August 3, 2020

VETERANS
MONTHLY INFORMATION PACKAGE

FLAGLER COUNTY

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Feel free to make copies and distribute throughout your organization.
FOR IMMEDIATE RELEASE
July 9, 2020

VA offers debt relief to Veterans through year’s end

WASHINGTON – The U.S. Department of Veterans Affairs (VA) today announced its commitment to extend debt relief to Veterans adversely impacted by COVID-19 to the end of 2020 by suspending certain debt collection actions.

The department recognizes Veterans and beneficiaries are still being greatly impacted by the coronavirus prompting the extension of financial relief.

“Veterans and their families should be focused on their health and safety during the pandemic,” said VA Secretary Robert Wilkie. “VA is taking action to give those with pending debts greater flexibility during these challenging times.”

VA is suspending all actions on Veteran debts under the jurisdiction of the U.S. Treasury Department. This includes the suspension of collection action or extending repayment terms on preexisting VA debts, whichever the Veteran prefers.

For benefit debts, Veterans should contact the VA Debt Management Center at 1-800-827-0648.

For health care debts, Veterans should contact the Health Resource Center at 1-866-400-1238 or https://www.pay.gov for payments.

###
Veterans compensation and pension exams ramp up even as coronavirus cases rise

Even as coronavirus cases surge around the country, Veterans Affairs officials are dramatically stepping up their efforts to resume Compensation and Pension exams to reduce the backlog of about 200,000 disability claims.

The situation leaves many veterans unsure of the health risks with a difficult choice: Head outside their homes for face-to-face medical appointments despite the virus spikes or delay those exams — and any disability payouts — for even more months.

David McLenachen, executive director of VA’s Medical Disability Examinations Program Office, said for now most veterans have been comfortable with heading back to the doctor’s office.

“We’re finding the number of veterans that remain concerned and don’t want to come in for an in-person exam is pretty small,” he said in an interview with Military Times this week. “The vendors scheduling these exams go into detail about all the precautions that are in place to minimize the risk.

“But as conditions change, we may have more veterans that get concerned and choose not to come in.”
For the last five weeks, VA benefits officials have been steadily ramping up the number of Compensation and Pension exams — used to verify veterans health status for a range of disability claims — at sites across the country.

Those medical visits were postponed and cancelled as the coronavirus pandemic swept across the country this spring. Officials replaced some of the appointments with telehealth options and paperwork alternatives, but McLenachen said that still left nearly 60 percent of the regular exam inventory unfinished.

As a result, the backlog of exams has swelled to about 200,000 since March, on top of the regular workload of about 110,000 exams conducted each month.

Officials announced earlier this year that veterans unable to get the exams will be able to get disability benefits back-dated to when they filed their claims, to ensure they won’t face financial penalties for the pandemic precautions. But those cases can’t be finalized and payouts can’t start until the exams and claims checks are completed.

Appointments — most of which have been outsourced to private-sector medical facilities, overseen by third-party vendors — resumed in just a handful of counties in mid-May.

Today, officials have reopened more than 75 percent of the country for the exams, even in areas like Texas, Arizona and Florida which have seen large daily increases in the number of coronavirus cases.

McLenachen said exam schedulers are following local rules regarding safety, and are requiring personal protective equipment for patients and physicians at all resumed exams. Any visits requiring invasive procedures are still being postponed for now.

Family members are barred from accompanying veterans to the exams, unless they are essential caregivers. And under the current procedures, vendors will call veterans who are eligible to schedule exam times and locations, to ensure they understand all the potential restrictions. Veterans need not call to reschedule any exams.

McLenachen said the decision to resume the appointments is essential to return the department to normal operations.

“We think we are taking sufficient protective measures for them to feel safe, come in and complete their claims,” he said. “But if they have concerns and want to delay, there is no impact on them, other than delaying (completion) of their claims.”

Nationwide, more than 2.6 million Americans have contracted coronavirus and more than 127,000 have died from complications related to the illness.
FOR IMMEDIATE RELEASE
July 16, 2020

VA expands funding for emergency response for Veterans experiencing or at risk of homelessness during COVID-19 pandemic

WASHINGTON — The U.S. Department of Veterans Affairs (VA) today announced it is allocating an additional $400 million of its coronavirus relief funding to enhance the department’s emergency relief response for Veterans experiencing or at risk of homelessness during the coronavirus pandemic.

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) allocated $17.2 billion for the Veterans Health Administration of which $700 million is devoted to expanding services for and addressing the challenges faced by Veterans who are homeless or at risk of homelessness.

“The additional allocation of CARES Act funding will support the continuity of care of vulnerable Veterans during the COVID-19 pandemic,” said VA Secretary Robert Wilkie. “With this additional funding, VA’s Homeless Programs Office can provide more homeless prevention assistance and emergency housing to make it possible for Veterans to maintain appropriate physical distancing and to ensure they are living in safe conditions.”

The newly allocated funds will be used for the Supportive Services for Veteran Families Program (SSVF). SSVF offers several ways to secure housing for Veterans experiencing or at risk of homelessness.

In total, $602 million of coronavirus relief funding has now been allocated for this program, which will also help the Housing and Urban Development-VA Supportive Housing Program place Veterans in safe housing to isolate them from the virus.

Other coronavirus relief funding devoted to providing emergency shelter and supportive services for Veterans includes $88 million for the Grant and Per Diem Program and $10 million for the Health Care for Homeless Veterans Program.

