

GEN. WILLIAM STARK ROSECRANS VFW POST 3261

JULY 2022 NEWSLETTER

1822 W. 162nd St., Gardena, CA 90247
Phone (310) 324-6161



It's not the dues you pay to be a member, but the price you paid to be eligible.

POST CALENDAR

Monthly Post Meetings: Second Tuesday at 7:00 p.m. at Post 3261. Membership meetings are held on Zoom. Send your email address if you'd like to participate.

Bingo: Every Wednesday- Doors Open at 4:30 p.m. – Starts at 6:30 p.m.

L.A. County COVID guidelines are followed at Post 3261.



CANTEEN
Open Mon - Sun
2 - 10 p.m.

Join our Great Bartenders
Sweeney and Nakia!

TACO Tuesday 4-9 PM

Tacos \$1.50
(Asada & Chicken)
Wet Burrito \$7.00
(Asada or Chicken)
Nachos \$5.00
(Asada or Chicken)

BINGO Wednesday

Doors open @ 4:30 p.m. Starts at
6:30 p.m.

MENU

Hot Dogs / Hamburgers
Cheese Toast / Patty Melt
Taco Salad / French Fries
Desserts: Brownies & Pineapple
Upside Down Cake

**RENT THE HALL FOR
YOUR NEXT PARTY OR
EVENT!**

(Capacity: 250 Persons)

Security Deposit - \$500
(Required to hold the date)

Friday & Saturday - \$2,000
(Bar Closes at Midnight)

*L.A. County COVID guidelines
are followed.*



Commander's Comments

Post
Commander
James "Jimmy
C" Carradine

I hope everyone had a safe and fun 4th of July and enjoyed family and friends.

We would like to welcome **John Hancock** as a new member to VFW Post 3261. John is a Navy veteran who served in Kosovo and is now the second youngest member of our Post. He has the distinction of being the second active member of Post 3261 who served outside the Vietnam Era.

Our Canteen is open to members and their families as well as the general public. We recently had a wonderful visit from a new friend, **June Watts**, who joined us for a few cocktails, dancing and fun with the other patrons.

June is an amazing eighty-eight (88) year old woman who enjoys life. She was kind enough to pose with me for a picture to share in our newsletter. Thank you June and it was a pleasure to meet you. Keep doing your thing!



Post Commander Jimmy C and June Watts

I have had problems with uploading our newsletter to our website which is why the June and July newsletters are late. However, I will have this problem fixed as soon as our support person returns from the VFW National Convention in Kansas City, MO., which ends July 21, 2022. In addition, members that requested the newsletter be mailed will receive them as usual.

Please don't forget to visit our website at **vfw3261.org**. If you have any questions regarding our website please contact me at jimmyc_90250@yahoo.com and enter "Website Question(s)" on the subject line.

Center for Women Veterans (CWV)

Medallion of Strength: Celebrating Women Veterans

A tangible way to identify and acknowledge women Veterans that celebrate their identity and contributions of service to the nation. Women who honorably served in the U.S. Military are Veterans – to some this is a no-brainer but others do not see themselves as Veterans. Women Veterans don't have many options when it comes to showing our Pride in service – but now they do.

The Center for Women Veterans and Veterans Engagement Office collaborated to bring you "The Medallion of Strength."



The Medallion of Strength serves as a unique marker that can make women Veterans feel more seen, celebrated, and acknowledged for their service as a Veteran, it provides a way to visibly show that women are a part of the Veteran community and encourages community and connection with other Veterans.

What is it for?

The Medallion can be worn to showcase pride about being a woman Veteran, it can be added to social media profiles to highlight this part of their identity, be displayed by VA and/or businesses to indicate service or support resources they may have for women Veterans, showcase support for women Veterans.

We didn't want to hold on to this gem – we wanted to release it so that women Veterans everywhere can start using but be on the lookout for more information about the Medallion and ways we plan to use it to bring awareness to the service of our women Veterans.

