signed and dated [VA form 10-7959c, CHAMPVA OHI Certification](#), is required.
- **School certification for enrollment for children ages 18-23.** Please refer to [Fact Sheet 01-15: School Enrollment Certification Requirements for CHAMPVA Benefits](#) for details.

Send your complete package to:

Veterans Health Administration
CHAMPVA-Eligibility
PO Box 169028, Denver, CO 80216-9028

Application process

Once we receive your application, we will review it to ensure it is complete and that all required documents are included. If your application package is not complete, we will return it to you with further instructions.

It takes approximately three to six weeks after we receive a complete application package until the CHAMPVA identification (ID) card, handbook and related materials are mailed to you. Once you receive your CHAMPVA ID card, you can begin to use CHAMPVA.

For information about benefits for surviving spouses and dependents of service members who died while on active military service, and for survivors of Veterans who died after active service, visit the [VA Survivor Benefits website](#).



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/>



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Wes Peters
Owner

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>)



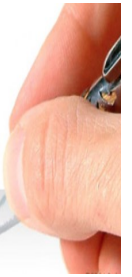
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For more information go to: www.law.cornell.edu/uscode/text/17/107.

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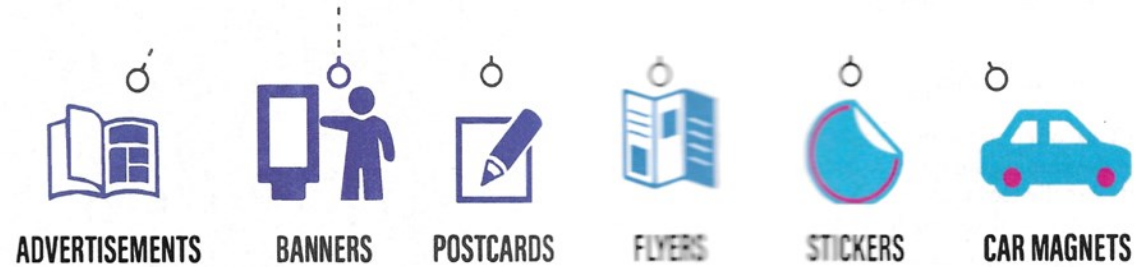
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A Sample Selection of Veterans Support Charities Independent Rankings Is Below. You Can Visit The Charities By Going To Our Website, Download This Grapevine, Go To This Page, And Click On The Name Of The Charity Below For More Information About Their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

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>)

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/>)

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/>)

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; Lemore, 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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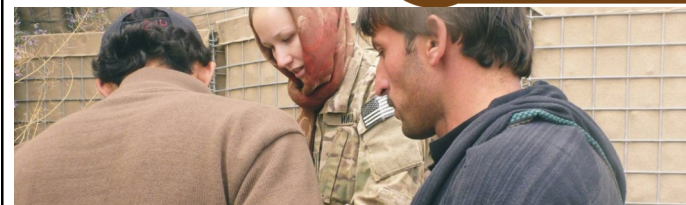
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Under Arrest

Police arrested two boys last night, one was eating fireworks, and the other was drinking battery acid.

Later they charged one, and let the other one off...

the WAR HORSE



"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 .

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.*

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



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

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.

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/>)

A man and his wife are at a restaurant, and the husband keeps staring at an old drunken lady swigging her gin at a nearby table.

His wife asks, "Do you know her?"

"Yes," sighs the husband. "She's my ex-wife. She took to drinking right after we divorced seven years ago, and I hear she hasn't been sober since."

"My God!" says the wife. "Who would think a person could go on celebrating that long?"

STARS AND STRIPES

www.stripes.com

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What to do before a veteran dies

One of the eventualities in life that spouses and families of veterans face is the death of their loved one who served America in uniform. To help ease the burden on loved ones, veterans can make preparations in advance. Important records The first step is to make certain the family has easy access to important documents such as:

- The veteran's discharge certificate (DD form 214).

- A documents, if any, indicating a VA claim number. •

A copy of all marriage certificates and divorce decrees (if any previous marriages)

- Insurance policies, including beneficiary designation.

- A copy of the family will (not required for VA benefits).

- Location of safety deposit boxes (not required by VA).

- Business address, email address, office and cell phone numbers for local American Legion service officer.

VA burial and memorial benefits

Veterans who die on active duty, or with discharges that are other than dishonorable, are entitled by law to:

- A gravesite in any national cemetery with available space, opening and closing of the grave.

- A government headstone, marker, urn, or medallion in a national and/or private cemetery.

- A government-issued U.S. flag to drape over the casket, and for presentation to the surviving spouse or next-of-kin.