VA is hosting a national webinar July 17 to support budgeting and planning for grantees of the SSVF funding. Learn more about how VA is working to protect Veterans during the COVID-19 pandemic and about VA’s homeless programs.

###
FOR IMMEDIATE RELEASE
July 20, 2020

Study shows VA surgical care better than or equal to non-VA hospitals

WASHINGTON – The U.S. Department of Veterans Affairs (VA) today announced VA hospitals outperform or match neighboring non-VA hospitals in surgical quality and overall patient safety satisfaction.

The finding comes from a study conducted by VA and university researchers that was published June 26, in the Journal of Surgical Research.

“The prospect of having surgery can be stressful,” said VA Secretary Robert Wilkie. “For Veterans, who often have choices in where they receive care, it is in their best interest to make fully informed health care decisions. This study provides valuable information when faced with such an important choice.”

Researchers at the White River Junction VA Medical Center in Vermont and the Dartmouth-Hitchcock Medical Center in New Hampshire completed the study. They identified VA medical centers with at least one non-VA hospital within 25 miles in three U.S. regions: West-Southwest, New England and Deep South.

With a sample of 34 VA facilities and 319 neighboring non-VA hospitals, the researchers used benchmarks created by the Agency for Healthcare Research and Quality. They also used scores from the Hospital Consumer Assessment of Healthcare Providers and Systems. The results showed VA facilities performed better or as good as non-VA hospitals in overall patient safety indicators (PSIs), which measure potential hospital complications and adverse events following surgeries and other procedures. VA hospitals performed much better in surgery specific PSIs.

The researchers also found VA and non-VA hospitals were about equal in patient satisfaction with overall hospital experience.

The data was collected from Hospital Compare, a publicly available database that helps consumers decide where to seek health care. The Centers for Medicare and Medicaid Services runs the database.

Visit VA's Office of Research and Development.

###
FOR IMMEDIATE RELEASE
July 13, 2020

VA and MAZON partner to support Veteran food security

WASHINGTON — The U.S. Department of Veterans Affairs (VA) announced it is partnering with MAZON: A Jewish Response to Hunger to improve and ensure Veterans have reliable access to food.

VA and MAZON will work together to distribute information to Veterans to increase awareness about the risks associated with food insecurity and share the benefits of programs like the Supplemental Nutritional Assistance Program (SNAP).

“Veterans must have consistent and reliable access to healthy foods in order to thrive,” said VA Secretary Robert Wilkie. “By raising awareness of the problem of Veterans’ food insecurity and executing solutions, this partnership will lead to more Veterans having more food on the table.”

MAZON: A Jewish Response to Hunger is a national advocacy organization working to end hunger among people of all faiths in the United States and Israel. The organization works to raise awareness about community and government resources to encourage the anti-hunger community to effectively address emerging issues.

“VA and MAZON will use various tactics to help Veterans facing food insecurity access available food assistance resources, like trainings for VA staff to help them better recognize and respond to Veteran food insecurity,” said MAZON: A Jewish Response to Hunger President and CEO Abby J. Leibman. “These tactics include exploring the creation of a VA pilot program on SNAP outreach for Veterans that can be replicated and scaled up and formalizing target goals for Veteran SNAP eligibility screenings and application assistance.”

This partnership is managed by the Veterans Health Administration’s Nutrition and Food Services office and was facilitated by the VHA Office of Community Engagement (OCE). Partnerships supported by OCE, such as this one, support VHA’s commitment to delivering patient-driven health care.

Visit VA health partnerships and MAZON: A Jewish Response to Hunger for more information.

###
FOR IMMEDIATE RELEASE
July 16, 2020

**VA health care first to have Centers for Medicare & Medicaid Services codes for chaplain care**

**WASHINGTON** – The U.S. Department of Veterans Affairs (VA) today announced it has been approved to establish three new Healthcare Common Procedure Coding System (HCPCS) codes for chaplain spiritual care.

The new **Centers for Medicare & Medicaid Services** (CMS) health care settings provide 15-minute sessions each for chaplain pastoral and spiritual assessment services, individual counseling and group therapy.

This is the first time an organization has been granted these independent health care codes created for use by their clinical chaplains in a stand-alone setting.

“VA’s chaplain spiritual care is highly integrated into the total care and treatment program for Veterans,” said VA Secretary Robert Wilkie. “The clinically trained chaplains provide in-depth assessment, evaluation and treatment of patients who often have many different physical, social, mental and spiritual needs.”

The new HCPCS codes further enable a comprehensive bio-psycho-social-spiritual approach. They facilitate outlining a patient’s intrinsic and extrinsic spirituality, spiritual preference, practices and health, coping mechanisms and well-being. This ultimately helps with goal development of spiritual care unique to a patient’s needs and family/caregiver support.

VA chaplains also provide consultation, counseling and support to family members, caregivers and VA staff.

The three new CMS HCPCS codes will go into effect October 1. More information about the codes can be found at [CMS Summary for Bi-Annual 2020 Meeting](https://www.cms.gov), pages 45-46.

###
FOR IMMEDIATE RELEASE
July 7, 2020

Help Heal Veterans donates craft kits to VA hospitals to help provide activities for Veterans who are alone

WASHINGTON — The U.S. Department of Veterans Affairs (VA) announced today Help Heal Veterans has provided nearly 50,000 craft kits, since the start of the COVID-19 pandemic in March, to more than 90 VA facilities for Veterans who are isolated.

