



Florida Veteran

Vietnam and All Veterans of Florida, Inc.

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A MESSAGE FROM THE VICE PRESIDENT

I cannot believe it has been two years since we all heard the words that has changed our lives, it seems like forever, COVID-19. It has changed the way we live, our relationships, friendships and vocabulary (virtual meetings, virtual doctor's appointments, instacart, triage/screenings, PPE, Rapid and PCR tests, variants, delta, omnicron, etc.) Since the beginning of the pandemic, most of you know that we ceased holding in person meetings as we have been holding our executive board and general membership meetings virtually via Zoom due to underlying health issues with many of our members. Thank goodness for the advancement in technology and hopefully all our lives will be able to return to normal soon.

I would like to take a moment once again to stress the importance of disseminating the information to all members of your organizations that is provided by the Vietnam and All Veterans State Coalition at the General membership meetings or via e-mails. A good amount of this information contains pending Federal legislation that affects **all veterans**.

Why, you may ask it is important to share this information? Possibly, the information may help a fellow veteran with their disability claim with the VA, or let them know of a program or assistance that may be available to them and their family. In addition, if there is pending legislation that you or your organization feels warrants your support, or non-

support, contact your Senator or Congressperson by e-mail, fax, letter or phone and let them know what your concerns are about the bill. Without your voice, your representative will not know how their constituents' feel and sometimes, not always, will sway their vote on the issue. **Remember a voice of many is heard above a voice of one.**

Our 2022 executive board members are: Van Carter, President, Robert "Doc" Neitzel 1st Vice President, Tony Cartlidge 2nd Vice President, Roberta Neitzel, Secretary, Jacque Earrusso, Treasurer.

I would also like to congratulate Tony Cartlidge as he is currently the Vice Chair of the Florida Veterans Council where he has been distinctively representing the VVOF for many years.

I would like to take this opportunity to welcome the the latest Veterans organization to join the coalition, The Band of Brothers, Inc., located in The Villages and consists of over 650 members.

The 34th Annual Reunion will be taking place May 1st thru May 8th in Melbourne, with the Wall Escort taking place Sunday May 1st. For additional information on the Reunion, you may visit their website at <https://www.floridaveteransreunion.com/> We are sure that most of the veteran community in Florida has heard about the recent issues within the VVB and have we recently found out that Doc Holiday is the official director of the reunion effective immediately. We certainly wish him the best of luck with this large undertaking.

I would like to take this time to remind all of our by-laws pertaining to membership in the VVOF. In accordance with the VVOF by-laws, most recently updated January 18th, 2020, ARTICLE II - MEMBERSHIP

1. Membership in the Corporation is open to any Vietnam era and any other Veterans group pursuant to the following Conditions

(A) Membership of any member organization must have at least 51% Veterans of American Armed Forces as members thereof.

(B) The board of Directors of any member organization must be comprised of at least 51% Veterans of American Armed Forces, or to include those organizations of friendly foreign nations.

(C) The organization must be a legally incorporated entity under the laws of the State of Florida.

(D) The organization must be defined as Non-Profit or Non-Profit Charitable.

(E) As many chapter organizations of any larger state organization or national organization shall be allowed in membership in the Corporation provided they meet the terms hereof.

(F) Dues for membership in the Corporation will be set by the Board of Directors and subject to change. Membership dues may be paid on a quarterly basis. There will be one (1) voting delegate and two (2) alternates per organization. Meetings will be open to the general public, and a nominal fee may be incurred to offset expenses.

(G) An organization, to be a member, must have at least 35 dues paying members.

2. The Board of Directors of the Corporation shall have the authority to waive the requirement of the minimum of 35 members of the member organization upon petition by said organization and approval by a majority of the State Coalition.

3. The Board of Directors of the corporation may by majority vote, admit any other U.S. Veteran Organization, and supporting organizations duly recognized in the state of Florida, whose membership promoted the principle of defending our country during time of war or peace, that have at least 35 dues paying members and who support our goals and ideals, and that wish to align themselves with our

organization under the name. Vietnam and All Veterans of Florida Inc. State Coalition.

It has always been an unwritten rule as with most non-for-profit veterans organizations that we are Veterans helping Veterans, their spouses, their surviving spouses and their families. We never have and never will support or allow into our membership any organization that does not meet our membership criteria per our by-laws or pays any members of their board of directors.

Robert Neitzel
Vice President, Vietnam and All Veterans of Florida, State Coalition

FLORIDA DUSTOFF ASSOCIATION



Dedicated Unhesitating Service To Our Fighting Forces

“So Others May Live”

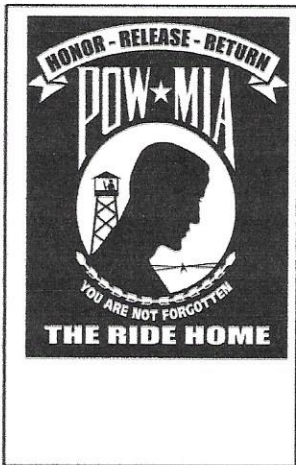
On behalf of The Florida Dustoff Association I would like to take a moment to say “Welcome Home.” The Florida Dustoff Association is comprised of Dustoff Medics, Pilots, Corpsmen, Donut Dollies, Med-Evacs and many whom themselves have been “dusted-off” from The Vietnam, The Gulf War and OIF/OEF. **ALL ARE WELCOMED AT DUSTOFF!!**

This year's officers are: Ron "Doc" Custer, President, Robert "Doc" Neitzel, Vice President, and Roberta Neitzel Treasurer/Secretary.

Several members of Dustoff did attend the VVB Reunion this past year, however, Roberta and I did not due to concerns regarding COVID and the fact that I was still recouping from my broken hip. The few dustoff members that attended had a good time, but stated it wasn't the same. Hope everyone stays healthy and I look forward to see everyone soon!

**Robert Neitzel - Vice President Florida
Dustoff Association**

"WHEN I HAVE YOUR WOUNDED"



**HONOR-RELEASE
-RETURN, Inc.**

**3818 Litchfield Loop Lake Wales, Florida
33859**

www.honorreleaseturn.com

The Mission

Working for the repatriation of live American Prisoners of War in any form of captivity world-wide. To devote all available manpower and resources of the organization to build political support through education and attain mission favorable outcomes. To craft and pass effective legislation, gain government action and success in repatriating Prisoners of War and those still Missing in Action. To act as a catalyst for the POW/MIA

community through communication, organization and coordination of efforts to foster common success of all and nurture a universal will to account for all the missing.