- A Presidential Memorial Certificate signed by the president of the United States.

Burial in a VA national cemetery

Every eligible veteran who is entitled to burial in a national cemetery as long as space is available and the following conditions are met:

- Veteran was discharged under conditions other than dishonorable.

- Veteran was not subsequently convicted for offenses involving prohibited weapons of mass destruction, genocide and international terrorism.

- With certain exceptions, service beginning after Sept. 7, 1980, as an enlisted person and service after Oct. 16, 1981, as an of-

ficer must have served for a minimum of 24 months or the full period for which the person was called to active duty.

For a description of requirements: www.cem.va.gov

Burial benefits in a VA national cemetery include the following: gravesite, headstone, marker or medallion, opening and closing of the grave, and perpetual care of the grave site. Many national cemeteries have columbaria or gravesites for cremated remains. Gravesites in national cemeteries cannot be reserved. Many national cemeteries are closed to new casket interments. Funeral directors or others making burial arrangements must apply at the time of death.

Spouses and minor children of eligible veterans and of service-members may also be buried in a national cemetery. If a surviving spouse of an eligible veteran marries a nonveteran, and re-marriage was terminated by death or divorce of the non-veteran, the spouse is subsequently eligible for burial in a national cemetery.

Visit the National Cemetery Administration website at www.cem.va.gov for a listing of all national cemeteries and state veterans cemeteries. Send questions on benefits eligibility to VA at public.inquiry@mail.va.gov.

Headstones and markers

VA provides headstones and markers anywhere in the world for the unmarked graves of veterans who died before Sept. 11, 2001. For the marked graves of veterans who died on or after Sept. 11, 2001, double marking is authorized. Flat bronze, flat granite, flat marble, upright granite and upright marble type are available to mark the grave in a style consistent with the cemetery. Niche markers are also available for urns.

When burial is in a national cemetery or state veterans cemetery, the headstone is ordered by the cemetery, which will place it on the grave. When burial occurs in a private cemetery, the headstone must be applied for from VA. The headstone is then shipped at government expense. VA does not pay the cost of placing the headstone on the grave. The cost is borne by the veteran's family or other party. These charges may be included in many prepaid funeral packages. VA Form 40-1330 (application for headstone) can be obtained from most funeral home directors, through veterans service officers, or through VA. This form may also be downloaded and printed out by visiting www.cem.va.gov/hmm/.

VA rules allow for custom inscriptions on headstones. Belief symbols such as Christian Crosses, Stars of David, Islamic Crescents and others are available. However, VA has limited other graphics such as logos, military decorations and fraternal organization marks. The best way to assure that you get the desired stone or plaque is by obtaining and filling out VA Form 40-1330 (Application for Standard Government Headstone or Marker for Installation in a Private or State Veterans Cemetery) and filing it with other documents. When a spouse or child is buried in the same grave as a veteran, VA will have a contractor inscribe the

reverse side of the headstone. Twenty-year reservists are eligible for a headstone or marker.

Specific steps must be taken for authorization from The American Legion to affix an American Legion emblem onto the headstone.

Burial flags

A U.S. flag is provided, at no cost, to drape over the casket or accompany the urn of a deceased veteran who served honorably in the U. S. Armed Forces. It is furnished to honor the memory of a veteran's military service.

Eligibility for former members of Selected Reserves were added by Section 517 of Public Law 105-261.

The flag will be issued once only for burial purposes and will not be replaced if lost, stolen, damaged or destroyed. National cemeteries with avenues of flags, and many state veterans cemeteries, accept donations of burial flags for mass display on Memorial Day, Veterans Day and other occasions. The standard issue burial flag is made of cotton and will not withstand continuous outdoor display. Burial flags may be obtained at VA regional offices, national cemeteries and most local post offices. Overseas, U.S. flags can be obtained from U.S. embassies or consulates VA will furnish a burial flag for veterans who served during wartime, died on active duty after May 27, 1941, who served after Jan. 31, 1955, peacetime veterans who were discharged or released before June 27, 1950, certain people who served in the organized military forces of the commonwealth of the Philippines while in service of the U.S. Armed Forces, and who died on or after April 25, 1951, and certain former members of the Selected Reserves.

Burial and plot-interment allowance

You may be eligible for a VA burial allowance if all of these conditions are met:

- ◆ You paid for a veteran's burial or funeral.
- ◆ You have not been reimbursed by another government agency or some other source, such as the deceased veteran's employer.
- ◆ The veteran was discharged under conditions other than dishonorable. In addition, at least one of the following conditions must be met. The veteran:
 - Died because of a service-related disability.
- ◆ Was receiving VA pension or compensation at the time of death.
- ◆ Was entitled to receive VA pension or compensation, but decided not to reduce his/her military retirement or disability pay. • Died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility.