The department’s VA Voluntary Service and Recreation Therapy Service are working with VA providers to identify Veteran inpatients and outpatients to receive the craft kits which will be accompanied by other leisure activities and information about VA programs and services.

“Part of VA’s charge is to support the positive mental health of Veterans and these crafts and leisure activities will benefit that effort,” said VA Secretary Robert Wilkie. “Help Heal Veterans offering will provide more than 70,000 hours of activity helping to keep our Veterans productively engaged — giving them a positive sense of accomplishment upon completion.”

VA recreation therapists nationwide share that Veterans living with disabilities, pain, anxiety, addiction or depression, especially during the pandemic, enjoy the craft kits and experience multiple benefits including — keeping their hands busy while helping to maintain dexterity. Many Veterans gift the finished crafts to friends, family and other Veterans. VA Peer Support Specialists have also distributed the craft kits to Veterans in the community.

Help Heal Veterans has had a long-standing partnership with VA and typically provide kits in categories such as masks, leatherwork, woodworking, jewelry, paint-by-numbers, needlecrafts, poster art, scrapbooks, model cars, airplanes, boats and more. In a recent Help Heal Veterans survey of Veterans who have used the kits, 94% polled reported the kits gave them a more positive outlook on life and 98% reported the kits divert their attention to healthy coping practices.

The therapeutic and rehabilitative benefits of crafting for VA patients is especially significant for Veterans living with Post Traumatic Stress Disorder and Traumatic Brain Injuries.

To learn more about recreation therapy or volunteer with VA, visit Recreation Therapy or Voluntary Service.

###
Novel Coronavirus (COVID-19) Financial Relief Actions and Time Limit Extensions

Background

On March 13, 2020, the President declared the COVID-19 pandemic as a national emergency, effective March 1, 2020. While United States Postal Service operations and other mail delivery services continue uninterrupted, in some cases, local travel restrictions and COVID-19-mandated health and safety precautions may impact Veterans’ and claimants’ abilities to timely file forms, documents, or other responses in connection with VA claims and appeals. VA is also sensitive to claimants who wish to have their claims and appeals processed as quickly as possible, and a system-wide extension would negatively affect those who need timely benefits and healthcare. Therefore, VA is providing options for Veterans and claimants to specifically request extensions on filing dates and requested evidence dates, as well as rescheduling of examinations and hearings. VA is also taking steps to provide Veterans and claimants with financial relief.

Financial Relief Actions

VA is suspending all collection actions on Veteran debts under the jurisdiction of the Treasury Department. VA will stop all referrals of delinquent debt to credit reporting agencies and will not take any actions to stop Veterans who are in delinquent status from seeking VA Home Loans. However, collection actions will resume after the termination of the national emergency declaration.

VA is also automatically suspending collection action on all new benefit debts and is offering temporary suspension or extended repayment plans for existing benefit debts, whichever the Veteran prefers. To request a suspension or extended repayment plan, or to request a refund on a debt collection that was suspended, contact the Debt Management Center at 1-800-827-0648.
Claims Filing

Claimants and beneficiaries can continue to submit complete claims for compensation, pension, and survivors’ benefits by mail, fax, or online. Claimants not yet ready to submit a complete claim may still indicate their “intent to file” a claim by:

- submitting a completed VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC (http://www.vba.va.gov pubs/forms/VBA-21-0966-ARE.pdf),
- contacting the national call center at 1-800-827-1000, or
- initiating an online application for benefits via www.va.gov.

However, if claimants are unable to file claims, submit evidence or attend hearings or VA C&P examinations due to COVID-19, VA has the authority to grant time limit extension requests and postpone final actions on a claim, provided good cause is shown for the delay. VA has determined that delays due to COVID-19 constitute good cause.

Time Limit Extensions Based on COVID-19

Effective March 1, 2020, if a claimant or authorized representative requests an extension of a time limit associated with a required action or notes their inability to attend a virtual hearing or tele-C&P examination based on the COVID-19 pandemic, Veterans Benefits Administration (VBA) will grant these requests under the good cause provisions, provided the time limit would have expired or situation occurred on or after March 1, 2020 and until 60 calendar days from the date the President ends the national state of emergency.

Requesting Time Limit Extensions for Claims/Appeals Filings Based on COVID-19

As there is no specific form requirement for requesting good cause extensions of time limits, VBA will accept COVID-19 pandemic-related extension requests on any form or written documentation.

To request an extension of filing a claim or appeal due to COVID-19, claimants should:

- note the request on their late-filed application, or
- attach the request as a separate document to their late-filed application.
To ensure full consideration of a time limit extension, claimants should simply note in their request that they are requesting an exemption for timely filing because of COVID-19, (or any related reference to COVID-19, coronavirus, the national pandemic, or similar language). No supporting evidence is required.

If the request is submitted after initial submission of a pending claim or appeal, claimants should specify the time limit for which they are seeking an extension to ensure accurate processing. Extensions for legacy appeal and claim filing time limits must be received in writing.

**Requesting an Extension for Evidence Submission Based on COVID-19**

Claimants who have already filed a claim may continue to submit requests in writing or over the telephone (1-800-827-1000) for extensions related to evidence submissions. A note will be placed in claimants’ records stating no final action should be taken until the evidence is submitted or the extension period concludes.