SOURCE: <https://www.va.gov/womenvet/resources/medallion-of-strength.asp>

HOMELESSNESS

News Sections: [Health](#), [Inside Veterans Health](#)

Published On: June 28th, 2022

Shawn Liu is the director of communications for the VA Homeless Programs Office

Want to know what VA is doing to end Veteran homelessness? Tune into VHA's new podcast, [Ending Veteran Homelessness](#). (<https://www.spreaker.com/show/vha-homeless-programs-ending-veteran-h>)

Hosted by the [VHA Homeless Programs Office](#) (HPO) (<https://www.va.gov/homeless/>), the podcast will explore how our country is working to ensure that every Veteran has a safe and stable place to call home.

The podcast's debut is timely. We're nearly two years into a global pandemic. VA's homeless programs have implemented a myriad of changes to meet the dynamic needs of Veterans at risk of and experiencing homelessness. The series will introduce Veterans to new benefits and program innovations. It also will outline how HPO's strategies have reduced – and will continue to prevent – Veteran homelessness.

In the inaugural episode, Dr. Jillian Weber, [Homeless Patient Aligned Care Team](#) (HPACT) (<https://www.va.gov/HOMELESS/HPACT.asp>) national program manager, discusses how VA has protected the safety of Veterans experiencing homelessness since the onset of the COVID-19 pandemic.

Leading VA's COVID-19 counterattack

As COVID-19 evolved across the United States in early 2020, so did Weber's role. She oversaw the daily operations and management of HPACT. She also stepped up to serve as HPO's co-lead for the COVID-19 response.

Weber understood that her leadership directly influenced the health outcomes of thousands of Veterans vulnerable to contracting the deadly virus. Understanding how best to protect Veterans was no easy task. She recalls safety guidance updating on nearly an hourly basis.

Small details saved lives

She worked with her team to form a rapid communications response protocol. They disseminated essential information across VA programs as fast as possible. They also were aware that even small details could save lives.

Among the most urgent threats to the health of Veterans experiencing homelessness were congregate living spaces, open bay or "barracks-style" setups used commonly in emergency shelters or transitional housing settings. As these shared spaces presented a high-risk environment for disease transmission, Dr. Weber and HPACT helped place particularly vulnerable Veterans in individualized beds at local hotels and motels.

Since then, VA has announced two [Grant and Per Diem capital grants](#) (authorized through the [American Rescue Plan Act of 2021](#)) to improve transitional housing facilities and reduce the risks associated with close quarters living.

Creating a future with health, without homelessness

While the pandemic has devastated our nation, programs such as HPACT are using lessons learned over the past two years to enhance the safety of all Veterans moving forward.

“This is about strengthening the health of the public as a whole, the whole community, the health of a system. We’re all as strong as our weakest link,” says Weber.

The Ending Veteran Homelessness podcast will keep you updated on how we are doing our part.

Please watch for our next blog post to hear about VA Secretary Denis McDonough’s goal [to place 38,000 homeless Veterans into permanent housing by December 31st, 2022](#) with Jill Albanese, director of Business Operations for the VA Homeless Programs Office. She is a member of the leadership team supporting local VA homeless programs in achieving the Secretary’s goal.

To listen to the Ending Veteran Homelessness podcast, [click here](#).

To learn more about the services that VA provides to Veterans experiencing homelessness and housing instability, visit www.va.gov/homeless.

If you are a Veteran who is homeless or at risk of homelessness, call the [National Call Center for Homeless Veterans](#) at 877-424-3838, where trained counselors are ready to talk confidentially 24 hours a day, 7 days a week.

Learn more about VA’s COVID response and COVID-19 vaccines for Veterans and their families at www.va.gov/coronavirus-veteran-frequently-asked-questions/.

SOURCE: <https://blogs.va.gov/VAntage/104775/podcast-ending-veteran-homelessness/>

Air Force Veteran Karol J. Bobko

News Sections: [Veteran of the Day](#)

Published On: July 7th, 2022

VA | #VETERANOFTHEDAY



KAROL J. BOBKO



Veteran of the Day Air Force Veteran Karol J. Bobko, served as a fighter pilot before becoming a NASA astronaut.