- ◆ Died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment, or care.
- ◆ Had an original or reopened claim pending at the time of death and has been found entitled to compensation or pension from a date prior to the date of death.
- ◆ Died on or after Oct. 9, 1996, while a patient at a VA-approved state nursing home.

How much does VA pay?

For a veteran's service-related death: If the death was due to his or her service-connected disability, VA will pay up to \$2,000 toward burial expenses occurring on or after Sept. 11, 2001.

For a veteran's non-service related death since Oct. 1, 2011: If the death occurred while hospitalized by VA, it will pay up to \$700 toward burial and funeral expenses.

If a veteran's death was not due to a service-connected disability and the veteran was not hospitalized by VA, the veteran must meet at least one specific condition to receive up to \$300 toward burial and funeral expenses and a \$300 plot-interment allowance.

Time requirements for filing a claim

Applications for payments must be filed within two years after the burial. If the application is incomplete at the time it is originally submitted, VA is required to notify the applicant of the evidence necessary to complete the form. If such evidence is not received within a year from the date of notification, no allowance may be paid.

How to apply

The applicant can apply by filling out VA Form 21-530, Application for Burial Benefits and attach a copy of the veteran's military discharge document (DD 214 or equivalent), death certificate, funeral and burial bills. The applicant must prove the burial expenses have been paid. Downloaded the form at www.va.gov/vaforms

To obtain assistance in filing a claim, find an American Legion Department Service Officer at www.legion.org/serviceofficers or call 202-861-2700.

Payment for transporting veteran remains to a VA national cemetery

Service-related deaths: If the death is related to a veteran service-connected disability, and the veteran is buried in a VA national cemetery, some or all of the cost of transporting the deceased may be reimbursed.

Non-Service Related Deaths: If the death was not related to a veteran's service-connected disability and the veteran was hospitalized at a VA facility, or at a non-VA facility at VA expense,

or under VA contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed.

Presidential Memorial Certificates

Presidential Memorial Certificates express the nation's recognition of a veteran's service. Certificates bearing the signature of the president are issued honoring deceased veterans with honorable discharges. Eligible recipients include next-of-kin and other loved ones. The award of a certificate to one eligible recipient does not preclude certificates to other eligible recipients. To establish honorable service, a copy of a document such as a discharge (form DD-214) must accompany requests for a certificate. A Presidential Memorial Certificate is issued when a headstone or grave marker is issued. If the certificate is lost, stolen or destroyed, a new one may be issued if requested in writing. VA regional offices can assist in applying for original or replacement certificates.

Arlington National Cemetery

Arlington National Cemetery is under the jurisdiction of the Department of the Army. Eligibility for burials is more limited than at other national cemeteries. For information on Arlington burials, write to Superintendent, Arlington National Cemetery, Arlington, VA 22211, or call (877) 907-8585. Visit the website at arlingtoncemetery.mil.

Military funeral honors

As of Jan. 1, 2000, all eligible veterans, including military retirees, are entitled to military funeral honors. The funeral honors ceremony will include the folding and presentation of the U.S. flag and the playing of Taps. At least two uniformed military personnel, in addition to a bugler, if available, shall perform the ceremony. If a bugler is not available, a high-quality recording may be used. DoD has contracted for a ceremonial bugler that does not require a trained bugler.

For information, visit www.ceremonialbugle.com.

One of the uniformed military personnel will be from the deceased veteran's parent military service and will present the flag to the next of kin. The military services may provide additional elements of honors and may use additional uniformed military personnel or other authorized providers, such as members of a veterans organization, to augment the funeral honors detail.

The appropriate individual must request the funeral honors. DoD policy calls for funeral directors, rather than next-of-kin, to contact the military. This toll-free number, (877) 645-4667, has been set up for funeral directors. See va.org/arranging-military-funerals/ for details.

(Source: <https://www.legion.org/sites/legion.org/files/legion/publications/09VAR0920-What-to-do-before-a-Veteran-Dies.pdf>)

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VA U.S. Department of Veterans Affairs
Veterans Health Administration
VA Sunshine Healthcare Network (VSNH)

Squirrels

During camouflage training in Louisiana, a private disguised as a tree trunk started yelling suddenly.

He was quickly spotted by a visiting general.

"You simpleton!" the officer barked. "Don't you know that by jumping and yelling the way you did, you could have endangered the lives of the entire company?"