**Requesting an Extension for Hearings or Virtual/Tele-C&P Exams Based on COVID-19**

VBA will contact claimants who have already filed a claim or appeal and have VBA hearings or C&P examinations to provide options that do not involve in-person communications (such as virtual or telephone options). If alternatives to in-person hearings or examinations are not possible for the claimant, a note will be placed in the record stating no final action should be taken until a hearing or exam is completed.
TALLAHASSEE — Gov. Ron DeSantis signed several veteran-friendly bills from the 2020 Florida Legislative Session into law. Here is a summary of those changes:

HB 171 – Postsecondary Education for Certain Military Personnel: The act requires the Board of Governors and State Board of Education to adopt a uniform set of rules to award academic credit for college degrees and technical training certification based on service members’ and veterans’ prior military training and experience. The newly enacted legislation helps veterans and members on active duty to achieve their degrees quicker and without having to take unnecessary course requirements.

HB 205 – Unlawful Use of Uniforms, Medals or Insignia – Effective Oct. 1, 2020, the act adds a provision to an existing law on stolen valor that misusing a military uniform or decorations for the purposes of obtaining employment or seeking election to a paid public office is now a violation of law.

HB 877 – Ad Valorem Tax Discount for Spouses of Certain Deceased Veterans Who Had Permanent, Combat-Related Disabilities. Proposes amending the State Constitution to authorize the surviving spouse of a deceased combat-related disabled veteran to carry over certain discounts on ad valorem taxes on homestead property until the surviving spouse remarries or sells or otherwise disposes of the property.

HB 879 – Surviving Spouse Ad Valorem Tax Reduction. The bill implements HB 877 by placing the legislation as a proposed Constitutional Amendment before Florida voters on the November 2020 ballot. If voted favorably, the amendment extends the homestead tax exemption of veterans 65 and older with combat-related disabilities who pass to the surviving spouse. At present, the exemption ends upon the death of the eligible veteran.

HB 1249 – Transfer of Tax Exemption for Veterans: The act adds a provision to an existing law requiring that veterans who were honorably discharged with a service-connected total and permanent disability or their surviving spouses who are entitled to receive ad valorem exemptions on property taxes for one property, may receive a pro-rated reimbursement of taxes paid on any property they buy between Jan. 1 and Nov. 1 of any year.


Highlights within the appropriation for the Florida Department of Veterans’ Affairs:

1. $9 million in non-recurring General Revenue to help complete the costs of the Lake Baldwin State Veterans’ Nursing Home in Orlando and the Ardie R. Copas State Veterans’ Nursing Home in Port St. Lucie. Both are scheduled to open in late 2020.
2. An additional $1.8 million to finish the grant application to the U.S. Department of Veterans Affairs for federal dollars to complete the Lake Baldwin State Veterans’ Nursing Home.
3. 104 new positions to staff the Lake Baldwin State Veterans’ Nursing Home and Ardie R. Copas State Veterans’ Nursing Home.
4. Five new positions for the FDVA Benefits and Assistance Division to aid our state’s veterans in connecting them with earned services, benefits and support.
Contractual Highlights within the FDVA Budget:

Florida Veterans Legal Helpline – $500,000

- Through the Florida Veterans Legal Helpline, attorneys with Bay Area Legal Services provide compassionate and effective legal assistance to veterans throughout the State of Florida.

University of South Florida Alternative Treatment Options for Veterans – $200,000

- Researching alternative treatment therapies to help relieve veterans suffering from PTSD.

K9s For Warriors – $600,000

- Based in Ponte Vedra. Works to provide PTSD service dogs at no cost to those in their program in order to help veterans restore their physical and emotional independence.

Five Star Veterans Homeless Housing and Integration – $250,000

- Based in Jacksonville. Provides a residential environment to help veterans get back on their feet. The program is targeted at veterans who are between 22 and 55 years of age and suffering from Post-Traumatic Stress Disorder, Traumatic Brain Injuries, Depression, Anxiety and other related mental health issues.
July 10, 2020

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2. House Holds Hearing on VA Character of Discharge Determinations
3. VA Reinstates In-Person Services at 100 Hospitals
4. Military Sexual Harassment and Assault Survivors Share Experiences
5. COVID-19 Antibody Testing Available with Blood Donations
6. MIA Update

1. Legislation Introduced to Preserve 48-Hour Claims Review: Reps. Colin Allred (D-TX) and Jim Hagedorn (R-MN) introduced VFW-supported H.R. 7443, the Veterans Claims Transparency Act. This important legislation would reinstate VA’s former policy of permitting veterans service officers to review claims decisions within the 48-hours preceding promulgation to ensure all claims were properly evaluated and are error-free prior to a veteran receiving notification of a rating decision. The VFW thanks Reps. Allred and Hagedorn for introducing this important legislation, which would rightfully reinstate the 48-hour review policy. Read more.

2. House Holds Hearing on VA Character of Discharge Determinations: On Wednesday, the House Veterans’ Affairs Subcommittee on Disability Assistance and Memorial Affairs held a hearing on VA’s character of discharge determination process. In order to receive benefits from VA, the character of a veteran’s discharge from military service must be under other than dishonorable conditions. For veterans who receive an other-than-honorable discharge, VA should examine the character of the veteran’s discharge to determine benefits eligibility. Watch the hearing.