The Name

Why the name Honor Release Return? We have come together to take action and restore **honor** to our government by stopping the dishonor and hold them accountable. Our government has abandoned young patriots in captivity and we have come together to gain the **release** of their person alive or their remains and to **return** them to their country, their home and their family. This is our mission and this is our strategy. Truth and honor are our sabers. We will wield them unrelentingly and expertly, no matter how long the fight, until they all come home.

The Reason

Unaccounted for American Military Personal

WWI WWII Korea Cold War Vietnam War on Terror

3,344 73,677 7,926 126 1,654 6

Our Demands

1. U.S.G. formally request the return of all live Americans who are unaccounted for, in captivity or being detained in any foreign country
2. U.S.G. under take all measures necessary to repatriate all Americans who are unaccounted for, in captivity or being detained in any foreign country.
3. U.S.G. under take all measures necessary to obtain all information held and/or known by foreign governments, groups and individuals concerning all Americans who are now or who have been unaccounted for at any time.
4. All information, in any form regardless of when or how obtained, pertaining to Americans unaccounted for prior to 1991 be declassified and made available for public inspection.
5. Funding of all actions to account for Americans who are unaccounted for be fully funded by the U.S.G.
6. All remains recovered in association with unaccounted for Americans, past, present and future, be identified and/or confirmed using the latest scientific means and that all remains be tested and analyzed for age at death using minimal remains to allow for a 2nd, independent DNA analysis if family members so desire.

**It is time for Americans to STAND for those who
CANNOT STAND for themselves.**

CONTACT US Together we can make happen!

BOB "Bulldog!" Ousley bousle19@comcast.com

Jim "Moe" Moyer moehog@verizon.net



The Vietnam Brotherhood Inc. a Florida chartered Non Profit Corporation but with members Nationally, is committed to provide assistance to Vietnam Veterans and their families as well as work with all other Veterans and their families in the local communities as needed.

Should you have any questions about The Vietnam

Brotherhood or like additional information please contact the CEO, Van Carter at spooky@ac-47.com.



The Band of Brothers, Inc. is a Veteran Group that is a 501(c) (3) Organization founded over a decade ago and currently has over 600 active members. The Group works actively with fundraising efforts to aid Veterans, Veterans Families and to the Community at large by providing material, physical and monetary support to maintain good living conditions and

promote a positive environment and advance for Veterans and the Community. With requirements in place Federally as to the processing of funds The Band of Brothers, Inc. is always seeking effective and secure ways to fulfill our obligation. With this task at hand, the following Mission is being presented

We are an organization of Veterans from all Services and Theaters. We formed over a decade ago with the core foundation of providing a safe place and environment for Veterans to support one another and feel safe in discussing experiences encountered during our time of service of the great country.

Each Tuesday and Thursday at 2 PM you can come and meet and share experiences with fellow veterans, take part in the 50/50 raffle and work to support veterans. Tuesday we meet at 1018 Canal Street in The Villages and Thursdays we meet at 2716 Brownwood Blvd in The Villages.

Benjamin Vasquez, President

Thousands of Veterans May See Disability Deadline Waived as Supreme Court Takes Up Case

The U.S. Supreme Court has accepted the case of a Navy veteran who believes his Department of Veterans Affairs disability compensation should have been paid starting from the date he left the military rather than the day he submitted his paperwork, a decision that could mean some veterans who waited years to file claims would be eligible for substantial back pay.

The veteran, Adolfo Arellano, served from 1977 to 1981, during which he was assigned to an aircraft carrier that experienced a collision that "killed and injured several of his shipmates and nearly swept him overboard," according to court documents.

Arellano developed post-traumatic stress disorder and other mental health conditions; 30 years later, he applied for disability benefits, which were approved as service-connected by the VA and backdated to his 2011 filing date.

But Arellano appealed, saying he should have received payments retroactive to his discharge, since his service-connected mental health conditions prevented him from filing a claim sooner -- in particular, filing during the one-year grace period given to transitioning service members that expedites their cases.

Arellano said the statute of limitations should have been waived since he wasn't mentally able to file a claim before the time limit expired -- a legal concept known as "equitable tolling."

When the Court of Appeals for Veterans Claims denied Arellano's claim, he appealed. The Federal Circuit judges then split their decision on the case 6-6, with half saying the equitable tolling policy couldn't be changed, and the other half saying it should be eliminated.

As a result of the split, Arellano's attorneys petitioned the U.S. Supreme Court.

A ruling in Arellano's favor has the potential to affect "thousands of current and future veterans," according to his attorney, James Barney, a graduate of the U.S. Naval Academy and partner in the D.C.-based firm Finnegan.

Barney said that, as the equitable tolling doctrine stands now, veterans have no recourse for seeking a waiver to the one-year deadline, "no matter how compelling the individual circumstances."

"It would apply a more flexible rule that would be to the benefit of potentially thousands of disabled veterans," Barney told Military.com. "The equitable tolling doctrine is only supposed to apply in extenuating circumstances, but when you are talking about disabled veterans, there often are extenuating circumstances."

In Arellano's petition to the court, his attorneys noted that veterans fail to file claims within the one-year period for reasons other than incapacitation, including that they may be discouraged by others, may not be aware they are eligible for benefits, or they were injured during operations that involved secrecy and fear disclosing classified information.

"This would at least give these veterans an opportunity to ask the court to toll these deadlines because, as of right now, the veteran has zero chance of asking for [a waiver]," Barney said.

The Supreme Court is petitioned between 7,000 and 8,000 times a year with requests to review cases, but it hears only about 80.

Barney said the justices likely decided to take Arellano's case because of the division on the issue in the Federal Circuit.

"When you see that kind of split, it means they need to look into it. That's the role of the Supreme Court, to step in and try to decide," Barney said.

With the case, *Arellano v. McDonough*, now accepted, the federal government is required to file a response. Oral arguments have yet to be scheduled.

"It's an unfortunate reality that many members of the armed forces face a difficult path once discharged from the service," Arellano's attorneys wrote in their petition to the court. "Indeed, the sad irony is that the very illnesses the veterans' benefits system is designed to address, such as PTSD, are often the ones that cause veterans to miss the one-year deadline."

What Lies Beneath: Vets Worry Polluted Base Made Them Ill

FORT ORD NATIONAL MONUMENT, Calif. — For nearly 80 years, recruits reporting to central California's Fort Ord considered themselves the lucky ones, privileged to live and work amid sparkling seas, sandy dunes and sage-covered hills.

But there was an underside, the dirty work of soldiering. Recruits tossed live grenades into the canyons of "Mortar Alley," sprayed soapy chemicals on burn pits of scrap metal and solvents, poured toxic substances down drains and into leaky tanks they buried underground.

When it rained, poisons percolated into aquifers from which they drew drinking water.