"Yes sir," the soldier answered apologetically. "But, if I may say so, I did stand still when a flock of pigeons used me for target practice. And I never moved a muscle when a large dog peed on my lower branches. But when two squirrels ran up my pants leg and I heard the bigger say, 'Let's eat one now and save the other until winter' — that did it."

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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 land-line 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 kennels 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



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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.

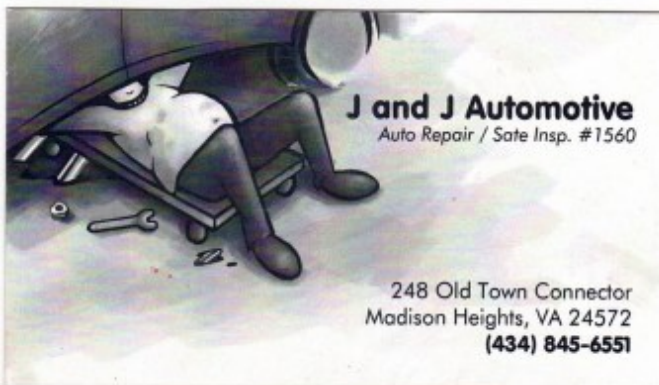
I suspect it would have been an awkward conversation. If it had occurred, it probably would have surprised him. But it never happened. I have carried the lessons I learned from Mac in the form of a question I ask myself whenever I find myself in a

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.

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



Almost 1.5 million vets don't have enough to eat and many aren't seeking help, study finds

By ROSE L. THAYER STARS AND STRIPES



North Carolina Army National Guard soldiers and other volunteers stack bags of potatoes that were being distributed to veterans and military families in Hillsborough in May 2020. (Mary Junell/U.S. Army)

Roughly 70% of veterans older than 70 who do not have enough to eat are not using government food assistance programs, according to a research report released this week.

The statistic is one of several findings in a new Rand Corp. study that concluded the federal government needs to review how it screens veterans for food insecurity and revise how it evaluates disability payments to increase the number of veterans who apply for social services.

The study also found hunger can lead to other problems. Researchers and advocates said Thursday that not having enough to eat can lead to physical and mental health conditions and increase a veteran’s risk of suicide.

Rand researchers found 7.5% of America’s roughly 18 million veterans – nearly 1.4 million – don’t have enough food, but less than 5% are enrolled in the federal government’s Supplemental Nutrition Assistance Program, or SNAP, according to the report titled “Reducing Policy Barriers to SNAP Participation by Food-Insecure Veterans.”

To close the gap, researchers recommended finding ways to better screen veterans about their access to food and conduct more research to determine what might be stopping them from enrolling, such as a stigma from accepting help, awareness of the program, or policies that count veteran disability benefits as income. The report did not examine why veterans aren’t enrolled in more government programs. It only focused on the demographics of veterans who use SNAP, formerly known as food stamps.

“When we speak about food and food-insecure households, this refers to having difficulty at some point in time during the year providing enough food for all household members because of a lack of resources,” Tamara Dubowitz, a senior policy researcher at Rand, said Thursday during an online presentation on the study.

The gap between those in need and those enrolled in SNAP was widest among veterans who are older than 70 and those out of work because of a disability. Roughly 70% of food-insecure veterans older than 70 were not enrolled in SNAP, compared to

60% of nonveterans of the same age and disposition. Among food-insecure disabled veterans, 55% were not enrolled, compared with about 45% percent of nonveterans. Further research on why veterans aren’t enrolling is needed, Dubowitz said.

Reducing food insecurity in veterans could lead to improvements in their physical and mental health and reduce the risk of suicide, according to the report. Veterans are already 57% more likely to die by suicide than nonveterans, according to the Centers for Disease Control and Prevention. Josh Protas, vice president of public policy for Mazon, a Jewish organization dedicated to fighting hunger, said food security could be one more way to approach suicide prevention.

“The veteran suicide crisis is real and a lot more attention needs to be paid to that. With food insecurity contributing, there’s much more we could do. Even more worrisome, there’s a 900% increase of predicted probability of suicidal ideation for veterans with both food insecurity and mental health disorders,” he said.

The Department of Veterans Affairs routinely screens veterans during primary care visits to determine their ability to buy enough food. However, veterans who don’t qualify for or use VA health care wouldn’t be included in these screenings.

Last year, the White House launched a national strategy on hunger, nutrition and health, which called on the VA to review its food-assistance programs and screenings, Megan Bowman, coordinator for the Veterans Health Administration’s Food Security Program Office, said Thursday.

“We anticipate expansion of existing [Veterans Health Administration] programs and services such as produce prescription programs, healthy [cooking] class classes and food hubs,” she said.