3. VA Reinstates In-Person Services at 100+ Hospitals: VA announced more than 100 VA medical facilities have reinstated at least one in-person service within their direct health care delivery system after certain services were temporarily on hold or reduced due to the COVID-19 pandemic. VA leadership reviews and considers many factors daily, including community infection rates, to determine when it is safe for a facility to expand services. Changes have been made to VA spaces to help people maintain at least six feet of distance as well as requiring everyone who enters a VA facility to wear a cloth face covering. “We will continue to provide a safe environment for both veterans and employees,” said VA Secretary Robert Wilkie. Read more.

4. Military Sexual Harassment and Assault Survivors Share Experiences: In the wake of the confirmed death of Army Spc. Vanessa Guillén, the #IamVanessaGuillen hashtag on social media has empowered service women and women veterans to share their experiences of military
sexual harassment and assault. Also shared are similar themes of frustration with the chain of command and a deeply-rooted culture. Martina Chesonis, an officer in the Air Force Reserve said, “You know if it’s not you, it’s one of your peers who has experienced it.” Almost 90 lawmakers called for an investigation into Guillén’s disappearance and death by the Department of Defense Office of Inspector General. Read more.

5. COVID-19 Antibody Testing Available with Blood Donations: For a limited time, the American Red Cross will provide free COVID-19 antibody testing for all blood, platelet, and plasma donations. The antibody test is intended to determine whether your immune system has responded to the COVID-19 infection, not to diagnose illness. The Red Cross strongly urges healthy, eligible individuals who are feeling well to give blood to help maintain a sufficient supply for those battling COVID-19, other infections, and trauma victims. Please schedule an appointment by using the Red Cross Blood Donor app, visiting RedCrossBlood.org, or calling 1.800.RED.CROSS (1.800.733.2767).

6. MIA Update: The Defense POW/MIA Accounting Agency announced two new identifications and one burial update for service members who have been missing and unaccounted-for from WWII and the Korean War. Returning home for burial with full military honors are:

-- Army Air Forces 2nd Lt. William H. Melville, 20, was a pilot assigned to the 36th Fighter Squadron, 8th Fighter Group. On Oct. 28, 1943, he was piloting a P-39Q Airacobra fighter on a combat mission over the island of New Guinea, Australian Territory of Papua (current day Papua New Guinea), when his aircraft and two others disappeared after encountering severe weather. Search and recovery efforts in the days following were unable to find any of the aircraft. Interment services are pending. Read about Melville.

-- Army Cpl. Richard L. Henderson, Jr., 18, was a member of Headquarters Battery, 57th Field Artillery Battalion, 7th Infantry Division. He was reported missing in action on Dec. 6, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Interment services are pending. Read about Henderson.

-- Army Cpl. Francis J. Rochon, 21, was a member of Company C, 1st Battalion, 23rd Infantry Regiment, 2nd Infantry Division. He was reported missing in action on Sept. 1, 1950, near Changnyeong, South Korea. The Army officially declared Rochon deceased on Dec. 31, 1953, and declared his remains non-recoverable Jan. 16, 1956. Rochon will be buried July 25, 2020, in Foxboro, Wisconsin. Read about Rochon.

Click here for past editions of the VFW Action Corps Weekly.

Click here to sign up new veterans’ advocates.

As always, we want to hear your advocacy stories. To share your stories or photos with us, simply email them directly to vfwac@vfw.org.
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1. Hal Roesch II Named VFW’s New National Commander: Hal Roesch II, of Hampton, Virginia, was installed as the Veterans of Foreign Wars’ 112th national commander today during a change of command ceremony at the VFW National Headquarters. Roesch assumes command of the oldest combat veterans service organization boasting more than 1.5 million members, including its Auxiliary. “I stand before you, humbled, elated and ready to selflessly serve the 1.5 million members and its Auxiliary as we continue the tradition of serving America’s veterans, service members and families worldwide,” said Roesch. Roesch is a 20-year U.S. Air Force retiree serving from 1982 to 2002. He earned his VFW eligibility during his combat service in Operations Desert Shield and Desert Storm and overseas service as part of Southern Watch. Roesch said the VFW is preparing to build a 20/20 Vision For Veterans and it begins with re-educating and reintroducing the organization to its communities and local and national leaders. He also reinforced the organization’s commitment to inclusivity stating, “Our doors are open to ALL eligible veterans, and today I stand here before you and personally invite all eligible veterans to join our organization.” Read more.

2. Senate Approves Adding Agent Orange Presumptives in Defense Bill: On Wednesday, the Senate approved a VFW-supported amendment to S. 4049, the National Defense Authorization Act for Fiscal Year 2021 (NDAA), to add bladder cancer, hypothyroidism, and parkinsonism to the list of presumptive conditions associated with exposure to Agent Orange. The scientific community maintains that sufficient evidence exists to link these three conditions. The amendment was introduced by Sen. Jon Tester (D-MT) and was approved by a vote of 94 – 6. A vote on the Senate NDAA is expected to occur within the next few days. The VFW thanks Sen. Tester for his efforts to expand veteran’s disability benefits, and urges the conference committee to keep this provision in the final version of the NDAA. Learn more.
3. **Multiple Veteran Bills Sent to President:** This week, the House and Senate passed multiple bills supporting veterans. VFW-supported bills [H.R. 3535](https://example.com/house-bill-3535), the *G.I. Bill Work Study Improvement Act of 2019*, [H.R. 3504](https://example.com/house-bill-3504), the *Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019*, and [S. 3637](https://example.com/senate-bill-3637), to amend the *Servicemembers Civil Relief Act* and provide additional legal protections for service members impacted by the COVID-19 pandemic. These three pieces of legislation now head to the White House. The VFW asks the president to swiftly sign these bills into law. Veterans, service members, and their families will greatly benefit from this bipartisan, bicameral work done by Congress.