But in 1990, four years before it began the process of closing as an active military training base, Fort Ord was added to the Environmental Protection Agency's list of the most polluted places in the nation. Included in that pollution were dozens of chemicals, some now known to cause cancer, found in the base's drinking water and soil.

Decades later, several Fort Ord veterans who were diagnosed with cancers — especially rare blood disorders — took the question to Facebook: Are there more of us?

Soon, the group grew to hundreds of people who had lived or served at Fort Ord and were concerned that their health problems might be tied to the chemicals there.

The Associated Press interviewed nearly two dozen of these veterans for this story and identified many more. The AP also reviewed thousands of pages of documents, and interviewed military, medical and environmental scientists.

There is rarely a way to directly connect toxic exposure to a specific individual's medical condition. Indeed, the concentrations of the toxics are tiny, measured in parts per billion or trillion, far below the levels of an immediate poisoning. Local utilities, the Defense Department and some in the Department of Veterans Affairs insist Fort Ord's water is safe and always has been.

But the VA's own hazardous materials exposure website, along with scientists and doctors, agree that dangers do exist for military personnel exposed to contaminants.

The problem is not just at Fort Ord. This is happening all over the U.S. and abroad, almost everywhere the military has set foot, and the federal government is still learning about the extent of both the pollution and the health effects of its toxic legacy.

The AP's review of public documents shows the Army knew that chemicals had been improperly

dumped at Fort Ord for decades. Even after the contamination was documented, the Army downplayed the risks.

And ailing veterans are being denied benefits based on a 25-year-old health assessment. The CDC's Agency for Toxic Substances and Disease Registry concluded in 1996 that there were no likely past, present or future risks from exposures at Fort Ord.

But that conclusion was made based on limited data, and before medical science understood the relationship between some of these chemicals and cancer.

This is what is known:

Veterans in general have higher blood cancer rates than the general population, according to VA cancer data. And in the region that includes Fort Ord, veterans have a 35 percent higher rate of multiple myeloma diagnosis than the general U.S. population.

Veterans like Julie Akey.

Akey, now 50, arrived at Fort Ord in 1996 with a gift for linguistics. She enlisted in the Army on the condition that she could learn a new language. And so the 25-year-old was sent to the Defense Language Institute in Monterey, California, and lived at Fort Ord as a soldier. By then the base was mostly closed but still housed troops for limited purposes.

"It was incredibly beautiful," she said. "You have the ocean on one side, and these expansive beaches, and the rolling hills and the mountains behind."

What she didn't know at the time was that the ground under her feet, and the water that ran through the sandy soil into an aquifer that supplied some of the base's drinking water was polluted. Among the contaminants were cancer-causing chemicals including trichloroethylene, also known as the miracle degreaser TCE.

She'd learn this decades later, as she tried to understand how, at just 46 and with no family history

of blood cancers, she was diagnosed with multiple myeloma.

"No one told us," she said.

Despite the military's claims that there aren't any health problems associated with living and serving at Fort Ord, nor hundreds of other shuttered military bases, almost every closure has exposed widespread toxic pollution and required a massive cleanup. Dozens have contaminated groundwater, from Fort Dix in New Jersey to Adak Naval Air Station in Alaska. Fort Ord is 25 years into its cleanup as a federal Superfund site, and it's expected to continue for decades.

To date, the military has only acknowledged troops' health could have been damaged by drinking contaminated water at a single U.S. base: Camp Lejeune, North Carolina, and only during a 35-year window, between 1953 to 1987. Servicemembers there were found by federal epidemiologists to have higher mortality rates from many cancers, including multiple myeloma and leukemia. Men developed breast cancer, and pregnant women tended to have children with higher rates of birth defects and low birth weight. Like Fort Ord, Camp Lejeune began closing contaminated wells in the mid-'80s.

Soldiers are often stationed at different bases during their years of military service, but neither the Defense Department nor the VA has systematically tracked toxic exposures at various locations.

Fort Ord's primary mission was training troops who deployed to World Wars I and II, Korea and Vietnam. It supported several thriving small towns on a piece of coastal land the size of San Francisco. Soldiers and their families lived in houses and apartments connected to its water system, and civilians worked at its airfields, hospitals and other facilities.

In the course of their work preparing for battle, they spilled solvents into the base's drains, sloughed chemical sludge into underground storage tanks and discarded 55-gallon drums of caustic material in the base landfill, according to a 1982 hazardous waste inventory report.

Curt Gandy, a former airplane mechanic, recalls being routinely doused with toxic chemicals from the 1970s to the 1990s. He said he hosed down aircraft with solvents, cleaned engine parts and stripped paint off fuselages without any protection. There were barrels of toluene, xylene, jet fuel and more.

"It gets on your body, it gets in your face, you get splashed with it, and we're using pumps to spray this stuff," he said. "It's got 250 pounds of pressure and we're spraying it into the air and it's atomized."

On Fridays, crews would forklift barrels of the used flammable liquids down a bumpy sandy road, dumping solvents, paint and metal chips onto the hulks of broken aircraft and tanks at a burn pit. One weekend a month, airfield firefighters would light up the toxic sludge and then douse the roaring fires with foam.

In 1984, an anonymous caller tipped off Fort Ord's officials that "approximately 30 55-gallon drums," containing about 600 gallons of a "solvent-type liquid" had been illegally spilled there, an Army report said. The state, which ordered a cleanup two years later, determined the Army had mismanaged the site in a way that threatened both ground and surface waters.

And the burn pit wasn't the base's only polluted site.

In 1991, when the Army began investigating what had actually been disposed of at the base's dump overlooking Monterey Bay, officials told the public the trash was similar to what one would find in the landfill of any small city, according to transcripts of community meetings.

While it's true that much of the trash going into that dump came from nearby houses — food scraps, old furniture, busted appliances, even gasoline — the Army officials who spoke at the meetings made no mention of the toxic stew of paints and solvents that today are banned from open landfills. The solvent TCE was among dozens of pollutants that scientists discovered as early as 1985 and today still exists in concentrations above the legal limit for drinking water in the aquifer below, according to local and federal water quality reports.

“The water from the aquifer above leaks down into the aquifer below and the pollution just gets deeper,” said Dan O’Brien, a former board member of the Marina Coast Water District, which took over the Army’s wells in 2001. “The toxic material remains in the soil under where it was dumped. Every time it rains, more of the toxin in the soil leeches down into the water table.”

The Army’s early tests of Fort Ord’s wells near the landfill detected levels of TCE 43 separate times from 1985 to 1994. The VA told the AP the contamination was “within the allowable safe range” in areas that provided drinking water.

But 18 of those TCE hits exceeded legal safety limits; one reading was five times that amount. It’s unclear how long and at what concentrations TCE may have been in the water before 1985. And TCE was only one problem. The EPA identified more than 40 “chemicals of concern” in soil and groundwater.