Born in New York in December 1937, Karol J. Bobko graduated from Brooklyn Technical High School in 1955. He attended the U.S. Air Force Academy and graduated as part of the academy's first graduating class in 1959. He later pursued a master's degree in aerospace engineering from the University of Southern California.

After receiving an Air Force commission and completing his flight training in 1960, Bobko was stationed at Cannon Air Force Base, New Mexico, to serve as a pilot with the 523rd Tactical Fighter Squadron. He was then stationed at Seymour Johnson Air Force Base, North Carolina, to serve with the 336th Tactical Fighter Squadron. After his time in North Carolina, Bobko attended the Aerospace Research Pilots School at Edwards Air Force Base in California. Upon completion, he was assigned to the Air Force Manned Orbiting Laboratory Program but was transferred to the National Aeronautics and Space Administration (NASA) after the MOL program was canceled in 1969. As a pilot, Bobko had over 6,600 flight hours.

As a NASA astronaut, Bobko was part of the Skylab Medical Experiments Altitude Test, a 56-day space station mission simulation. He was also part of the support crew for the 1975 American-Soviet Apollo-Soyuz Test Project and the Space Shuttle Approach and Landing Tests at Edwards Air Force Base.

In 1983, Bobko finally had his chance to enter space when he served as the pilot aboard the space shuttle Challenger during its STS-6 mission. During this mission, the crew deployed a communications satellite and conducted the first shuttle spacewalk in addition to various other experiments.

Bobko's second mission into space was in April 1985 when he served as commander for the STS-51-D mission aboard the space shuttle Discovery. Besides experiments, the crew also deployed two communications satellites and conducted an impromptu spacewalk to resolve an issue with one of the new satellites. Bobko's final mission into space was in October 1985. This time, he was the commander of the STS-51-J mission during the maiden voyage of the space shuttle Atlantis. During this mission, Bobko and the crew deployed two communications satellites and conducted experiments for the Department of Defense.

Bobko retired from the Air Force and NASA in 1988 at the rank of colonel. After retirement, Bobko worked in various capacities to support space flight. He is a former president of the U.S. Chapter of the Association of Space Explorers (ASE) and still serves on the ASE board of directors.

Among his awards as an astronaut, Bobko received three NASA Space Flight Medals, two NASA Exceptional Service Medals and six JSC Group Achievement Awards. His Air Force service awards include a Defense Superior Service Medal, a Legion of Merit, a Defense Meritorious Service Medal, an Air Force Distinguished Flying Cross and two Meritorious Service Medals. Bobko was also inducted into the U.S. Astronaut Hall of Fame in May 2011.

Thank you for your service.

SOURCE: <https://blogs.va.gov/VAntage/105165/veteranoftheday-air-force-veteran-karol-j-bobko/>



Asbestos ‘Only Known Cause of Mesothelioma’

Veterans exposed to asbestos need to be aware of the possible symptoms of this aggressive cancer.

BY JANICE PHELAN

Veterans are at an especially high risk of mesothelioma, an aggressive form of lung cancer. This is why it is important for them to be on the lookout for possible symptoms and to inform doctors about suspected asbestos exposure, according to Amy Fair, registered nurse and patient advocate.

“Exposure to asbestos is the only known cause of mesothelioma,” she said. “The U.S. military and many private industries used asbestos throughout most of the 20th century. Veterans who worked with or near asbestos, particularly Navy veterans, are at the greatest risk. In fact, 33 percent of mesothelioma cases involve Navy or shipyard exposure.”

Symptoms of mesothelioma may not emerge for 20 to 50 years after exposure to asbestos, so many veterans are still being diagnosed due to exposure that happened decades ago, Fair added.

“In fact, many veterans already have service-induced pleural plaques and/or asbestosis and are being watched for illness and should be kept on high surveillance with their doctors to assure they do not develop an asbestos-related malignancy such as mesothelioma or lung cancer,” she said.

Early mesothelioma symptoms may often appear like a bad cold with coughing, shortness of breath, weight loss or pain in the chest or ribs, Fair said.

