

## VA Scopes Out Medical Needs of Female Veterans



### Number of Women Veterans Projected to Double in Five to Ten Years

The number of female Veterans in the US has doubled since the end of the Vietnam war and is expected to double again in the next five to ten years says Patricia Hayes chief consultant for female Veterans health at the VA.

Women today make up 15% of the active duty military and 18% of reserve forces and National Guard. There are nearly 1.9 million female Veterans in the USA.

The VA will spend \$241 million this year on gender specific care — such as cervical cancer screenings and gynecology — for the VA's 300,000 female patients. The amount is up to nearly \$30 million from last year as more women seek care from the historic male dominated VA.

**In Ashville, NC** the VA hospital added a full time gynecologist in 2008 and plan to add a full-time primary care doctor and double its space for female Veterans.

**In Martinsburg, W. Va** the VA opened a dedicated clinic last year for its 1,500 female Veterans to handle everything from primary care to chronic conditions.

The benefit of moving to a separate space is a lot of women feel there are barriers to accessing care in a population where they feel they are a minority, says Amy Theriault, the hospital's women Veterans program manager.

The VA is also tracking the health of its female Veterans with scorecards that capture data on concerns such as high blood pressure, cholesterol and diabetes. It puts the measure in place after finding that female Veterans scored lower on routine health measurements than their male counterparts.

**In Pittsburgh,** the VA in January finished building a separate waiting room and clinic for women with a play area for children, says Deborah Mitchum, the women Veterans program manager. The facility got a grant for a wellness resource center that offers computers for research and literature on women-specific health issues in a cozy space complete with fireplace.

Another grant is paying for the development of an incontinence prevention program. The facility also performs mammograms on-site.

**In Palo Alto, Calif.,** the VA won an award for excellence in women's health care in 2008. Its 6,000 female Veterans can get any medical service they need-in-house with exception of maternity care and mammograms, says Samina Iqbal, medical director of the women's health program. In some areas — cervical cancer screening, for example — the VA outpaces other hospitals in the community, she says. Even mammograms might one day be the norm as more and more women seek VA services.

Advocates say the VA is on the right track, though getting top-notch care often depends on where you live. "Larger medical centers often have better trained staffers and more services," says Genevieve Chase, founder of American Women Veterans.

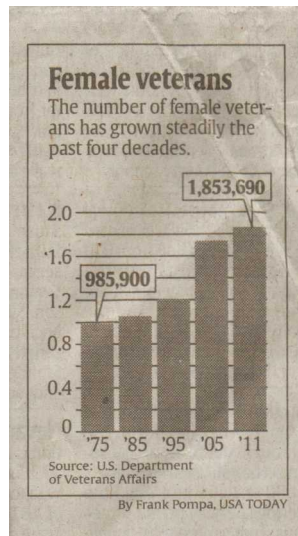
One of the biggest problems, she says, is changing the way the Dept. of Veterans Affairs perceives women. Chase says the VA has diagnosed some female Veterans of Iraq and Afghanistan with depression instead of PTSD because of the mindset that they don't serve in combat.

Women are not officially allowed in combat units.

Chase, a Purple Heart and Combat Action Badge recipient, who served in Afghanistan with the Army's 10th Mountain Division, tells a different story. The vehicle she was in was attacked in 2006 by a suicide car bomber.

"There is nothing worse than having gone through everything your buddies did when you were there and to come home and have people treat you as an afterthought or arm candy," she says. "We are not going away. We are here growing in numbers and we are growing in exposure to combat."

(Information from USA Today March 2, 2011)



## SUPREME COURT ALLOWS FLEXIBILITY FOR ILL VETERANS — OKs exceptions to appeal deadline

by Joan Biskupic USA Today

Washington—The Supreme Court ruled unanimously Tuesday March 1, 2011 that a deadline for military Veterans who appeal the federal government denial of benefits need not be rigidly enforced.

The justices sided with a mentally ill Korean War Vet whose appeal was blocked because he missed a 120-day deadline for judicial review by 15 days. The high court reversed a decision by the

U.S. Court of Appeals for the Federal Circuit that said Veteran court judges could not make exceptions to the deadline, even when a Veteran's illness contributed to his delayed appeal.

Writing for the high court, Justice Samuel Alito said, "The (Department of Veterans) is charged with the responsibility of assisting Veterans in developing evidence that supports their claim, and in evaluating that evidence, the VA must give the Veteran the benefit of any doubt."

(From Article in USA Today March 2, 2011)



## SOCIETY - HOW WE'RE FAILING OUR FEMALE VETS 7-12-2010

By Laura Fitzpatrick *Time Magazine*

**Women are indispensable to the U.S. Military, but when they get home, often suffering from mental or physical injuries, they face a new battle: coping with a medical system still tailored for men.**

Shilow Morrison spent two months as a truck gunner in Iraq before transferring to Kuwait in 2007 to work at the mortuary that takes in every U.S. Military casualty killed in theater. There were 423 on her watch. During her four months in the morgue, the Marine corporal went only one 24 hour period without helping prepare a body for autopsy. It was her job to give the commands to play taps and salute those heading home for the last time. She calls them 'fallen angels,' the troops whose caskets she draped with American flags before loading them onto a plane. Still haunted by their faces, the soft-spoken 25-year-old had been home just a month or two when a man at her gym spotted her in a Marine T-shirt and asked whether her husband had served. "I just started laying into him," she recalls. "I am a Marine you a\_\_\_\_\_." Morrison who is still in the Marine Reserves, just finished her fourth month of treatment for anger management.

June Moss, 39, maneuvered a Humvee around charred corpses and still smoking shrapnel in Iraq in 2003. The Army driver and mechanic once watched a Black Hawk helicopter mow down insurgents a few hundred yards away. But when she called her father to tell him how tough things were, he didn't get it. "He was kind of like, 'Oh, well, you just fix the trucks. You don't have to worry about nothing,'" she recalls. "I don't know where people get the idea that women aren't out there, they don't see anything, they're just support." At home after she was discharged from the military but before she was diagnosed with post traumatic stress disorder (PTSD), the single mother couldn't find a job that paid enough to support her and two children.

In 2005 her house went into foreclosure, and the next year she and her kids became homeless—a predicament made more painful by the fact that of the nearly 500 community homeless shelters funded by the U.S. Department of Veterans Affairs (VA), only seven provide accommodations specifically for families. That year, Moss tried to kill herself.

Even women who are never deployed to war zones have trouble recovering from certain military wounds. A 25-year old former Air Force intelligence interceptor who asked that Time not print her real name was raped by a fellow service member and then bullied by another into dropping criminal charges. The same woman—call her Jennifer Smith—who was voted class clown in high school not so long ago, now avoids crowds. She sought treatment at two big-city veterans' hospitals but quickly left one of them in part because the waiting room was swarming with male Veterans. She says they made her feel unsafe, a sentiment often expressed by the 22% of women seeking care at the VA who have experienced sexual trauma and who are nine times more likely to suffer from PTSD, which, along with other mental health issues, afflicts roughly 1 in 10 soldiers returning from Iraq.