“It was not recognized that it was so toxic back then, and they threw it on the ground after use. They used a ton of it. Now, it’s the most pervasive groundwater contaminant we have,” said Thomas Burke, an environmental epidemiologist at Johns Hopkins Bloomberg School of Public Health and a former EPA official.

Contractors initially brought in to clean up the contaminated groundwater were warned not to tell community members what they found in their drinking water, specifically not the news media or even local public agencies, according to a 1985 military memo.

At the time, there were elevated levels of TCE in the aquifers, yet the military assured the public the drinking water was safe.

“There never have been any test results that indicate that Fort Ord’s water was unsafe,” an Army official told several local papers in August 1985.

Since then, advances in medical science have increased the understanding of the dangers of the chemicals at Fort Ord. TCE, for example, is now a known human carcinogen, and epidemiological studies indicate a possible link between TCE and

blood cancers like non-Hodgkin lymphoma and multiple myeloma.

TCE “circulates in the body real effectively when you breathe it or drink it,” Burke said. “It’s related strongly to kidney cancer, the development of kidney cancers and suspected in several other cancers.”

Julie Akey spent years collecting names of people who lived at Fort Ord and were later diagnosed with cancers. Her database eventually grew to more than 400 people, nearly 200 of which were listed as having those blood cancers.

Akey spent most of her Fort Ord days in a classroom, studying Arabic. But in the afternoons and evenings, she’d run along the coastline and do military drills. At home, she watered her small vegetable plot with the base’s water supply, harvesting the fresh crops to chop into salads.

She filled her water bottle from the tap before heading out each morning, and thought nothing of the showers she took each night. After all, she was among hundreds of thousands of soldiers in the base’s history who did the same.

She fell ill in Bogota, Colombia, in 2016. She’d left the military after nearly six years as a translator and interrogator to become a State Department foreign service officer, a dream job that gave her the chance to travel the world with her twin sons. Quite suddenly she became fatigued with a persistent ache in her bones. Soon she was in screaming pain.

When the Colombian doctors couldn’t find a cause, Akey was sent to the U.S. for what she assumed would be a quick trip. She left plants on the mantel, food in the refrigerator and clothes at the dry cleaners.

She never went back.

After weeks at the Cleveland Clinic, she was diagnosed with multiple myeloma, a rare and aggressive form of cancer that attacks plasma cells, and is most often detected in elderly African American men. The disease is treatable but has no cure.

"I was a zombie," she said. "I cried all the time."

Worried about keeping her government health insurance, she applied to work at a nearby airport as a part-time baggage checker while recovering from a bone marrow transplant.

"You don't ever think you're going to have cancer at 46. Why? Why do I get this crazy cancer that no one's ever heard of? So, I started looking for answers," she said.

Akey meticulously reviewed her assignments in Spain and Haiti, her stints in Guyana, Ecuador, Nigeria, at Fort Bragg in North Carolina and Fort Gordon in Georgia. And Fort Ord — a federal Superfund site.

"I think that that was my answer," she said.

Akey read as much as she could about the base, and searched for others like her. She combed through EPA reports, water records, newspaper clippings and obituaries. She scoured social media, and built a database of sick veterans; it's grown to 491 people to date.

Soon after Akey started a Facebook group in June of 2019, she connected with Tracy Lindquist. Lindquist's husband, Scott, was stationed at Fort Ord for two years in the 1980s. He has three types of rare cancers, including multiple myeloma. He had a stem cell transplant a few years back, and has been on chemotherapy since 2014.

He has health insurance through the VA, but when he applied for disability payments that would have allowed him to stop working, Tracy said, his claims were denied — twice.

Until May, he drove a van for \$11 an hour, shuttling people with developmental disabilities from their group homes to daylong workshops. Sometimes he had to change the oil or do maintenance, and the physical labor was hard on him, Tracy said. Then he started having seizures, and could no longer drive. He tried working three days a week, cleaning the vans and assisting clients, but he couldn't even

manage that. Earlier this month, he was approved for Social Security disability payments.

"Scott hardly ever left the base and he drank water like a fish, and that water was contaminated," Tracy said. "I know there are people out there, they've lost legs and arms, and they need to take care of those people who got hurt in action. But this is a disability, too."

Debi Schoenrock, who lived around the corner from Akey's house at Fort Ord, was diagnosed in 2009 with multiple myeloma at 47. Like Akey, she was stunned. She was a military wife and lived on base for three years, from 1990 until 1993. She'd never been sick, and had no family history of cancer. Nobody said anything about toxic substances, she said.

In 1991, the Army surveyed dozens of community members to find out what they knew about groundwater contamination at Fort Ord. Everyone said they were concerned, and no one reported receiving any information from the Army.

Five years later, a federal report assured them that "because the concentration of contamination detected in the past in Fort Ord and Marina drinking water wells was low and the duration was not over a lifetime (70-years), those exposures will not likely result in adverse health effects."

Decades on, such health assessments at Fort Ord and other military bases are outdated and based on old science, said Burke of Johns Hopkins.

"A 1990s health assessment is a weak thing," he said.

Peter deFur, a biologist who worked as an EPA-funded scientific adviser at the base, agrees. The report "stated that there could not be future health effects, which is not possible to know," he said.

While the federal government has established acceptable standards for the amount of TCE in drinking water, no level of such carcinogens is safe, according to the Safe Drinking Water Act of 1974. Complicating matters, TCE vaporizes easily, and

when it is inhaled it can be even more dangerous, according to a National Toxicology Program assessment.

William Collins, who is leading Fort Ord's cleanup for the Army, said he's never heard of anyone sickened by pollution at the base. Like the VA, Collins points to the 25-year-old study that found no likely human risks from exposure at Fort Ord. He said anyone can request a new, updated study if they want, which is what happened at Camp Lejeune in 2017.

Federal health officials told the AP no one has done so at Fort Ord.

LeVonne Stone and her husband, Donald, were living at Fort Ord when the base shut down. LeVonne had a civilian job there, and Donald had been in the 7th Infantry Division.

During the base conversion, Stone formed the Fort Ord Environmental Justice Network, demanding answers about the toxic materials and the impact on friends and neighbors, who, at the time, made up the only significant Black community on California's central coast. But she said military and state officials were determined to develop the valuable coastal property and, in her mind, didn't want to deal with the pollution.

"We tried telling everybody, the state, the federal, everybody," she said. "There's so many people who have died of cancer. They have not done anything for the community locally. ... They just turned their heads, they looked the other way."

There have been efforts in recent years to force the government to come to grips with the effects of the military's environmental abuses.