VA disability payments are considered income when enrolling in SNAP, Dubowitz said. While this study did find veterans receiving disability checks are less likely to be enrolled in SNAP, researchers need more information to know whether those payments are making veterans ineligible even when they still have challenges buying enough food.

A similar problem has been identified among active-duty military members who don’t have enough food. Rand found in a previous report that 15% of service members don’t have enough food and their housing allowances increase their incomes making them ineligible for government assistance.

Protas said he’s been trying for more than a decade to get Congress to pass a law to change that. He said he worries that rallying enough votes to do the same for veteran benefits would be just as challenging.

“You would think that this is an easy bipartisan thing to accomplish,” Protas said. “Unfortunately, too many feel that food security is not a priority in this country and that it shouldn’t be for the federal government. That includes for military families and for veterans.”

(Source: <https://www.stripes.com/theaters/us/2023-09-22/veterans-hunger-food-snap-suicide-11456583.html>)

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



A man was standing on the street corner with a beautiful German Shepherd. An other man walked up and asked, "Does your dog bite?" the man standing by the dog replied, "No."

The passerby reached down to pet the animal, when he snapped at him! The passing man commented, "I thought you said your dog didn't bite!" The man standing by the creature said, "I did. That's not my dog."

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](#) 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/>)

My wife left a note on the fridge that said, "This isn't working."

I'm not sure what she's talking about. I opened the fridge door and it's working fine?

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.

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



Stringed Instruments Repair

Jake Ryan
Phone: 534-7110

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.

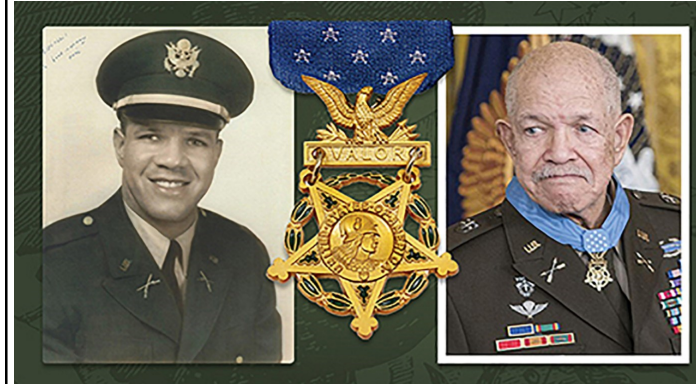
Your service member works hard and deserves convenient and affordable ways to relax and have fun while off duty. MWR works to meet the needs and interests of the military community with its wide variety of programs and services. Have your service member check out their local MWR services and programs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

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

Call The VA
Benefits: 1-800-827-1000
Health Care: 1-877-222-VETS (8387)
VA Inspector General: 1-800-488-8244

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.

A man wakes from a coma.
His wife changes out of her black clothes and, irritated, remarks, "I really cannot depend on you in anything, can I!"

Appeals court supports disabled veterans' rights to appeal VA decisions about caretaker benefits

By LINDA F. HERSEY STARS AND STRIPES

WASHINGTON — A federal appeals court has rejected a claim by the Department of Veterans Affairs that would block the right of hundreds of thousands of disabled veterans from challenging decisions of a VA caregiver program over benefits that support in-home assistance.

The U.S. Court of Appeals for the Federal Circuit ruled Feb. 27 that Jeremy Beaudette, a Marine Corps veteran who suffered multiple head injuries from five tours of duty in Iraq and Afghanistan, and his wife, Maya Beaudette, who quit her job to care for him, had the right to challenge a 2018 decision by the VA Program of Comprehensive Assistance for Family Caregivers to deny them benefits.

The program gives benefits to family caregivers to provide at-home care for disabled veterans. The assistance includes a monthly stipend ranging from \$1,800 to \$3,000, as well as training and other support.

Veterans must suffer from debilitating injuries impacting daily functions to qualify for the program.

Jeremy Beaudette had suffered multiple concussions while serving in the Marine Corps from 2002 to 2012 that resulted in a traumatic brain injury and rendered him legally blind, according to the National Veterans Legal Services Program, which represented the Beaudettes.

A three-judge panel last week upheld a 2021 decision by the U.S. Court of Appeals for Veterans Claims that allows the couple to proceed with their case before the Board of Veterans' Appeals.

The panel rejected the VA's argument that the caretaker program had made a "medical determination" that was not subject to court appeal.

"There is a strong presumption favoring judicial review of agency actions," the judges wrote in their decision. "The [VA] has not met its burden to show all caregiver program decisions are exempt from judicial review."

The VA and Department of Justice could choose to appeal their case to the U.S. Supreme Court but declined to comment on pending litigation.