More than 230,000 women have served in Iraq and Afghanistan in the past nine years. Women account for 15% of the active-duty military. But when they arrive back home, become civilians once again and start seeking help for PTSD, musculoskeletal problems, reproductive disorders and other maladies, they are shuffled into a veterans' hospital system that can feel like a relic from World War I, back when the phrases *our soldiers* and *our boys* were interchangeable. The number of female Veterans being treated by the VA has more than doubled since 2004 and is expected to double again by 2015. This is all happening at a time when problems of women who have seen combat or had to work near a fluid front line are just beginning to be understood. The VA struggles to add resources and train its staff to handle the growing case files of female Vets. But as with an aircraft, it takes a while to change course. And many of the women who really need help are stuck in a holding pattern.

## IN SEARCH OF PRIVACY

WITH THE EXCEPTION OF NURSES, WOMEN weren't allowed to serve in the regular or reserve forces during peacetime until 1948. World War I produced some 25,000 female veterans; an additional 319,300 women served in World War II. By the time the Vietnam War ended, nearly 1 million living American women had served 3.5% of veterans overall. But the VA didn't start providing medical and mental health services to women until 1988.

The modern veterans' hospital system, which was created in 1930 to standardize care for retired service members and reservists, is largely separate from military hospitals, and for the past two decades it has been trying to meet female veterans' gynecologic and other gender specific needs. But progress has been slow.

Currently, only 37% of the VA's 144 medical centers have a gynecologist on staff. And an audit published this spring by the Government Accounting Office found that of 19 health care facilities surveyed, only two provided tampon or sanitary-napkin dispensers in public bathrooms. Not a single facility was fully compliant with regulations governing women's privacy. Some of the clinics had no locks on bathroom doors, raising concerns that a male patient or staff member could barge in. Other facilities placed gynecologic exam tables facing doors, in one room, the stirrups were in the line of sight of the mixed gender waiting room.

Some of female veterans' health care needs—pap smears, mammograms, etc.—are more obvious than others.

Treatment for mental health issues, autoimmune disorders and even high cholesterol can be hampered by a doctor who is not accustomed to female patients. At VA facilities nationwide, the average male patient is 61, and when it comes to treating young women, doctors may be 'rusty,' says Dr. Herrera, the VA's national director of women's comprehensive health, a position created in 2008.



Women and men don't react the same to certain medications, they develop some diseases at different rates, and they may display varying symptoms. Women may also have a different reaction to dry desert heat: some 34% of female vets evaluated at the VA health care facility from 2002 to 2008 returned from Iraq and Afghanistan with urinary tract infections, reproductive system problems and, other genitourinary issues—which may be brought on by dehydration, among other factors compared with just 8% of male Vets.

Disorders aside, even women's routine health needs often go unmet. In 2004, when Tammy Duckworth returned from Iraq—where her legs were blown off after a rocket propelled grenade hit the helicopter she was piloting—the Army outfitted her with prostheses and helped her walk again, but the VA couldn't give her a common form of contraception. "I remember thinking, Really? This is like a caricature," says Duckworth, who is now an assistant secretary at the VA. "Why do you have Viagra, but don't have the birth-control patch?"

About 66% of female Iraq and Afghanistan veterans using VA health care are under 30, prime childbearing age. But it wasn't until this May that the VA was authorized to care for newborns; obstetric care is outsourced except in emergencies. Salt Lake City's 58 year-old VA hospital, where the average patient is 78 and male, made headlines in October for delivering its first baby. Mom showed up in bad enough shape that there was no time to transfer her. She gave birth to a healthy girl. But the next day, doctors still didn't know how much the infant weighed. The hospital didn't own a baby scale.

Starting a family or returning home to one presents unique challenges to women. Female soldiers on active duty are nearly three times as likely to get divorced as their male counterparts are. As of March 2009, some 30,00 single mothers had deployed to Iraq and Afghanistan. Female Veterans are also at least twice as likely as civilian women to be homeless. And, says Pete Dougherty, head of the VA's homeless programs, the percentage of homeless female veterans is on the rise even as the overall number of homeless veterans is dropping.

## THOROUGHLY VETTED

**1.8 MILLION**

Number of living women who have served in the U.S. Military.

**22%**

Percentage of female veterans using VA health care who experienced sexual trauma in the military

**9**

Times more likely these women are to have PTSD than those who were not assaulted in the military

**1 IN 10**

Proportion of soldiers returning from Iraq with mental health

Hospitals can sometimes add to the trauma. Some women report getting catcalled by fellow veterans as they walk down hospital hallways. Others speak of staff members struggling to comply with a VA rule that requires female veterans to be given the option to have a female attendant present at any exam performed by a male doctor. Anuradha Bhagwati, executive director of the Service Women's Action Network, a female veterans advocacy group in New York City, recalled the ham-handed manner in which a male gynecologist, upon being told by a patient that she had been sexually assaulted, left the exam room and—presumably to beckon a female staff member—yelled down the hall, "We've got another one!"

Bhagwati, a former Marine, recounted this story during her testimony before the House Committee on Veterans' Affairs last July. The purpose of the hearings was to help eliminate barriers to female veteran seeking benefits and health care. In 2008 the VA tasked all its facilities with offering comprehensive woman's health care, creating one-stop shopping for women's primary and mental health care. But the department has yet to issue a timetable for the change, and some officials reported to the GAO that they don't know what steps are needed to

bring their clinics in line. "The VA needs to catch up fast," says Rhagwati. "I don't think our male patients are treated well, but our female patients are treated even worse."

## The Path to Female-Friendly Care

SO WHAT'S THE SOLUTION? ADVOCATES point to some bright spots in the landscape of care for these women. One of them is the Women's Prevention, Outreach and Education Center (WPOEC) in Menlo Park Calif., where Morrison, Moss and Smith have been receiving treatment on an outpatient basis. Flanked by courtyards dotted with flowing trees and stone benches, it is staffed almost entirely by women, and its doors are locked to keep uninvited visitors out.

The center offers sessions with psychologists like Natara Garovoy, a willowy blonde who, when she was nine months pregnant in February, was still clicking around the clinic in stilettos. She knows that regulations prohibiting women from serving in combat don't keep them from carrying guns or facing down insurgents in wars with no front lines. She knows how hard it is for female vets to prove their injuries stem from combat in order to qualify for disability benefits. And she has worked with enough female veterans that when she tells a rape survivor she can help, the woman believes her.