Numerous bills have been introduced seeking to compensate veterans sickened by exposure to toxic chemicals during their service, but nothing significant has passed.

Last year President Joe Biden called on the VA to examine the impact of burn pits and other airborne hazards. In November, the White House announced that soldiers exposed to burn pits in a

handful of foreign countries, who developed any of three specific ailments — asthma, rhinitis and sinusitis — within 10 years can receive disability benefits.

The Board of Veterans Appeals has ruled repeatedly that there's no presumptive service connection for any disease — stroke, cancer, vision problems, heart disorders and more — due to exposure to toxic chemicals at Fort Ord, according to an AP review of claims.

The VA told the AP that it is updating how it determines links between medical conditions and military service, and encourages veterans who believe their ailments may have been caused by their service to file a claim.

Burke, the Johns Hopkins epidemiologist, said doing a study of health effects of living at Fort Ord now is difficult, if not impossible. "We can't reproduce what happened on that base in California," he said. "We need to admit we exposed people to a huge amount of toxic materials."

And it's not just a matter of exposures in the past.

Today Fort Ord is home to a small public university; some students live in former Army housing and spend weekends "Ording," exploring the abandoned, and contaminated, military buildings. More than 1.5 million mountain bikers, hikers and horseback riders a year enjoy some 85 miles of trails in a vast national monument. Brand-new neighborhoods with million-dollar homes are being built across the street from the Superfund landfill cleanup. Local water officials say drinking water is now pulled from other areas and treated before being delivered to customers.

Former Defense Secretary Leon Panetta grew up next to Fort Ord, went through basic training on the base and now runs a nonprofit institute there.

Too often, he said, the military does whatever is necessary at its bases to ready troops for war, "and they don't spend a lot of time worrying about the implications of what will happen once they leave."

Panetta said the military is abandoning communities, leaving huge messes to clean up.

"I think that they have every right to ask the question whether or not whatever physical ailments they may have was in part due to the failure to provide proper cleanup," Panetta said. "And in those situations, there is liability. And somebody has to take care of people who have been adversely impacted."

For Akey and other veterans with cancer, it's a matter of accountability. Health insurance, disability benefits and an acknowledgment of wrongdoing, she said, "isn't asking for too much."

"You're not just serving for six years, like me, and then you're out," she said. "If you've been given cancer, that's a life sentence."

On a recent foggy morning, Gandy, the former airplane mechanic, walked past the rusting hangar at the old airfield where he used to work. The single-landing strip and buildings are now the Marina Municipal Airport. But much of the legacy military infrastructure remains, including sheds with old paint cans, an oil separator the size of a school bus and disconnected nozzles and hoses.

Gandy became an outspoken activist along with LeVonne Stone, and also founded community groups to maintain pressure on the military to clean up the site.

His group repeatedly sued the Army, but a judge agreed with Defense Department attorneys who said the claims were moot because a rigorous cleanup was underway.

Gandy, now 70, said he talked to the base commanders, every mayor and health and safety officer. Twenty-five years later, Gandy's comments — captured in videos and transcripts of contentious community meetings — seem prescient.

"I told them, 'If we do what we need to do now, nobody will know that we did the right thing. But if we do it wrong, they're going to know, because in about 20 years people are going to start dying,'" he said.

The AP obtained a roster of Gandy's co-workers on a single day at the airfield in 1986. There were 46 pilots and welders, mechanics and radio engineers. Today, he was told, almost a third of them are dead, many of cancers and rare diseases, some in their 50s.

He knew three former colleagues had died, not 13. "I feel terrible," he said, tearing up. "It breaks my heart. Those guys were good guys and they deserved better."

VA to Halt Dismissals from Caregiver Program, Pending Review

The Department of Veterans Affairs is expected to announce Tuesday that it will temporarily stop dismissing veterans from its program that provides benefits and compensation to family members who serve as their caregivers, according to two sources who have been briefed on the decision.

The decision comes after months of mounting pressure from veterans advocates as families who had relied upon the funds for years began to be booted from the program.

VA Secretary Denis McDonough and Deputy Secretary Donald Remy have agreed to the suspension, pending an investigation into the program's new rules and an ongoing review that is expected to discharge roughly a third of the 19,000 participants from the program, according to the sources.

The suspension marks the third time VA has halted discharges, pending a planned restructuring of the Program of Comprehensive Assistance for Family Caregivers.

The first was ordered in April 2017 and resulted in a series of changes to the program, including a directive to VA hospitals nationwide to fix administrative inconsistencies, which had been a top complaint among caregiver advocates.

The second occurred in December 2018 over concerns that medical centers were applying eligibility requirements inconsistently. That

suspension followed an NPR news report that seriously wounded veterans, including a triple amputee, were dismissed or downgraded in program benefits.

The House and Senate Veterans Affairs Committees were briefed on the pending suspension Tuesday morning, according to a source.

The VA Caregiver Support Program was instituted in 2011 to support family members who provide home care to severely injured or disabled post-9/11 veterans. In 2018, Congress voted to expand the program to combat veterans of all eras, beginning Oct. 1, 2021, with veterans from World War II through the Vietnam War.

Veterans injured after May 7, 1975, and before Sept. 11, 2001, will be eligible for the program starting Oct. 1.

The expected suspension follows changes to the program that tightened eligibility for all participants. Under new rules that focus on a veteran's inability to do physical tasks without assistance, VA launched a review of the program's "legacy participants," who were admitted under different parameters.

Veterans, caregivers and advocates say VA was under no obligation to institute new rules and argue that legacy veterans should have been grandfathered in under the original conditions.

VA officials say the new eligibility rules were meant to help the agency abide by a 2018 law that expanded the program. Severely injured veterans of previous wars were made eligible, while the more narrow eligibility rules overall were intended to allow the program to cover more veterans from earlier conflicts without radically increasing the cost of the program.

They said the program now provides consistency and will be fair and equitable for all.

A 2018 VA Office of Inspector General investigation into the program uncovered poor management oversight that resulted in the Veterans Health Administration paying \$4.8 million to caregivers of veterans who weren't eligible for the program.

The IG's report also found long waits for acceptance to the program, as well as inconsistencies in applying eligibility criteria across VHA.

These 17 Medical Centers Would Close and More Than 30 Built or Replaced Under VA Plan

The Department of Veterans Affairs has unveiled a plan that calls for closing 17 aging or underused medical centers, while shifting services to more than 30 new or rebuilt hospitals. In some cases, it would rely on private care.

Under the nearly \$2 trillion proposal released Monday, the department would lose a net of three medical centers and 174 outpatient health clinics but would gain 255 health care facilities, including new clinics, stand-alone rehabilitation centers and nursing homes.

Medical centers in areas with diminishing veteran populations are among those slated to close, while others would be built in growing urban centers, the West and the South -- areas where veteran populations are growing.