“Doctors will often do X-rays, CT scans or take fluid or tissue biopsies to diagnose mesothelioma,” she added. “Early diagnosis is crucial for mesothelioma patients so they can assess



treatment options and possible clinical trials. Because the initial symptoms of mesothelioma can mimic respiratory infections, it’s extremely important for veterans to let their doctor know about any possible asbestos exposure they may have had.”

In addition to working with veterans who were in close contact with asbestos, Fair said she also helps treat many veterans who were diagnosed without direct exposure.

Treatment options for mesothelioma include surgery, chemotherapy, immune and target therapies and radiation with some individuals qualifying for clinical trials.

There are a number of resources for veterans with mesothelioma, Fair said, and she encourages vets to contact their veterans service officer for guidance about VA benefits.

“They should ask their oncologist for a possible referral to a nutritionist and to a social worker for assistance with finances, transportation and lodging if needed during the treatment plan,” she said.

“They should also inquire about

mesothelioma support groups for both the patient and the caregiver.”

Fair’s best advice to patients is to educate themselves.

“A mesothelioma diagnosis takes many patients and families by surprise. It is overwhelming and often confusing,” Fair said. “It is important to find out their doctor’s background in mesothelioma treatment and ask every single question they have. I also remind patients and families that mesothelioma is a holistic disease, so it is important that patients and families make decisions together.”

Fair added that as the daughter of a retired Army command sergeant major, she is “all too familiar with the dangers members of our military faced during their service. Veterans have sacrificed so much for our great country. Unfortunately, asbestos exposure can have long-term health implications.”

To reach Fair, email NurseAmy@simmonsfirm.com.

EMAIL magazine@vfw.org

Janice Phelan is a freelance writer based in Lee’s Summit, Mo.

National Insurance Awareness Day

National Insurance Awareness Day is a time for individuals and families to learn about the importance of insurance coverage and determine whether they have the right policies in place for protection. VA offers life insurance that allows Veterans, service members and their families to plan for the future with a variety of life insurance programs tailored to fit their financial needs, no matter their stage of life.

Beginning Jan. 1, 2023, VA will offer a new guaranteed acceptance whole life insurance program called [Veterans Affairs Life Insurance \(VALife\)](https://www.benefits.va.gov/insurance/VALife.asp) (<https://www.benefits.va.gov/insurance/VALife.asp>) If you're considering purchasing life insurance, make sure you understand the difference between whole life and term life insurance.

Term Life versus Whole Life programs

The most common types of life insurance coverage are term life and whole life. Each one can be tailored to the unique financial needs of the individual or family purchasing the policy.

Protection

Term life provides protection for a limited amount of time, such as 10, 15, or 20 years. Whole Life provides protection that stays in force for an individual's entire life.

Cash Value

Term life provides no cash value. Whole life builds cash value over the life of the policy that is available for use. Cash value will generally go up every five years as you age.

Premiums

Term life premiums are typically less expensive compared to whole life, are set for a fixed term, but will increase if the policyholder decides to renew for another term. Whole life premiums are generally higher and fixed for the life of the policy.

Benefits

Term life provides death benefits only. Whole life provides death benefits as well as the cash value that builds during the life of the policy.

Advantages of buying Whole Life Insurance

Whole life insurance programs offer a variety of advantages, especially if you are buying at a younger age. For example, if you purchase insurance in your 20s or 30s you can:

- Lock in a price discount that you'll keep for the rest of your life.
- Set aside some savings each month by putting money toward a whole life insurance policy that builds cash value.
- Grow wealth over time to help pay for life's expenses.
- Plan for your family's future and know that your parents, spouse or other loved ones will not have to struggle financially to pay for your funeral and other final expenses.

What Whole Life coverage does VA offer?

VALife provides guaranteed acceptance whole life insurance coverage to Veterans age 80 and under with any level of service-connected disability.