One floor above Garovoy's office, her colleagues—nearly all woman—give the same kind of care on an inpatient basis. The Women's Trauma Recovery Program, which fields enough demand to fill its 10 beds nearly twice over, mostly enrolls veterans who are not from the area. They board two to a room, and they can connect, if they want to, with other women in similar straits. The activity room has many couches, some exercise equipment and a sewing machine.

These clinics are outliers. Together with a major VA hospital a short drive away from Palo Alto, these facilities make up the VA's first and only Center of Excellence for Women's Health.





But it's not very big, treating just 6,000 women a year. And even at the epicenter of female-friendly VA care. Morrison says, its easy to feel out of place. She recalls once being wheeled into a room at the Palo Alto VA hospital, which was filled with elderly male veterans who looked far more in need of care than she did. "It almost makes me feel guilty about going in there," she says.

Still, it's a start, and it's the kind of care veterans may see much more of if some ambitious initiatives take root. The VA is ramping up women only treatment centers like the one in Menlo Park and adding all-female therapy groups, especially for sexual assault survivors. Last year the VA finished installing a full-time women's veterans program manager at each of its 144 hospitals. The managers help coordinate care and sometimes direct women to private clinics, which often are geographically more convenient but may cost the government more: a 2008 audit by the VA's Office of Inspector General found that better monitoring of outsourced care could save the VA nearly \$50 million over five years.

In May, the Veterans Health Administration published a new handbook that updates and standardizes the guidelines for women's care, including privacy requirements. To increase clinical staff's proficiency in women's health, the VA has trained more than 400 health care providers in the past two years through mini-residencies featuring two and a half days of presentation from woman's health experts on such topics as contraception, cervical—cancer screening and sexually transmitted infections. The VA has also earmarked nearly \$220 million in its 2011 budget for gender-specific care of female veterans, an increase of almost 10% from 2010. Among the initiatives the money will help fund is a 24/7 call center and a social-networking site for female combat veterans.

A bill spearheaded by Washington Senator Patty Murray—and signed into law in May—goes even further, authorizing, among other things, a report to Congress on the effects the wars in Iraq and Afghanistan have had on female veterans, physical, mental and reproductive health.

"Women veterans have earned their stripes. They have earned their benefits," says Murray. "They shouldn't have to feel like they're asking for a handout."

\*In July the VA will hold a forum at Arlington National Cemetery to discuss the quality of care for female veterans and ways to improve access. Meanwhile, a national outreach campaign is using mailings, posters, videos, Facebook and Twitter to increase awareness of the benefits available to female veterans and encourage women to take advantage of them.

For now, too few women have figured out how to navigate the byzantine system. But the lucky ones, like Moss, show what could be possible if bold new plans are backed up by resources and the political will necessary to make them stick. These days, Moss works in chaplain services at the Palo Alto hospital, a job that's conveniently close to the VA clinic where she sees a therapist once a week. She says she no longer feels, as she did when she first got home from Iraq, "like a shell of a person." She hugs her kids again. She enjoys lunch at Olive Garden and what she calls "me time" at the hairdresser. She's even getting married in August, to a former marine who, as she puts it, "understands PTSD." "It's not just being brave on the battlefield," she says of being a veteran. "You have to be brave in civilian life too."

\*(In July 2010 the VA held the forum at Arlington National Cemetery)

Article submitted by Ms. Renee Howell

## 2011 NATIONAL SUMMIT ON WOMEN VETERANS

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WASHINGTON— ON CAPITAL HILL  
WASHINGTON DC

<http://va.gov/womenvet/>

202-461-6193

E-MAIL 00W@va.gov

## LAST AMERICAN VETERAN OF WWI DIES AT 110

As the last American survivor of WWI, Frank Buckles was a champion for his fellow soldiers, pushing for a memorial on the National Mall.

Buckles, who joined the U.S. Army at age 15, died on Sunday, March 27th. at his home in Charles Town, V. VA, urged a Senate committee in 2009 to refurbish an existing World War I memorial in Washington, D.C., and rededicate it as a national tribute. He was the honorary chair of the World War I Memorial Foundation.

After WWI, Buckles went to work in the shipping business, which took him to South America and Asia.

In 1941, while moving cargo for the American President Lines in Manila, he was captured by the Japanese invasion of the Philippines. During 31/2 years as a prisoner of war he lead the other prisoners in exercise.

"What is important in an emergency is to know how to survive," he told Stars and Stripes.



Bukles at enlistment: "A 15-year-old-boy isn't afraid of anything," he said.



1901 to 2011

(March 1, 2011 USA Today)

(SO YOU KNOW)



To: Mr. Barry Campbell, CEO  
Veterans Quality Of Life Access Network Inc.  
St. Ambrose Church  
9 West 130th Street  
New York, NY 10025

March 21, 010

"A Plea For Assistance."

Dear Mr. Campbell:

First, I want to commend you for the assistance and wealth of knowledge that you shared with me. On October 13, 2010, I was awarded 70% for PTSD, my bilateral knee problems and for removal of anatomical organs. Unfortunate, I still have four (4) existing claims pending: depression, individual un-employability, Agent Orange, and alcohol and substance abuse in relationship to my PTSD.

Needless to say, the VA claims to help Veterans by saying, "Putting the Veteran first", or "We're on your side," which happens to be lies. In fact, they are no more than Public Relations campaigns, geared to white-washing the public's perception. In my case, I'm up against a bureaucracy that has no ones interest at hand, but its own. Enclosed is some highlighted material. I would be grateful if you could supply me with the same information and send me a bill for the postage.

The New Orleans VA Regional Office is nothing like the New York VA Regional Office. The south is pure racist, and institutional racism is ingrained in it's fabric. You better believe I am against the devil down here. I am in their substance abuse program. Soon as it is over, I am out of here... and will be coming back to NY City.

There's nothing here, no hospital, no reputable libraries, and no computer banks like in New York to do ones research. If you can, please help me, I would appreciate it.