The recommendations, which represent the VA's vision for future health care delivery to more than 12 million veterans in the next 25 to 50 years, are the first step in an asset and infrastructure review required by Congress in 2018.

The infrastructure modernization proposals will be reviewed next by an independent commission, which will provide its own input. The final plan must be approved by Congress before being enacted.

Already, lawmakers are weighing in on the recommendations. Sen. Jon Tester, D-Mont., who chairs the Senate Veterans Affairs Committee, issued a statement Monday noting that a nursing home and two clinics would be closed in his state.

He called any "efforts to kneecap veterans health care ... a non-starter."

"I will fight tooth and nail against any proposals that blindly look to reduce access to VA care or put our veterans at a disadvantage," Tester said.

Illinois Rep. Mike Bost, the ranking Republican on the House Veterans Affairs Committee, said he looks forward to seeing the commission complete its work, adding that "retaining the status quo is not an option."

"For far too long, VA's infrastructure has been slowly crumbling. Veterans in every corner of the country deserve better," Bost said.

VA Secretary Denis McDonough described the current VA medical infrastructure as unable to meet the health needs of today's veterans. Many of its facilities were built in the early to mid-20th century and cannot accommodate modern technology or are inappropriately structured for the population they serve, he said.

"If we implement these recommendations, nearly 150,000 more veterans will have primary care nearby; 200,000 more would have mental health care nearby; nearly 375,000 more vets will have outpatient specialty care nearby; and all the care will be delivered in modern state-of-the-art facilities," McDonough said during an event last week with the Rand Epstein Family Veterans Policy Research Institute.

Under the plan, 17 medical centers in 12 states would close, 18 in 16 states would be completely replaced, and 13 new centers would be built in 11 states.

Of the 17 slated for closure, three are in New York City or its suburbs, including Castle Point, Manhattan and Brooklyn. Two each are in Pennsylvania (Philadelphia and Coatesville), Virginia (Salem and Hampton), and South Dakota (Fort Meade and Hot Springs).

Other medical centers on the proposed closure list include those in:

- Livermore, California
- Dublin, Georgia
- Fort Wayne, Indiana

- Alexandria, Louisiana
- VA Central Western Massachusetts
- Battle Creek, Michigan
- Chillicothe, Ohio
- Muskogee, Oklahoma

Some of these facilities would shift services to nearby civilian hospital networks or become multi-specialty community outpatient clinics, while others would shift their patients to newly built VA medical centers or bolstered existing hospitals nearby.

For example, in South Dakota, the plan calls to build a new, centrally located VA medical center in Rapid City. In Philadelphia, patients would have access to care at new state-of-the-art facilities in King of Prussia or just across the state line in Camden, New Jersey.

New medical centers also would be built at:

- Newport News and Norfolk, Virginia
- Macon and Gwinnett County, Georgia
- Huntsville, Alabama
- Summerville, South Carolina
- Grand Rapids, Michigan
- Everett, Washington
- Colorado Springs, Colorado
- Anthem, Arizona

Another 18 medical centers would be completely rebuilt, either on existing land nearby, as is planned for the VA medical center in Washington, D.C. -- or closer to other major health providers and hospitals in their areas, such as the VA medical center in Buffalo, New York, according to the recommendations.

Those include medical centers in Bedford, Massachusetts; Durham, North Carolina; Tuskegee, Alabama; Hines, Illinois; Shreveport, Louisiana; Reno, Nevada; Beckley, West Virginia; Wilkes-Barre, Pennsylvania; Miami, Florida; Atlanta; Phoenix; Indianapolis; Albany and St. Albans, New York; and Roanoke, Virginia.

According to the recommendations, however, the newly rebuilt facilities may offer different services and care than they currently provide. In Albany, for

example, the facility will focus on inpatient mental health, nursing home care and residential rehabilitation treatment programs, and shift inpatient medical and surgical care elsewhere if the department can institute a strategic collaboration with existing civilian facilities.

As part of their deliberations, members of the Asset and Infrastructure Review Commission plan to hold public hearings and meet with those who have a vested interest in the future of VA health care, including veterans service organizations, health care experts and institutions, and those who would be affected by the changes.

While most veterans service organizations had not weighed in on the recommendations as of late Monday, the American Legion released a statement saying it generally doesn't support closing facilities but recognizes that changes must sometimes happen based on population shifts.

"The American Legion will always advocate for every U.S. veteran, but we realize that for VA to properly serve America's veterans, it must from time-to-time optimize, reallocate, and re-invest in some of its decades-old infrastructures," American Legion National Commander Paul E. Dillard said in a statement.

The conservative Concerned Veterans for America, a group that supports broader access for veterans to private health care, issued a statement immediately after the recommendations were released saying it welcomed the proposals

"Today's veteran population is vastly different from what it was even five years ago, let alone decades ago. A rigid system that cannot adapt to the changing and unique needs of the veterans it serves leads to waste, complications and, ultimately, an absence of care," CVA Deputy Director Russ Duerstine said.

VA breaks ground on new Daytona Beach clinic for primary care, mental health, specialties

As bulldozers and dump trucks rumbled behind her, Dr. Nichole Robinson rattled off some of the ways a new Veterans Administration multi-specialty clinic in Daytona Beach will serve those who served their country.

"We'll be adding cardiology, some (gastrointestinal), possibly some vascular and interventional pain management, just to name a few," Robinson, chief medical officer for the Daytona Beach VA clinic, said after a groundbreaking at the new location, 1776 N. Williamson Blvd., expected to open in 2024.

All of it — plus 750 parking spaces, addressing one of the most common complaints about the William V. Chappell Jr. Department of Veterans Affairs Outpatient Clinic — sounded good to Rod Phillips, a Samsula member of the Vietnam Veterans of America.

With a rapid expansion of veterans needing service in the Volusia County area, officials have been working toward a new VA clinic in Daytona Beach since 2013. When it opens, in 2024, it will have been more than a decade of planning, procurement and construction.

"Ten years in the making, that's the bureaucracy that it takes, but we're here," Phillips said. "And in a couple of years, this will be a beautiful facility."

The new facility will replace the Chappell clinic as well as an annex at 1620 Mason Ave. It'll be located just south of the Daytona State College Advanced Technology College on Williamson Boulevard.

Services available at the current VA facilities, including audiology, ophthalmology, rheumatology, urology, podiatry, respiratory therapy, pain management, physical therapy, dental, speech pathology and orthopedics, will be moved to the Williamson Boulevard site.

The project's developer, Carnegie Management & Development Corp., Westlake, Ohio, in 2019 estimated the cost to build the new VA clinic would be more than \$60 million.