The couples' lawsuit, which had been certified as a class-action case, could potentially affect more than 400,000 veterans and caregivers who have received decisions for caretaker benefits, according to the decision.

The judges noted in their decision that the VA has issued notices of "potential appeal rights" to all the identified veterans and caregivers.

The National Veterans Legal Services Program described the victory as securing "the rights of hundreds of thousands of veterans and caretakers like the Beaudettes ... who were unjustly denied, removed or had their benefits reduced."

The nonprofit legal services program has also represented a

class of veterans and caretakers similarly affected.

Since the 2021 ruling, more than 14,000 veterans and their caretakers have appealed decisions or submitted a supplemental claim for review, according to the legal services program.

Jeremy and Maya Beaudette had originally applied for caregiver program benefits in 2013 because of his "inability to perform activities of daily living and his substantial need for supervision and protection," according to court documents.

Though the VA had "consistently" found the Beaudettes eligible for benefits through the caretaker program, he was disqualified in February 2018 after seeking to delay his annual reassessment because he was recovering from two surgeries, according to the findings in the court decision.

The Beaudettes sought to appeal the decision in July 2020 before the Board of Veterans' Appeals, but the VA maintained its decision could not be overruled.

The Beaudettes then challenged the VA's decision to block their appeal by filing a claim in 2020 before the U.S. Court of Appeals for Veterans Claims. The court supported the appeal in 2021 and ordered the VA to notify all veterans and caregivers who had ever received a caregiver program decision.

"The veterans court ordered the [VA] secretary to notify claimants of their right to appeal adverse caregiver program determinations to the board," according to court documents.

But the VA also appealed the ruling in 2023 to the U.S. Court of Appeals for the Federal Circuit Court, which last week upheld the decision granting the Beaudettes the right to appeal.

"The Beaudettes had no adequate alternative means to obtain the relief," other than to file an appeal before the veterans' court, the judges wrote. "We conclude the Beaudettes and other similarly situated veterans and caregivers have an indisputable right to judicial review of caregiver program decisions."

(Source <https://www.stripes.com/veterans/2024-03-06/veterans-affairs-caregiver-lawsuit-13228078.html>)

*Used with permission from Stars and Stripes.
Visit their website at www.stripes.com*



Do you know the last thing my grandfather said to me before he kicked the bucket?

"Grandson, watch how far I can kick this bucket."



The 19th News Network



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

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

Mariel 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/>)



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Fact Sheet

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.

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

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/>)

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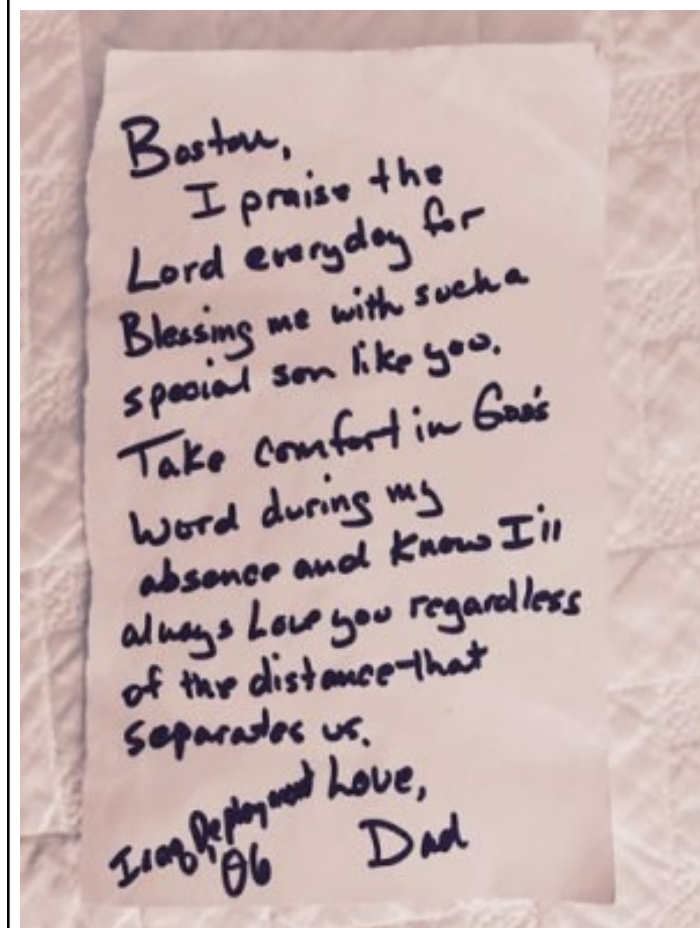
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The Shoulders I Stood on Were Gone. How Little I Knew of the Journey Before Me.