Respectfully yours,

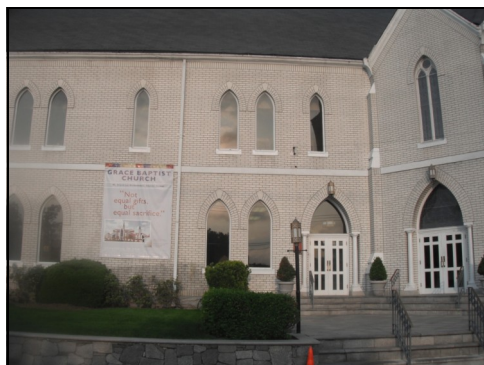
Disabled American Veteran

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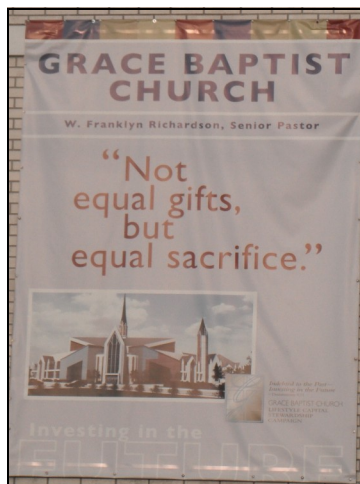
## **AMERICA'S MOST HIDEOUS CRIME - THE RAPING CONTINUES**

When I was growing up I was over protected by my grandmother. She made me come home when the street lights came on. I was very naive when I left home to join the U.S. Navy to become an independent man. My first two years were great. I bonded with my shipmates. Playing basketball for my ship, I met David Hendrix, who seemed to be a cool guy through my friend Butch. This was about my 2nd year in the Navy when my life became a living hell. I went to a concert and was excited to go back stage to meet Patti LaBell. David knew her and we went to the hotel where she was staying. I thought that life couldn't get any better. I had a few beers, just to be sociable. I wasn't a drinker. Beer was enough. We went back to our hotel. I had a few more beers. David bought liquor, so I tried to fit in. The next thing I remember is that he (David) was performing oral sex on me. I panicked, started fighting, got dressed and left. I felt dirty, ashamed and alone. I got back to the ship and cried. He tried to make up for what he had done. But I didn't want any part of him. One day after work while on the ship, I took a shower and changed clothes. Then I saw a picture of me and him without any clothing. I didn't know what to do. 'The Navy discharges people for being gay.' I thought that the commander would not believe my story. Therefore, I kept it to myself. I worked in the store room. My job was store keeper. One day while working in the ship's store room, he came down and threatened me. He said if I didn't get sexually involved with him, he would spread the photo all around the ship. For two years I was raped and sodomized. Because of that I started acting out, drinking, drugging, stealing, disobeying lawful orders, missing ship movement and I lost my pay grade. I didn't want to be there anymore. I didn't know back then, but through counseling I learned that I didn't have to be a victim. It wasn't my fault. I try to believe what the counselor told me, but with the nightmares, not wanting to be around men or any people, I isolate myself. Sometimes I want to die. I question my sexuality. I can't have a relationship with a women. My relationships don't last. I can't get close to a woman. I've tried with three different women. At best, they only last two years. The women keep asking me why can't I hold them. The misery of not being able to talk to them is overwhelming. I use drugs and alcohol just to escape. I only hurt myself. I cry a lot being 51 years old and not being able to love someone. I have had plenty of unhealthy relationships with hookers and drug addict women. I don't have feelings for them. I just sleep around. I didn't tell anyone that I have genital herpes. I caught it from David. I use protection now. Women think that I have HIV because I never have sex without a condom. My family suffers because I can't get close to people. I work on it every day. I hate when I hear voices and those dam headaches. I feel like putting a gun to my head and pulling the trigger. There are so many problems. I can go on and on.

U.S. NAVY VETERAN



GRACE BAPTIST CHURCH  
MT.VERNON



SPREAD THE WORD



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**IMPOSSIBLE IS JUST A BIG WORD THROWN AROUND BY SMALL MEN WHO FIND IT EASIER TO LIVE IN THE WORLD THEY'VE BEEN GIVEN THAN TO EXPLORE THE POWER THEY HAVE TO CHANGE IT. IMPOSSIBLE IS NOT A FACT. IT'S AN OPENION. IMPOSSIBLE IS TEMPORARY.**





## AGENT ORANGE REVIEW

### INFORMATION FOR VETERANS WHO SERVED IN VIETNAM

"Blue Water" Update — Supreme Court Decision and New IOM Review

A Supreme Court decision, in response to a case filed in the fall of 2008 regarding Blue Water Veterans has been announced. Blue Water Veterans are those that served during the Vietnam War on open sea ships, generally in the Navy or Coast Guard.

In January 2009, the Supreme Court effectively let stand an earlier court ruling that requires a service member to have served on land or on the inland waterways of Vietnam in order to be presumed exposed to Agent Orange.

Blue Water Veterans continue to have the same access to health care as any Veteran.

VA has asked the Institute of Medicine (IOM) to review the medical and scientific evidence regarding Blue Water Veterans' possible exposure to Agent Orange. A report of IOM findings is expected in the summer of 2011.

VA has notified Veterans with disability claims on file that are affected by the Supreme Court ruling. For questions regarding claim status, Veterans may contact their VA Regional Office (VARO). A list of VARO contacts is available at [www.va.gov/directory](http://www.va.gov/directory)

## FROM THE LEATHERNECK WEBSITE

### VA BLUE WATER CLAIMS UPDATE II: THE VA HAS ADDED THE BELOW NAMED SHIPS TO THE \*ALRE

The VA has added the following named ships to the existing list for Navy and Coastguard ships and vessels that are presumed to have been exposed to Agent Orange. If you served on any of these mentioned ships and you have had a claim denied, you should re-apply citing the VA list as the source for your reapplication. NAUS advises that the VA is already working on a third list that will have more ships listed. If you have a claim and evidence the ship you served on was in Vietnam waters and/or actually tied to a dock there, make sure include that with your claim.

Vessels that operated primary or exclusively on the Island waterways. All U.S. Coast Guard Cutters with hull designation WPB {patrol boat} and WHEC {high endurance cutters}

USS Mark (AKL12) [light cargo ship]: USS Brule (AKL-28)

USS Patapsco (AOG-1) [gasoline tanker]: USS Elkhorn (AOG-7)

USS Genesee (AOG-8): USS Kishwaukee (AOG-9)

USS Tombigbee (AOG-11): USS Noxubee (AOG-56)

USS Okanagon (APA-210) [attack transport]

USS Montrose (APA-212): USS Bexar (APA-237)

USS Benewah (APB-35) [self-propelled barracks ship]

USS Colleton (APB-36): USS Mercer (APB-39): USS Nueces (APB-40): Barracks Barge (APL-26) [sleeping quarters]

Barracks Barge (APL-30): USS Tutuila (ARG-4) [repair ship]

USS Sphinx (ARL-24): USS Askari (ARL-30): USS Indra (ARL-37)

USS Krishna (ARL-38): USS Belle Grove (LSD-2) [landing ship doc]:

USS Comstock (LSD-19): USS Tortuga (LSD26)

USS Asheville (PG-84) [patrol gunboat]: USS Gallop (PG-85)

USS Antelop (PG-86): USS Ready (PG-87): USS Crockett (PG-88)

USS Marathon (PG-89): USS Canon (PG-90):

Floating Base Platform (YRBM-17 [repairing, berthing and messing barge]: Floating Base Platform (YRBM-18): Floating Base Platform (YRBM-20): Winnemucca (YTB-785) [harbor tug]