The Daytona Beach VA serves 30,000 veterans in the Volusia County area, with a staff of about 340, Robinson said. Twenty years ago, when the current clinic was dedicated at 551 National Health Care Drive near Dunn Avenue, The News-Journal reported it had 93 full-time employees.

Of the 1,118 outpatient VA clinics in the United States, Daytona Beach is the 34th largest but had the 14th highest workload, Robinson said.

"In the last year, for instance, we have ...taken on 2,700 additional veterans who are assigned to our clinic," Robinson said.

"We've absolutely outgrown the (Chappell) facility and as you may know, there's been parking issues," she said. "The new facility will have 750 parking places, so we won't have any parking issues.

Healthcare for American Veterans

Retired Brig. Gen. Ernie Audino, district director for Congressman Michael Waltz, provided some perspective.

"I like to compare what we offer our veterans to some of what I've seen elsewhere in the world. There are plenty of people who like to throw barbs and criticize ... but no one's perfect," Audino said. "Guess what?. Go to some of these other places in the world, places that are so much less fortunate than us, and see what they're able to do for their veterans."

For Audino, that happened in 2006, in Iraq, where he visited a Kurdish fighter who had been injured and was in a hospital. He said the building appeared to be unsound with cracks in the walls and the families of the injured and sick had to provide their own linen.

Audino turned his focus back on the Daytona Beach VA clinic, which will have 106,826 square feet of usable space and more than 130,000 square feet

services, and support services such as radiology and lab.

"This facility here would be an impossible dream in 90% of the world," Audino said. "We have made a commitment to our veterans who have made a commitment to this country. Our veterans have, as we frequently say, written a blank check up to and including the full measure, to this country."

Robinson said that expanded capacity will provide 11 conference rooms for groups, health education classes and meetings — a significant upgrade from the two at the current clinic.

Rustom Khouri, vice president of Carnegie Management, said the building will be a "living and breathing monument that reflects the immense gratitude that we have for our American heroes."

The property's design will include spaces for veterans to take walks "in a serene setting to find peace," he said. Gardens and benches will also be added to the 78-acre site.

"It is about the veterans and improving their experience," Khouri said. "Ultimately, improving the experience and the healthcare outcomes that occur within this clinic is our true measure of success."

Timothy Cooke, director/CEO of the Orlando VA Healthcare System, said he used to take his father, an infantryman who fought in the Battle of the Bulge in World War II, to VA appointments several decades ago.

"I got to participate in what care looked like back in those days," he said, "and I am so very proud to say how far we've come and the direction that we're headed. It's no surprise, though, because we've had such a turn in the way we appreciate what our veterans do."

VA Extends Disability Deadline for Gulf War Vets

The Department of Veterans Affairs has extended the time limit for Gulf War veterans to claim presumptive disability for certain chronic illnesses related to their military service.

The illnesses, commonly referred to as "Gulf War Syndrome," are considered "presumptive" by the VA, meaning veterans claiming a disability related to them are not required to prove they were caused by military service.

While there is no time limit for claiming disability benefits from the VA in normal circumstances, some presumptive conditions do come with time restrictions.

According to the Disabled Veterans Of America (DAV) Gulf War Syndrome affects approximately 200,000 veterans of the 650,000 service members who served in operations Desert Shield and Desert Storm.

To qualify as disabling, a covered illness must have caused illness or symptoms in the veteran for at least six months and:

- Occurred during service in the Southwest Asia theater of military operations from Aug. 2, 1990, to the present. This also includes Operation Iraqi Freedom (2003-2010) and Operation New Dawn (2010-2011), or;
- Been diagnosed as at least 10% disabling by the VA after service.

Originally the VA was scheduled to stop awarding benefits to new Gulf War veterans with a related disability diagnosis that was given after Dec. 31, 2021. However, the VA has extended that cutoff date to Dec. 31, 2026.

In a Sept. 14, 2021, Federal Register posting, the VA gives two major reasons for this change:

1. As yet, no end date for the Persian Gulf War has been established;
2. Medical evidence is still unclear as to how long illnesses caused by Persian Gulf service take to show up in affected veterans.

Normally, for a disability or illness to be considered "service-connected" by the VA it must have either occurred, or been diagnosed while the member was in the service. However, the group of illnesses covered by this ruling may develop after leaving the

service, even if there were no symptoms while on active duty.

This is similar many Vietnam veterans seeing new health conditions related to Agent Orange exposure decades after the fact. It took years before researchers could connect those illnesses to military exposure.

According to the VA, Gulf War Syndrome can manifest itself in various ways in affected veterans. The VA currently lists the following illnesses as related to Gulf War service:

- **Myalgic Encephalomyelitis/Chronic Fatigue Syndrome** -- a condition of long-term and severe fatigue that is not directly caused by other conditions.
- **Fibromyalgia** -- a condition characterized by widespread muscle pain. Other symptoms may include insomnia, morning stiffness, headache and memory problems.
- **Functional gastrointestinal disorders** -- a group of conditions marked by chronic or recurrent symptoms related to any part of the gastrointestinal tract. Functional condition refers to an abnormal function of an organ, without a structural alteration in the tissues. Examples include irritable bowel syndrome (IBS), functional dyspepsia and functional abdominal pain syndrome.
- **Undiagnosed illnesses** with symptoms that may include but are not limited to: abnormal weight loss, fatigue, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders and sleep disturbances.

If you have any of these, or other, unexplained illnesses and served in the Gulf War, or related area, contact the VA for a medical exam to see whether you may be eligible for free health care or disability benefits related to your service.

Disability Compensation for Presumptive Conditions

Here is the most up to date listing of all presumptive conditions currently on the books. The VA presumes that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

The following diseases and conditions are considered to be part of this program:

Camp Lejeune

You may be eligible for VA health benefits if you served on active duty or resided at Camp Lejeune for 30 days or more between Aug. 1, 1953 and Dec. 31, 1987. This means:

- Veterans who are determined to be eligible will be able to receive VA health care. In addition, care for qualifying health conditions is provided at no cost to them.
- Eligible family members receive reimbursement for out-of-pocket medical expenses incurred from the treatment of qualifying health conditions after all other health insurance is applied.

Qualifying health conditions for VA Medical Care include:

1. Bladder cancer
2. Breast Cancer
3. Esophageal cancer
4. Female Infertility
5. Hepatic steatosis
6. Kidney cancer
7. Leukemia
8. Lung Cancer
9. Miscarriage
10. Multiple myeloma
11. Myelodysplastic syndromes

12. Neurobehavioral effects
13. Non-Hodgkin's lymphoma
14. Renal toxicity
15. Scleroderma

A Camp Lejeune veteran does not need to have one of the 15 health conditions to be eligible to receive VA health care, nor do they need a service connected disability to be eligible as a Camp Lejeune veteran for VA health care.