By BOSTON GILBERT

A Delta Force unit zipped over the barren desert. Two Black Hawks contained assault forces. Four Little Birds carried riders and artillery. It was a perfect blue sky in Taji, Iraq. The operators stalked a high-profile target. All went according to plan until it didn't.

The date was Nov. 27, 2006. For the first time in his seasoned career, the flight lead heard "Mayday, Mayday, Mayday!" over the radio.



A note from Air Force Maj. Troy Gilbert to his son, Boston, before he deployed to Iraq in 2006. Photo courtesy of the author.

Meanwhile, I was sound asleep in the bedroom I shared with my little brother. We lived in a small but comfortable home in scorching Phoenix. The morning commenced with what I expected to be a normal day at Corte Sierra Elementary School. Abnormal for a school night, my mom told us we would sleep over at a friend's house that evening. Even my fourth-grade sensitivities knew something was off.

I missed my dad. He deployed two months prior and was set to return just after Christmas. I missed the smell of his Barbasol shaving cream lather. I missed him steering with his knees, convincing me the wheel of his 1992 Chevy Silverado moved by

magic. We listened to '80s rock because, according to him, that was "real music."

Boom! An unidentified projectile removed the tail rotor from one of the Little Birds. An 80-mile-per-hour crash landing ensued. It was not long before the shooter showed himself. Moving with intent, five weaponized trucks housing dozens of al-Qaida affiliates traversed the flat earth. Heavy machine guns with long-range capabilities enabled the trucks to fire first. The operators dug in the sand for cover as rounds cracked like fireworks.



Al Qaeda insurgents took the body of Air Force Maj. Troy Gilbert from the wreckage of his F-16 before U.S. forces could arrive. This screengrab is from a propaganda video that included footage from the crash site. Photo courtesy of the author.

My dad was skybound. Perched in his F-16 viper, he showed restraint during an air-to-air refuel as a call for air support pierced the radio. At 100 shots per second, his 20 mm Gatling guns devastated the lead trucks after he rolled off the tanker. A tight turn to initiate his subsequent attack dropped him 200 feet from the deck. He was pushing the edge of aviation and he knew it. After scattering the remaining enemy forces in a final act of fire, 500 miles per hour met the brutal fact of the desert floor.

Major Troy "Trojan" Gilbert died with his nose to the grindstone.

My friend's mother drove us to our home rather than to school the following morning. She was quiet. The front door opened, revealing my grandparents, friends, and other family members encircling the couch where my mom sat somberly. After hearing the unheard, I retreated to the bathroom for solitude. I was nine. Dad was gone. I couldn't believe it.

"When we are no longer able to change a situation, we are challenged to change ourselves," wrote neurologist, psychiatrist, and Holocaust survivor Viktor Frankl.

I wanted my physical father, but I could not have him. From that moment on, I was faced with the tremendous task of filling the void he left. Symbolically speaking, his passing represented

disintegration and chaos in my world. My role model father, the impetus for my life and the shoulders I stood on, was gone. How little I knew of the pilgrimage set before me. How little I knew of the question entangled in my journey: How can I make meaning from my loss?



The dignified transfer of Air Force Maj. Troy Gilbert. A 29-person team consisting of several members of Task Force 160, the unit that he died protecting, retrieved his body and escorted him home. Photo by Senior Airman Aaron J. Jenne, courtesy of the U.S. Air Force.

Parts from my dad's jet lay strewn across a carrot field. Prior to the arrival of U.S. forces at the crash site, insurgents filmed the scene and took his body from the wreckage. He was lying prostrate on a plastic sheet as smoke billowed in the background. They titled the propaganda video "The Missing." We buried an empty casket. Ten years passed before his recovery and homecoming.



Air Force Maj. Troy Gilbert with his sons. Gilbert was killed in Iraq in November 2006 while protecting U.S. troops. Photo courtesy of the author.

I fondly remember my dad taking my mom, brother, and me to watch *Star Wars: Episode III* in the theater. He waxed poetic about collecting Marvel's early Star Wars comic books and watching the originals as a kid. It wasn't until years later that I understood the profound connection linking me and the protago-

nist of the original trilogy. Luke Skywalker tells his companions he wished he had known his father. Central to Luke's destiny is discovering the truth about his father.

A hero from a war bearing my dad's callsign also went missing. *The Odyssey* contains a much older example of the archetypal father quest found in Star Wars. Reeling from his father's absence, King Odysseus' son Telemachus is in turmoil. Immature, victimized, and disoriented, Telemachus is an embittered bystander as suitors take advantage of the vacant throne on his home island of Ithaca. They ravage his kingdom and harass his mother.