### VESSELS THAT OPERATED TEMPORARILY ON VIETNAM'S INLAND WATERWAYS OR DOCKED TO THE SHORE:

USS Card (ACV-11) [escort carrier] mined, sunk, and salvaged in Saigon River harbor during May 1964 : USS Maury (AGS-16) [mapping survey ship] conducted surveys of Mekong Delta and other coastal areas and rivers beginning November 1965 through March 1967 : USS Honrico (APA-45) [amphibious attack transport] operated on Hue River during March 1965, and conducted numerous troop landing through March 1967 : USS Montrose (APA-212) Operated on Song Hue River during December 1965, operated on Long Tau River during March 1967, and operated on Cua Viet River and Dong HA during May 1967 : USS Talladega (APA-208) operated on Saigon River during October 1967: USS Bolster (ARS-38) [salvage ship] crew operated on land : USS Canberra (CAG-2) [guided missile cruiser] operated on Saigon River March 31 through April 1, 1966 on Cue Viet River during December 15, 1966 and on Mekong Delta Ham Luong River during January 15, 1967 : USS Sproston (DD-577) [destroyer] operated on Mekong Delta and Gahn Rai Bay during January 1966 :

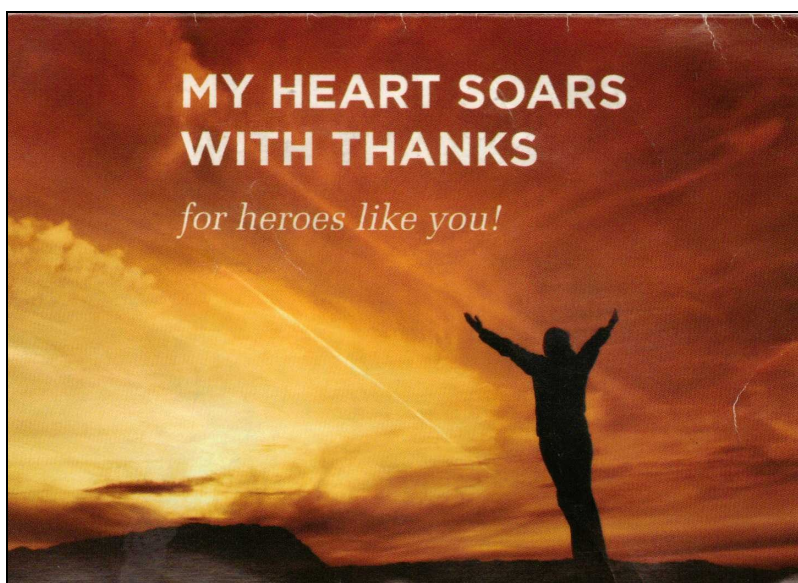
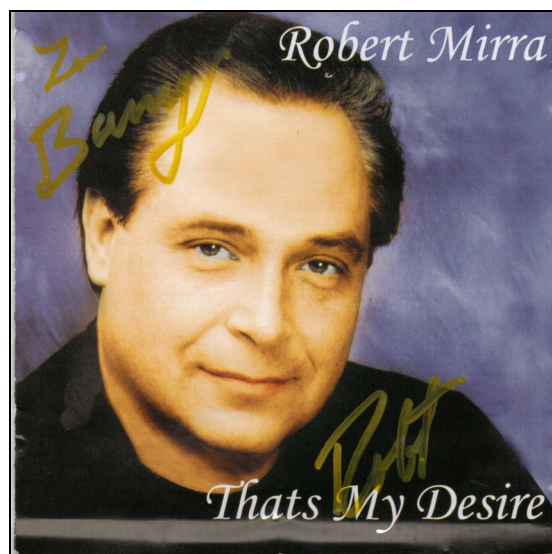
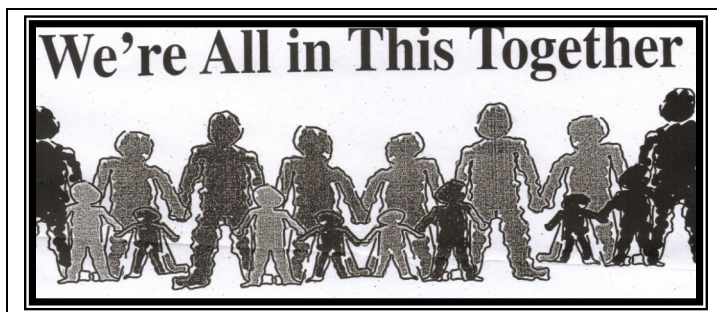
USS Picking (DD-685) operated on Saigon River during November 1965: USS Epperson (DD-719) docked to Da Nang Pier on October 4, 1970 : USS Southerland (DD-743) operated on Song Nga Bay and Saigon River during July 1966 : USS John W. Thomson (DD-760) operated on Nga Be River during 1969 : USS Buck (DD-761) operated on Mekong River Delta and Saigon River during September 28—29 and December 27—29, 1965 : USS Preston (DD-795) operated on Mekong River Delta Ganh Rai Bay, and Saigon River during September 28—29 and December 27—29, 1965 : USS Warrinton (DD-843) operated on Mekong River Delta Sat Special Zone, North of Vung Gahn Rai Bay during March 1967 : USS Dyess (DD-880) operated on Saigon River during June 1969 : USS Orleck (DD-886) operated on Mekong River Delta on July 1969 : USS Joseph Strauss (DDG-16) [guided missile destroyer] Operated on Mekong River Delta and Gahn Rai Bay during November 7, and December 7, 1968 : USS Waddell (DDG-24) operated on Cua Viet River during March 1967 : USS Newell (DER-322) [radar destroyer escort] docked at port of Nha Trang during December 22-24, 1965 : USS Deluth (LPD-6) [amphibious transport dock] docked to pier at Dong ha, as well as Hue River, from November 1967 through 1968 and Saigon River during September 1969 : USS Dubuque (LPD-8) Docked at Da Nang on March 15, 1970 : USS Boxer (LPH-4) [amphibious assault vehicle] docked to pier at Cam Rahn on September 9, 1965 : USS Carter Hall (LSD-3) [landing ship dock] operated on Cua Viet River and at Dong Ha during December 1967[Source: NAUS weekly update 25 June 2010]

(\*Aircraft Launch and Recovery Equipment)

Go to <http://www.bluewaternavy.org/shiplist3>

## ACKNOWLEDGEMENTS

HIS CD IS DEDICATED TO ALL U.S. ARMED FORCES SERVING  
AROUND THE WORLD: TO BARRY G. CAMPBELL —  
NY HARBOR VA. (A TRUE FRIEND TO ALL VETERANS)

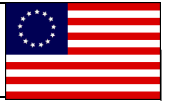


I WRITE IF I MAY TO SAY A VERY THANK YOU FOR YOU & COMPENSATION AND PENSION

TO BARRY G. CAMPBELL  
A HERO'S COURAGE: A PRICELESS THING  
A NOBLE BIRD WITH MIGHTY WINGS  
THE SHADOW OF ITS MASSIVE SPAN  
SPREADS PEACE AND COMFORT THROUGH THE LAND  
WITH DEEP THANKS

JOYCE SHEANN





## NEW YORK VIETNAM VETS RECOGNITION DAY MARCH 26, 2011



## VQLAN ATTENDS 50TH. ANNIVERSARY OF THE VIETNAM WAR AT THE VIETNAM WALL IN NY

### BROWN WATER CLAIMS REVIEWED

Following oversight requests from Senate Veteran's Affairs Committee Chairman Daniel K. Akaka (D-Hawaii), the VA has agreed to review the cases of nearly 17,000 brown water and other Vietnam-era veterans who claimed disabilities related to exposure to Agent Orange. The VA had previously denied claims without properly determining whether veterans served in Vietnam's inland waterways or otherwise served in locations where they may have been exposed to herbicides, such as Agent Orange.