The VA has also established a presumptive service connection for veterans, reservists, and National Guard members exposed to contaminants in the water supply at Camp Lejeune from Aug. 1, 1953 through Dec. 31, 1987 who later developed one of the following eight diseases:

1. Adult leukemia
2. Aplastic anemia and other myelodysplastic syndromes
3. Bladder cancer
4. Kidney cancer
5. Liver cancer
6. Multiple myeloma
7. Non-Hodgkin's lymphoma
8. Parkinson's disease

The area included in this presumption is all of Camp Lejeune and MCAS New River, including satellite camps and housing areas.

This presumption complements the health care already provided for 15 illnesses or conditions listed above.

Gulf War Veterans With Chronic Disabilities

Veterans who served in Persian Gulf or Southwest Asia Theater of Operations at any time since Aug. 2, 1990 may be eligible for disability benefits for several presumptive conditions.

If one of the following illnesses manifests itself at any time following Gulf War service it may be considered presumptively service connected:

- Asthma
- Rhinitis
- Sinusitis, including rhinosinusitis

Also, Gulf War and SW Asia veterans who suffer from undiagnosed illnesses with multiple symptoms may be eligible for treatment or disability benefits from the VA. These presumptive symptoms include:

- Cardiovascular symptoms
- Fatigue
- Headaches
- Gastrointestinal symptoms
- Joint pain
- Menstrual disorders
- Muscle pain
- Neurological or neuropsychological symptoms
- Respiratory system problems
- Skin symptoms
- Sleep disturbance
- Weight loss

Veterans who served in the Southwest Asia Theater of Operations or in Afghanistan on or after Sep. 19, 2001 and have one of the following diseases rated at least 10% disabling within 1 year of separation also qualify:

- Brucellosis
- Campylobacter jejuni
- Coxiella burnetii (Q fever)
- Malaria
- Nontyphoid Salmonella
- Shigella
- West Nile virus

The following conditions qualify if they are rated at least 10% disabling at any time after separation:

- Mycobacterium tuberculosis
- Visceral leishmaniasis

All Veterans Who Develop Amyotrophic Lateral Sclerosis (ALS), Also Known As Lou Gehrig's Disease

At any time after separation from service may be eligible for compensation for that disability. To be eligible, the Veteran must have served a minimum of 90 consecutive days of active service.

Veterans Exposed To Agent Orange And Other Herbicides

A veteran who served in the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975, is presumed to have been exposed to Agent Orange and other herbicides used in support of military operations.

The following conditions are considered presumptive service connected for exposed veterans:

- AL amyloidosis
- B-cell leukemia
- Bladder cancer
- Chronic lymphocytic leukemia
- Multiple myeloma
- Type 2 diabetes
- Hodgkin's disease
- Hypothyroidism
- Ischemic heart disease (including but not limited to, coronary artery disease and atherosclerotic cardiovascular disease)
- Non-Hodgkin's lymphoma
- Parkinson's disease
- Parkinsonism
- Prostate cancer
- Respiratory cancers
- Soft-tissue sarcoma (not including osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma)

Veterans Exposed To Radiation

For veterans who participated in radiation risk activities while on active duty, the following conditions are presumed to be service connected:

- All forms of leukemia, except chronic lymphocytic leukemia
- Cancer of the thyroid, breast, pharynx, esophagus, stomach, small intestine, pancreas, bile ducts, gall bladder, salivary gland, urinary tract, brain, bone, lung, colon or ovary
- Bronchioloalveolar carcinoma
- Multiple myeloma

- Lymphomas, other than Hodgkin's disease ■
- Primary liver cancer, except if there are indications of cirrhosis or hepatitis B

To determine service connection for other conditions or exposures not eligible for presumptive service connection, VA considers factors such as the amount of radiation exposure, duration of exposure, elapsed time between exposure and onset of the disease, gender and family history, age at time of exposure, the extent to which a non-service exposure could contribute to disease, and the relative sensitivity of exposed tissue.

Veterans With Certain Chronic And Tropical Diseases

Examples are: multiple sclerosis, diabetes mellitus, and arthritis. These may be considered service connected if the disease becomes at least 10% disabling within the applicable time limit following service. For a comprehensive list of these chronic diseases, see VA's website. Different health conditions have different time limits for filing VA claims. Contact the VA for more information.

Prisoners Of War

For former POWs who were imprisoned for any length of time, the following disabilities are presumed to be service connected if they become at least 10 percent disabling anytime after military service: psychosis, any of the anxiety states, dysthymic disorder, organic residuals of frostbite, post-traumatic osteoarthritis, atherosclerotic heart disease or hypertensive vascular disease and their complications, stroke and its complications, and, effective Oct.10, 2008, osteoporosis if the Veteran has post-traumatic stress disorder (PTSD).

Former POWs who were imprisoned for at least 30 days: The following conditions are also presumed to be service connected: avitaminosis, beriberi, chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellagra and/or other nutritional deficiencies, irritable bowel syndrome, peptic ulcer disease, peripheral neuropathy except where related to infectious

causes, cirrhosis of the liver, and, effective Sept. 28, 2009, osteoporosis

THE MEANING OF COINS LEFT ON TOMBSTONES

Have you ever been in a cemetery and saw coins laying upon a tombstone? There is actually a reason behind it. Read more, so you can know what each coin means, and maybe as you visit a fallen soldier you can leave a coin to honor them too. These meanings vary depending on the denomination of coin:

A coin left on a headstone lets the deceased soldier's family know that somebody stopped by to pay their respect. Leaving a penny means you visited.

A nickel means that you and the deceased soldier trained at boot camp together. If you served with the soldier, you leave a dime. A quarter is very significant because it means that you were there when that soldier was killed.

So what happens to the coins after Memorial Day? It is collected and the money is used for cemetery maintenance, the cost of burial for soldiers, or the care for indigent soldiers.

Supposedly the tradition became popular here in the United States during the Vietnam War. It is believed it was a way to show respect without getting into an uncomfortable political discussion about a war that was very controversial.

In general, however, this tradition can be traced to as far back as the Roman Empire. It was a way to give a buddy some spending money for the hereafter.

INTERESTED IN JOINING THE COALITION?

There are many benefits to join the Vietnam and All Veterans State Coalition. A voice of many is heard above a voice of one. The coalition meets quarterly at various locations in the State of Florida and we discuss and disseminate information pertaining to veterans and their benefits. **We also are represented**

on the of the board Florida Veteran Council which helps

determine policies in the State

To obtain information regarding joining the coalition either as an Organization, or an individual, please visit our website at VVOF.ORG.

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