I puked on the flight back from the funeral. Was it the stress? The attention? Was I purging the tumultuous two weeks leading up to the service? I was just a boy when I gazed upon his white marble headstone for the first time. Little did I know his death marked my separation from childhood and my entry into a liminal space.

It is not a coincidence that I found soccer soon after losing my father. The unpredictability and finality of his death proved to be fertile soil for the game to sprout as my primary identity. Budding as an athlete, soccer promised security, validation, and self-worth. Like Telemachus, who tells Athena, "Mother has always told me I'm his son, it's true, but I am not so certain," I was unsure who I was. Seeking individuation through soccer, I was subject to the instability of its every whim.

The decade between my father's death, confiscation, and return saw an eclectic array of service members hunt for his remains: SEALs, Green Berets, intel analysts, search dogs, and Marines chased the ghost. Their first discovery catapulted me back to Arlington National Cemetery for a second burial seven years after the first. A small box of toe bone fragments was laid on his casket.

Three years later, a tribal chieftain local to Fallujah disclosed the whereabouts of my father's full remains. A 29-person team consisting of several members of Task Force 160, the unit that he died protecting, retrieved his body and escorted him home.

It is not a coincidence that I lost soccer soon after finding my father.

I underwent consecutive foot surgeries during my sophomore season of college soccer, only nine months after my father's homecoming. Soccer as



"It is not a coincidence that I found soccer soon after losing my father," writes Boston Gilbert. "Budding as an athlete, soccer promised security, validation, and self-worth." Photo courtesy of the author.

my chief identity was a house of cards, and it fell hard. The psychospiritual challenges that afflicted me during my two-year-long recovery resembled the struggles of my fabled forerunners from Ithaca and Tatoonine. Ancient Greeks would have understood this juncture in my life as a kairos (καιρός): a word they used to describe the right, critical, or opportune moment for action.

Luke Skywalker's lowest moment is when the tyrannical Darth Vader reveals himself as Luke's father. For Telemachus, it is his depression at the suitors' exploitation of his home and his mother, and his inability to do anything about it. Each character's kairos was essential to the formation of their character and the discovery of their identity.

My kairos led to a personal revelation in a movie theater with my then-girlfriend and now-wife. Fans of the original *Lion King*, we spent a night out watching the digital remake. After grappling with the death of his father and evading his destiny, Simba has an encounter that changes the course of his life. The pride's mandrill shaman, Rafiki, facilitates a communion between Simba and his father, Mufasa, who reveals himself as a ghost in the sky. In desperation, Simba pleads, "Don't leave me again." Mufasa's response gripped me through the screen.



The empty casket of Air Force Maj. Troy Gilbert is buried at Arlington National Cemetery. Photo courtesy of the author.

"I never left you. I never will. Remember who you are."

To this, Rafiki questions Simba, "And so, I ask again. ... Who are you?"

Without reservation, Simba replies, "I am Simba, son of Mufasa."

A tear slipped my guard and quietly rolled down my cheek. It clicked. I know who I am.

I am Boston, son of Troy. Nothing can take that away from me.

In all three epic stories, the sons return where they started: basking in the simplicity of their secure identity as beloved sons of their fathers. Telemachus and Odysseus are reunited and slay the suitors. Luke Skywalker redeems Darth Vader by turning him

from the Dark Side and reinstating him properly as Anakin Skywalker once again. Simba heeds Mufasa's call to reclaim his right as the one true king of the Pride Lands.

Renowned poet T.S. Eliot writes:

We shall not cease from exploration

And the end of all our exploring

Will be to arrive where we started

And know the place for the first time.

Although I can never bring my dad back, I am invigorated by the prospect of making him come alive by accepting my unshaken identity as his son, boldly embracing the challenges in my life like he did, and living as well as I know how. In doing so, I gain an immense sense of myself through remembering and relating to him.

I would alter Frankl's quote: "When we are no longer able to change a situation, we are challenged to know ourselves."

Even in death, my father beckons me to uncover my unique personhood.



Boston Gilbert

Boston Gilbert is the eldest son of Major Troy "Trojan" Gilbert, who was killed in action near Taji, Iraq, in November 2006 while providing close air support to a Delta Force unit. Boston is happily married to his wife, Eliana, and works for the military nonprofit No Greater Sacrifice. He is a 2023 War Horse writing fellow.

(Source: <https://thewarhorse.org/pilot-heroes-son-makes-meaning-out-of-loss-in-self-discovery/>)

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When I see the names of lovers engraved on a tree, I don't find it cute or romantic.

I find it weird how many people take knives with them on dates.