4. **House Defense Bill Contains Mare Island Cemetery Provision:** On Tuesday, the House passed [H.R. 6395](https://example.com/house-bill-6395), the *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021* (NDAA). The House version of the NDAA includes a VFW-supported provision introduced by Rep. Mike Thompson (D-CA) to transfer control of Mare Island Naval Cemetery from the city of Vallejo, California, to VA. Vallejo assumed responsibility for Mare Island in 1996, and has shamefully permitted it to fall into disrepair. The VFW strongly supports the transfer of Mare Island to VA to ensure it is properly maintained in perpetuity. After the Senate passes its version of the NDAA, a conference committee comprised of members from both chambers will reconcile any differences before the final legislation is sent to the president for approval.

5. **House Holds Hybrid Hearing:** This week, the House Committee on Veterans’ Affairs held a pending legislation hearing to consider 20 bills. At this hearing many veterans issues were discussed including proposals for which the VFW has resolutions. Recognition for early Vietnam veterans, transfer of authority of the Mare Island Naval Cemetery, VA dental care, and expanded maternity care for veterans, were just some of the VFW-supported bills discussed. Read the [VFW’s statement for the record](https://example.com/house-hybrid-hearing) or watch the hearing.

6. **VFW Participates in Senate Roundtable:** On Wednesday, VFW National Legislative Service Associate Director Tammy Barlet and VFW National Veterans Service Veterans Casework Consultant Meggan Thomas participated in a roundtable discussion hosted by the Senate Veterans’ Affairs Committee. The purpose was to discuss possible legislative solutions to address veteran equality and barriers to VA benefits and health care for women, minority, American Indian, and Alaska Native veterans. Thomas stated that VA communications must be culturally sensitive and inclusive to the needs of minority veterans. The VFW thanks the committee for hosting the roundtable, and for their efforts to address veteran equality and ways VA can improve both services to minorities. Read more.

7. **House Holds Hearing on Sexual Harassment:** On Wednesday, members of the House Committee on Veterans’ Affairs Oversight and Investigation Subcommittee and Women Veterans Task Force conducted a hearing on ending sexual harassment in VA. Representatives from VA’s human resources department, women’s health services, and health administration, along with VA Acting Deputy Secretary Pamela Powers responded to questions regarding the findings of the June 2020 Government Accountability Office report, *Sexual Harassment: Inconsistent and Incomplete Policies and Information Hinder VA’s Efforts to Protect Employees*. Powers stated that VA needs to address harassment behavior and plans to add bystander training. Chairman Mark Takano (D-CA) referenced documentation of VA harassment
that dates back 30 years and urged VA to ask for funding if that will assist in rectifying this issue. [Watch the hearing](#) or [read more](#).

8. Overseas Absentee Voter Registration Deadline: Uniformed services members, their families, and overseas citizens can find information about absentee voter registration on the Federal Voting Assistance Program website. The deadline to [request a ballot](#) for the November 2020 General Election is Aug. 1.

9. VA Benefits Webcast: Next Thursday, at 2 p.m. (EDT) Under Secretary for Benefits Paul R. Lawrence, Ph.D., Education Service Executive Director Charmain Bogue, and Medical Disability Exam Program Integration Office Executive Director David McLenachen will participate in a webcast. The discussion will touch on VA’s Veterans Benefits Administration’s performance in the third quarter of fiscal year 2020, education updates, and Compensation and Pension exams. [Register for the webcast](#).

10. MIA Update: The Defense POW/MIA Accounting Agency announced one new identification and one burial update for service members who have been missing and unaccounted-for from WWII and the Korean War. Returning home for burial with full military honors are:

-- **Army Pfc. Glenn E. Collins**, 21, of Tucson, Arizona, was a member of Heavy Mortar Company, 1st Battalion, 32nd Infantry Regiment, 7th Infantry Division. He was reported missing in action on Dec. 2, 1950, when his unit was attacked by enemy forces near the Chosin Reservoir, North Korea. Following the battle, his remains could not be recovered. Collins will be buried in his hometown at a date yet to be decided by the family. [Read about Collins](#).

-- **Marine Corps Pfc. John P. Langan**, 18, was a member of Company C, 1st Battalion, 6th Marine Regiment, 2nd Marine Division, Fleet Marine Force, which landed against stiff Japanese resistance on the small island of Betio in the Tarawa Atoll of the Gilbert Islands, in an attempt to secure the island. Over several days of intense fighting at Tarawa, approximately 1,000 Marines and sailors were killed and more than 2,000 were wounded, while the Japanese were virtually annihilated. Langan died on the third day of battle, Nov. 22, 1943. Interment services are pending. [Read about Langan](#).

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Back From the Brink: 4 Veterans Who Beat COVID-19 Tell Their Stories

Former Airman 1st Class David James was fading fast on the ventilator.

Doctors with the Department of Veterans Affairs had twice asked his wife, Patty, to sign the DNR papers: Do Not Resuscitate.

Twice, Patty James refused. "My husband is a fighter," she told the doctors.