Akaka successfully urged the VA to reconsider cases in which claims by Vietnam veterans potentially exposed to Agent Orange were denied without obtaining relevant military records, such as deck logs. These veterans should have received the same presumption of service-connection as veterans who had boots on the ground in Vietnam.

By law, the VA presumes that Veterans who served in inland waterways were exposed to Agent Orange or other herbicides. Those veterans who suffer from certain diseases and their survivors may qualify for monetary benefits and health care.

With this review, certain veterans who were previously considered blue water veterans will have their claims re-evaluated for evidence of brown water service, or evidence of service in other locations where VA acknowledges that herbicides may have been used, such as the perimeters of **Air bases in Thailand.** — Vietnam Vets of America

— Military.com

### MISTAKE MAY SHORT-CHANGE WOUNDED VETS

APRIL 7, 2011

For more than five years, thousands of wounded and injured military reservists and National Guard troops nationwide might have lost medical benefits because of a Pentagon mistake, according to an investigation by Ryan Wyden.

In a letter sent on April 5, 2011 to Secretary of Defense Robert Gates, the Oregon Democrat said that many troops returning from Afghanistan and Iraq who ended up in Warrior Transition Units at military bases or in community based programs near their home lost up to six months of medical coverage that's provided to them under a 2005 law.

The Transition Assistance Management Program, or TAMP, was supposed to help personnel returning from active duty

get the medical care they needed before their civilian coverage kicked in. The problem was that the Pentagon started counting the 180 days of coverage the moment the troops returned to the United States, not once they left active duty.

Those that needed extensive care in the Warrior Transition Units often exhausted their six months benefits before they went home, according to Wyden. Pentagon papers leaked to the Tribune-Review showed that showed the typical Reservist or Guard member will spend about a year

in the special medical units, or longer if they are in a community-based program. While many of the troops receive federal medical insurance in retirement packages, others didn't. Neither Wyden nor the Pentagon can estimate exactly how many thousands lost out on the care they needed.

—Military.com

### BANK TO PAY 26 Million TO SERVICE MEMBERS

JPMorgan and Chase Company that admits earlier this year that it had improperly overcharged military families on their mortgage and foreclosed on the homes of those serving in Iraq and Afghanistan will pay 26 million to settle the class action law suit. The bank was accused of ignoring the protection under a federal law known as [Servicemembers Civil Relief Act](#), which offers servicemembers on active duty reduced interest rates on loans, along with protection from foreclosures and evictions and other benefits.

A few other example of such obligation you may be protected against are: Outstanding credit card debt, Pending trials, Taxes, Termination of lease.

(Go to [Military.com](#) for full story)

## UPDATE FROM ARTICLE APRIL/MAY VQLAN NEWS LETTER Page 6 "NEW VA RULES AID KOREAN WAR VETERANS

### EXPOSED TO AGENT ORANGE

#### FINAL RULE ON DMZ AGENT ORANGE EXPOSURE

Due to a final regulation just issued, VA officials will now presume herbicide exposure for any Veteran who served between April 1, 1968 and August 31, 1971, in a unit determined by VA and Dept. of Defense officials to have operated in an area in or near the Korean DMZ in which herbicides were applied.

Veterans with covered service in Korea who have medical conditions that may be related to Agent Orange are encouraged to submit their applications for access to VA health care and compensations as soon as possible. Click on [www.publichealth.va.gov/birth\\_defects.asp](http://www.publichealth.va.gov/birth_defects.asp) to learn about Veterans' diseases associated with Agent Orange exposure and birth defects in children of Vietnam-era Veterans. For more information on filing a claim visit the VA's Filing Claims for Presumption Conditions Based on Herbicide Exposure Website at [www.vba.va.gov/bin/21/AO/claimherbicide.htm](http://www.vba.va.gov/bin/21/AO/claimherbicide.htm). Additional information about Agent Orange and VA's services for Veterans exposed to the chemical is available at <http://www.publichealth.va.gov/exposures/agentorange>.

— Military.com

## TRAUMATIC BRAIN INJURY (TBI) CONCUSSIONS NOW QUALIFY FOR PURPLE HEART

The Army has announced a clarification in its guidelines for receiving a Purple Heart, with an emphasis on battlefield concussions being eligible for the medal. Official Army guidelines have long considered combat-sustained concussions a valid injury worthy of the purple heart, but in practice, it has been left to doctors or battlefield commanders to decide whether a blow to the head during combat warranted the medal. With recent studies on brain trauma, however, the rules have been revised to state what constitutes a concussion, with symptoms including momentary loss of consciousness or memory, dizziness, headache, nausea or light sensitivity. Medical treatment also required for the medal, is defined by the rule to include merely rest and Tylenol. If you are a soldier who suffered a concussion and feel you may not have been appropriately recognized for a Purple Heart, the Army urges you to re-apply through your chain of command.

—Military.com

Veterans call 888-276-9472 or e-mail

[hrc.tagd.awards@conus.army.mil](mailto:hrc.tagd.awards@conus.army.mil)

<http://www.military.com/veterans-report/concussions-now-qualify-for-purple-heart/>

ESCR=vr.nl

## SOME VETS GET SHOT AT MEDICAL RETIREMENT

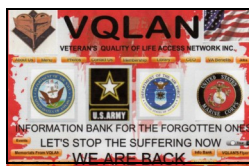
Approximately 70,000 Veterans who were given a medical separation between September 11, 2001 and December 31, 2009 have the chance to have their separation reviewed and possibly changed to a medical retirement. The reviews are conducted by the Physical Disability Board Review, which will examine each applicant's medical separation and make a recommendation to the respective Service Secretary based on their findings. Although there is no guarantee that applicants will become retirement eligible, there is no risk of the Veterans losing their existing benefits. To be eligible Veterans must have been medically separated with a combined disability rate of 20 percent or less, and originally not found eligible for retirement. Visit the PDBR website to learn more and begin the application process. Please pass this along to any Veterans you know who may qualify for the PDBR. Read more about the PDBR on the Military Advantage Blog: <http://www.military.com/veteran-report/some-vets-get-shot-at-medical-retirement?ESRC=vr.nl>

—Military.com

**RETIREMENT PARTY FOR  
BARRY AND PAT  
ON FRIDAY JULY 8TH 2011  
ABOARD THE BEAUTIFUL  
YACHT CLOUD 9  
FROM 7:00 PM TO 11:00 PM**

## VIETNAM WAR 50TH ANNIVERSARY

The Dept. of Defense has begun a project to pay tribute to the Nation's Vietnam War veterans. At the center of the project is the Website [www.vietnamwar50th.com/](http://www.vietnamwar50th.com/), which will serve as a clearinghouse for information on the war once it is fully functional this spring. The new Website will chronicle facts, provide educational materials and offer resources for a commemorative partners program, which will offer guidelines and materials for organizations to conduct their own Vietnam War commemoration activities.