As a last resort, doctors administered to James the anti-inflammatory tocilizumab, one of the experimental drugs approved for use by the U.S. Food and Drug Administration in an effort to find a safe and reliable therapeutic for the virus.

James would become the very first case of a veteran on the ventilator to recover from COVID-19 at the Louis B. Stokes Veterans Affairs Medical Center (VAMC) in Cleveland, according to the Department of Veterans Affairs.

James was one of three recovered veterans and the wife of a recovered veteran who spoke with Military.com this month. Hailing from different parts of the country, their treatments and experiences varied; some still face painful and taxing aftereffects of the virus.

All four veterans are over age 65 and have underlying conditions that may have made them more susceptible to COVID-19.

All had little memory of being on a ventilator, and all gave high praise to the doctors, nurses and staff at the VAMCs for giving them a new lease on life --
in a pandemic that the VA and the nation's entire health care system have struggled to contain.

James is from Cleveland; former Marine Master Gunnery Sgt. Jim Warehime was treated at the Jack C. Montgomery VAMC in Muskogee, Oklahoma; former Air Force Tech Sgt. Robert Colleton was at the Overton Brooks VAMC in Shreveport, Louisiana, an area particularly hard-hit by the virus; and former Army Sgt. Mike Bolnick was at the Albany Stratton VAMC in Albany, N.Y.

They are now listed among the 24,232 "convalescent cases" of novel coronavirus, out of 34,995 total cases of COVID-19 tracked by the VA as of July 24.

Working to Treat the Virus

Since the pandemic started, the VA has reported a total of 1,965 patient deaths from the virus, which had taken the lives of a total of 144,780 Americans nationwide as of July 24, according to the Johns Hopkins University Coronavirus Resource Center.

While James was treated with tocilizumab, Warehime received "convalescent plasma," or plasma donated by a recovered COVID-19 patient; Bolnick and Colleton simply awoke from induced comas while under care at the VA.

With approval from FDA, the VA has participated in a number of industry-sponsored studies of promising medications, such as remdesivir, and including tocilizumab with Hoffmann-La Roche AG pharmaceuticals, and sarilumab, an anti-arthritic drug, with Regeneron Pharmaceuticals.

"Both drugs are used in arthritis care and block an inflammatory protein known as IL-6," according to the VA.

Clinicians at Yale New Haven Hospital have also reported promising results from the use of tocilizumab with patients severely ill with COVID-19.

In the June 15 edition of the medical journal "Chest," the Yale clinician-researchers said that patients treated with tocilizumab showed "higher than expected" survival rates but added that "randomized trials must confirm these findings."

The VA and the FDA have also issued cautionary notes on some of the promising initial results in the use of convalescent plasma to treat COVID-19.
On May 1, the VA announced that it was participating with the Mayo Clinic in studies on whether antibodies in the blood of patients who recovered from COVID-19 can help those who are still suffering from the virus.

The VA said that more than 60 of the VA’s hospitals and clinics were prepared to perform the plasma transfusions for COVID-19 patients.

In a July 13 conference call with reporters, Janet Woodcock, director of the Center for Drug Evaluation and Research at the FDA, said "there’s a strong possibility that convalescent plasma is helpful," but "we still don't know for sure if it works and those studies are being done as we speak."

The statistics publicized by VA show that nearly 70% of all cases, which include veterans, staff and other VA employees, have resulted in recovery; nearly 6% of all tracked cases have resulted in death, a rate almost double that within the U.S. population as a whole. Each veteran who spoke with Military.com -- and Ginger Warehime, who spoke on behalf of her still-recovering husband -- described their own survival as nothing short of a miracle.

'Miracle' For Master Guns

Jim and Ginger Warehime, of Bartlesville, Oklahoma, were high school sweethearts who married after he joined the Marine Corps in 1966.

In 1968, he was with the 26th Marine Regiment during the long siege of Khe Sanh, where he would receive the Purple Heart. Ginger waited and worried at home, unable to see him or speak with him.

Decades later, his battle with the virus would leave her with similar feelings of separation.

"It was just like Vietnam, not being able to see him -- that's what it felt like," she said. "[But] if I could make it through Vietnam with him, I could make it through anything."

Ginger, who spoke for Jim during an interview last Tuesday, said her husband had been having issues with his balance and last September fell and hit his head. He also had five back surgeries since leaving the Marine Corps, she said.

In April, he had difficulty standing up and had lost his sense of taste, Ginger said. He initially tested negative for COVID-19, but later tests came back positive.
They went to the emergency room in Bartlesville, Okla., but she kept in touch with the VA, and he was transferred to the Jack C. Montgomery VAMC in Muskogee.

"From that moment on, our lives changed," Ginger said. "Anytime we needed something, they jumped on it. They were the most generous, kind people we ever dealt with."

He had always been reluctant to go to the VA, Ginger said: "We had insurance, but Jim thought there were probably a lot of other veterans who needed it more."

She's still not quite sure how it happened, but Jim was approved for the use of convalescent plasma donated by a recovered COVID-19 patient.

He received the plasma May 5, and Ginger recalled the time two days later when the doctors and nurses hooked her up on a call to Jim's hospital room. "It was 11 a.m.," she said, "and I could hear Jim speak. The doctor said, 'he's cured.'"

"They had never seen anything like this. He was so near gone," Ginger said, of the doctors and nurses. With the transfusion, "he was back to being Jim again." She had no hesitation in calling what had happened a "miracle."