[vqlan.org](http://vqlan.org) is still waiting for your comments. Your input is welcomed. Are you aware of the changes at the VA? How do you feel about the VA system, medical care and the Regional Office? Is the VA meeting your needs?

What do you have to say about life as a Veteran? Where are all the female Veterans and how do they feel about their experiences with the Department of Veterans Affairs?



## VETERANS HEALTH COUNCIL—Caregivers of Veterans

Last May, President Obama signed into law the Caregivers and Veterans Omnibus Health Service Act of 2010, which authorizes the VA to establish a wide range of new services and benefits to support certain caregivers of eligible veterans who were “catastrophically” disabled in the line of duty since Sept. 11, 2001. Under this law, the new benefits include monthly stipends, reimbursement for travel costs, medical coverage, training, counseling, and respite care designed to prevent institutionalization of veterans.

The law also requires detailed regulations for determining eligibility, designating and approving caregivers, and providing stipends and health care coverage to primary family caregivers. However, as of this writing, the VA has not developed any of the regulations, and according to the VA, “the complex process required to implement these regulations will provide veterans, caregivers, and the general public the opportunity to provide comments before those regulations are finalized.”

The law also authorizes the VA to provide an array of services to caregivers of veterans of all eras who already are enrolled in VA care. These services include: access to VA’s toll free Caregivers Support Line at

(855-260-3274); education and training on caring for veterans at home; support services such as counseling, support groups, and referral services; and a website for caregivers—

[www.caregivers.va.gov](http://www.caregivers.va.gov). In addition, the VA is “to take the opportunity to report to Congress in the future on the feasibility of expanding the enhanced services to family caregivers of veterans of all eras.”

In one manner or another, legislative proposals to help family members who have become primary caregivers for their veteran husband, wife, or child injured emotionally or physically in wartime service have been brought up in congressional committees in various forms over the last several years. VVA has always endorsed such legislation, beginning in 2007, with testimony in support of H.R. 2874, The Veterans Health Improvement Act and its companion bill in the senate, S.38, the Veterans’ Mental Health Outreach and Access Act. We noted that support for family caregivers was desperately needed, especially in rural areas for those with veteran spouses or children suffering from severe PTSD or TBI.

VVA’s concern with the needs of family-member veteran caregivers led to an active role in the national quantitative survey, *Caregivers of Veterans: Serving on the Homefront*, conducted by the National Alliance for Caregiving, and which was presented to Congress in November 2010. One of the key details about this national survey was that caregivers of Vietnam veterans were the most numerous (42 percent) among the survey respondents. Because aging Vietnam veterans are the nation’s largest living cohort among America’s veteran community, we must advocate strongly for the inclusion of our family caregivers in the new benefits package of the Caregivers and Veterans Omnibus Health Services Act of 2010.

### NOTE OF GRATITUDE

VVA wishes to offer a well-deserved but belated “thank you” to Rep. Bob Fisher (D-Calif.) former Chair of the House Veterans’ Affairs Committee in the 111th Congress and staff for their leadership in renewing the NVVRS/NVVLS studies.

Article by TOM BERGER, VHC EXECUTIVE DIRECTOR — VIETNAM VETS OF AMERICA

## WHAT AN OUTRAGE

### WAIT GOES ON FOR VETS’

**CAREGIVERS** — Those caring for veterans wounded since Sept. 11, 2001, are eligible for a host of benefits ranging from financial assistance to mental health support and respite care as of January 2011. But today that assistance is nowhere to be found. Implementation of the law is so delayed that a month after the program

was supposed to begin the Dept., of Veterans Affairs was still working to figure out how it might work and who exactly would qualify for benefits.

They’re pretty upset, “says Disabled American Veterans’ Adrian Atizado of the families he’s heard from. Members of Congress also are none too pleased about the delay. A group of 18 senators representing both parties wrote Secretary of Veterans Affairs Eric Shinseki in

February accusing the agency of withholding ‘critically needed benefits.’ For their part, VA officials now say the program could be in place by this summer. “We all agree the process has taken longer than many expected,” the agency said in a statement. “This is new territory for VA, but we have to get it right.” —

Michelle Diamant (AARP Bulletin)

## REALITY HOUSE GROUND BREAKING VETERANS HOUSING

Astoria, NY (April 12, 2011)

NobleStrategy construction management and training firm, and Reality House, Inc. on Friday broke ground on a 21,000-square foot substance abuse out-patient treatment facility and community residence for Veterans to be constructed at 8-13 Astoria Blvd.

Reality House, which will provide housing

for Veterans for up to nine months, will occupy the 30-bed residence by 2012.

(Read full story at <http://www.eggzack.com/article/2011-04-12-reality-house-noblestrategy-break-ground-on-ny-veteran>

(article submitted by Westley Thomas)







## WHAT THE AMERICAN FLAG MEANS TO ME



As I look through the City, in all it's despair,  
of the homeless, the crimes, and the children's lack of care,  
it saddens me and humbles me and teaches me to care  
and to fall on my knees always, to pray a great prayer...



Oh Lord! When I was young and in grade school,  
I was taught about America and all its great rules.  
I was taught of Old Glory a flag in the breeze  
that's suppose to wave opportunity to all that is free...

But yet, when I see your revelations of today,  
I get so frightened as to what will happen from day to day.  
And the only consolation that is in my heart,  
is to think of what was taught to me, from the very start...

The red of Old Glory is the blood of the ones,  
who fought to make us FREE, not just one Race or Color, but each and everyone.  
The white stripe is for the persons, who are the pure at heart,  
with Truth, Honesty and much Love to impart...

The blue skies from up above, against the blue waters below,  
are the parallels of justice that everyone should know.  
And the 50 stars dear Lord, in your beautiful constellation,  
are the lands of all the race, creed, and color representation...

So heal thy land oh Lord I pray,  
so the spirits of your people will be up-lifted today.  
And when I'm asked of this banner that waves freely in the breeze,  
I can say with all honesty, what the American flag means to me...



Dedicated to: Veterans and all Americans Everywhere

With Love/**Dawn Iva**/09-11-1989



STERLING V. ROBINSON

BROOKLYN, N.Y. 11233

March 11, 2011

NY 1 NEWS  
75 9<sup>th</sup> AVE. 6<sup>th</sup> FL.  
NEW YORK, N.Y. 10011

Dear NY 1 News:

My name is Sterling V. Robinson and I am a disabled veteran of the U.S. Armed Forces. I consider it to be an honor and a privilege to present this distinguished person to you. His name is Mr. Barry G. Campbell, CEO and Founder of Veterans Quality of Life Access Network (VQLAN).

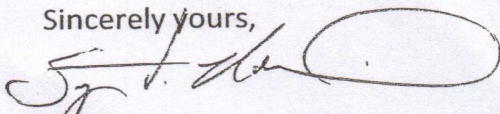
Mr. Campbell is a veteran of the Vietnam Era; and, he epitomizes the true meaning of what a patriot is! Single handedly, building the largest information resource library for the social needs, interest and usage for veterans, disabled veterans, and their dependants is just one of the many services that Barry has organized.

Barry is also an activist within the community. He has worked with numerous politicians and lawyers to fight for the interest of disenfranchised veterans. Hundreds of thousands of disabled veterans throughout the country, whom the U.S. Government had forgotten about, have been helped by Barry's services. He has helped veterans obtain employment, housing, service connected disability claims, and etc. I am referring to veterans who suffer from Agent Orange, cancers related to military service, PTSD, and the list of disabilities go on and on.

In conclusion, Mr. Campbell has donated countless unpaid hours of work for well over 20 years without pay making sure that veterans receive an adequate quality of life. Therefore, NY 1 I don't believe, but I know that Mr. Campbell is worthy to receive the accolade of New Yorker of the Week. If Barry is selected, his address is P.O. Box 20829 New York, N.Y. 10025 and his phone number is (646) 224-1234. He can also be reached at (646) 224-1234.

With love, I thank you for your consideration.

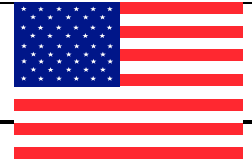
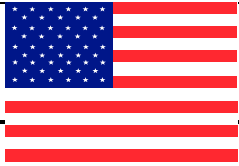
Sincerely yours,



Sterling V. Robinson

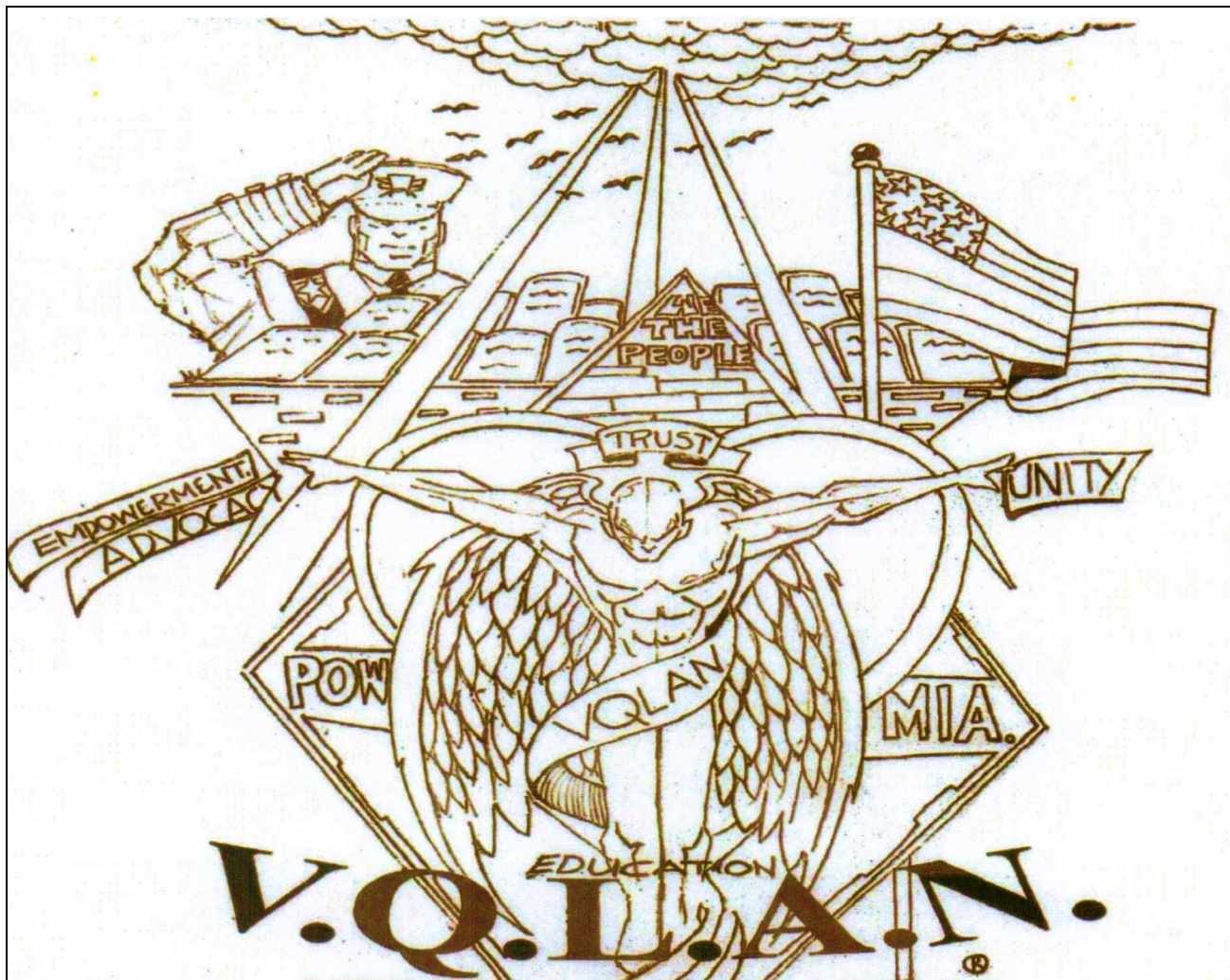
**FOR REAL!**





**ABOVE  
AND  
BEYOND**

**MANY ARE CALLED  
FEW ARE CHOSEN**



**VETERANS QUALITY OF LIFE ACCESS NETWORK INC.**

**FREEDOM  
IS  
NOT  
FREE**

**P.O. BOX # 20829  
NEW YORK, NY  
10025**

**NEXT ISSUE  
SPECIAL ADDITION  
DEDICATED TO  
OUR CEO'S  
RETIREMENT**