Jim Warehime still has a long path to full recovery. Ginger said he's never far from the oxygen mask and uses a walker when he can. But, she said, the VA "remains our lifeline."

'You Can Come Through It'

"They told me I was a miracle, the first one at the Cleveland VA to come out of a coma and off the ventilator and survive," David James said.

When he awoke and was transferred to the intensive care unit, James said he could hear the nurses walking by and pointing: "There's the miracle patient."

His appearance testified to the ordeal. James said he lost 50 pounds while in treatment, shrinking from 265 to 215 pounds.

After leaving the Air Force, James said he worked for 39 years at the General Motors Lordstown plant near Youngstown, Ohio. He has worked a variety of jobs since, most recently as a school bus driver.
He's had a number of close calls over the years, including heart attacks, and said he had two carotid artery surgeries -- all treated at the VA. "The VA is the only place I go for medical care," he said.

He's not sure where he may have contracted the virus but said he began to feel out of sorts in March. On March 23, his wife, Patty, came home to find him listless in a chair.

"She asked where the dogs were, and I didn't know," James said.

"I'm taking you to the VA," she responded.

He said that he has "no memory whatsoever" of what took place between March 23 and April 15, shortly after the drug tocsilizumab was administered.

The recovery has been slow and difficult. The first time they tried to stand him up at the VA, he collapsed, James said. But he's now up to walking with a cane, sometimes as much as two miles.

"I'm still weak, memory's not back all the way," he said, but he has a powerful incentive for recovery: a Heritage Springer Classic motorcycle out in the garage.

Patty wasn't supposed to know about it but, yes, he's taken that hog back out on the road since he recovered. "I've been riding for 52 years," he said. "It's important to me."

His message to other veterans who fall victim to the virus: "there is hope. You can come through it, bad as it was."

'Blessing From God'

"How I got it, I'm not sure," said 20-year veteran airman Robert Colleton, originally from Yemassee, South Carolina.

He had underlying conditions, including a kidney transplant, that may have compromised his immune system and made him more susceptible to the virus, Colleton said. But he did not recall any symptoms until the first week of April, when he began experiencing a dry cough.

Even then, he did not feel particularly ill. But he called the VA at the Overton Brooks VAMC in Shreveport, Louisiana.

"They told me I probably need to come in," he said.
Colleton was tested for the virus and sent home to await results. A few days later, "I walked outside and I just collapsed. I guess I was pretty sick at the time."

Much like the other recovered veterans, Colleton said his memories of events at the hospital were a blur. He believes that at some point the doctors asked if he wanted to be put on a ventilator, and he agreed.

"I guess I was put on a ventilator, but I don’t remember being put on it," he said. He also recalled thinking that he was "always cold and I could never sleep" during his stay at the VA. But he’s not sure if that was really the case or "that was my mind playing tricks on me."

"I never understood what was happening to me," Colleton said, but in early May he awoke. He was taken off the ventilator. The doctors "told me how blessed I was. They told me I had survived and I was a fighter. I believe it had to be a miracle, a special blessing from God."

"I can’t ever forget these people," he said of the staff at the VA. The illness left him with difficulties in motor coordination, and he now uses a walker.

"I was determined to walk again," he said.

'Hit Like A Bus'

"I thought this was the end," said Army Vietnam veteran and former New York Fire Department lieutenant Mike Bolnick.

The family had gone to a summer home near Harrison, N.Y., to lessen chances of catching the virus when New York City put shelter-in-place orders into effect.

On the fourth or fifth day after arriving, "I started to feel lousy," Bolnick said.

He thought he could sleep it off, "but I felt like I got hit by a bus. I thought I was dying. I knew something was wrong, but I had no idea I had the virus."

His wife, Dorothy, said, "Get up and get in the car." They first went to the Castle Point VA, part of the VA's Hudson Valley Heath Care System.

"I remember very, very little," Bolnick said. But he does recall somebody saying "he needs to be on a ventilator." That meant going to Albany Stratton VAMC, about 100 miles away.
He recalled little of the ambulance ride and nothing of his first 17 days at the hospital, when he was in an induced coma.

"The next thing I knew, it was a month later," Bolnick said.

When he awoke, "I didn't know my grandkids' names, who the president was. I couldn't even sit up. My cognitive ability was nil," but gradually "I started mentally coming back. I realized how fortunate I was."

"I thought Vietnam was tough, but this was a tough act," said Bolnick, who was a sergeant and squad leader with the 1st Cavalry Division, mostly operating in Tay Ninh province.

He was a New York City firefighter for 21 years after the war, rising to lieutenant and serving mostly with Ladder 27 in the South Bronx. He was retired when the planes hit the towers on Sept. 11, 2001. But, he said, you never really retire from NYFD. After the towers fell, he knew he had to help.

"You do what you have to do," Bolnick said.

He went down with the other retirees and volunteers to the wreckage of the World Trade Center to "work the pile." His two sons, Dustin and Michael, are now firefighters in the South Bronx.

Bolnick said he's still battling through the aftereffects of the virus. He's prone to headaches and fatigue, he said, and he has little strength in his right hand. At times, he can walk two miles, but "then I just want to lay down," he said.

Still, "I was better before I realized how close I was to dying."

He acknowledged that the VA has a somewhat checkered history on health care, and "there were [previous] times when I felt they fell short," but his current experience has changed his view.

"Every single person -- the doctors, the nurses, the staff -- were fantastic," he said.

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