Guaranteed acceptance is a type of whole life coverage that does not require the applicant to answer health questions or get a medical exam for enrollment. Due to the absence of medical requirements with guaranteed acceptance, there is typically a set waiting period for full coverage to take effect.

VALife meets the needs of service-connected Veterans who may not have previously qualified for life insurance with VA and offers the following benefits:

- All service-connected Veterans age 80 and under with 0-100% VA disability ratings are eligible.
- Coverage in increments of \$10,000, up to a maximum of \$40,000, with premiums that are competitive with what's available in the private sector, after a two-year waiting period for full face value coverage.
- No medical requirements for enrollment.
- Fully automated online enrollment with instant approvals.
- Cash value that builds over the life of the policy after the first two years of enrollment.
- Rates are best the earlier you sign up. Once locked in, premiums will never increase.

To learn more about VALife and whether it's the right choice for you and your family, please visit the VALife webpage [here](https://www.benefits.va.gov/insurance/VALife.asp). (<https://www.benefits.va.gov/insurance/VALife.asp>)

Learn More

The VA [Life Insurance Needs Calculator](#) is a helpful tool for determining an appropriate amount of coverage. VA offers quality life insurance coverage at competitive rates to Veterans, service members and their families. Learn more about VA's life insurance benefit offerings [here](https://www.va.gov/life-insurance/) (<https://www.va.gov/life-insurance/>).

SOURCE: <https://blogs.va.gov/VAntage/104841/national-insurance-awareness-day-are-you-and-your-family-covered/>

PENDING LEGISLATION

June 22, 2022

Statement of
Tammy Barlet, Deputy Director
National Legislative Service
Veterans of Foreign Wars of the United States

Before The

United States House of Representatives
Committee on Veterans' Affairs
Subcommittee on Health

With Respect To

Pending Legislation

Washington, D.C.

Chairwoman Brownley, Ranking Member Bergman, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on these important pieces of legislation pending before this subcommittee.

H.R. 291, VA COST SAVINGS Enhancements Act

The possibility for cost savings of on-site regulated medical waste treatments could be more considerable now due to the increased amount of medical waste since 2020. Because of the high usage of personal protective equipment, vaccine packaging, and used test kits, the World Health Organization reports medical waste loads increased by up to ten times due to the COVID-19 pandemic. Therefore, disposing of this large volume of medical waste on site could be a greater cost-saving measure than contracting to have the medical waste discarded at another location.

The VFW supports this legislation which would direct the Department of Veterans Affairs (VA) to assess the cost savings for using on-site regulated medical waste treatment systems. VA currently has twenty-two facilities with on-site regulated medical waste treatment equipment, with four facilities slated for installation. That leaves the remaining VA facilities paying for off-site contracted medical and biohazardous waste disposal. These contracts come with a high price tag and require the transportation of infectious waste such as blood, microbiological cultures, body parts, and used dressings. To maintain fiscal responsibility, VA needs to continue to evaluate budget lines to find ways to calculate cost savings opportunities without jeopardizing patient care.

H.R. 345, Reproductive Health Information for Veterans Act

VA has taken steps in the past to eliminate the stigma for veterans to discuss with their providers certain topics that are associated with actions prohibited by federal laws. The Veterans Health Administration (VHA) created clear guidance for providers to discuss cannabis use with veterans only a few years ago. VHA Directive 1315 also outlines VHA's policy on not prescribing medical marijuana or referring veterans to state-approved medical marijuana programs. With proper guardrails established by VA, veterans should feel comfortable having conversations on topics the federal government strongly opposes without fear of humiliation, bias, or retribution.

Women veterans should also not tiptoe around discussions with their providers on taboo reproductive health issues such as unwanted pregnancy. Establishing provider guidelines to be open and available to the conversation while understanding the Hyde Amendment and VA's limitations sets providers up for success with their patients. Transparency, compassion, and reliability strengthen trust in the patient-provider relationship.

The VFW supports the intent of this legislation but has a few concerns. We want to ensure VHA establishes guidelines for providers to give accurate health information. A woman veteran's health and quality of life outcomes should be the priority between the veteran and her providers. Therefore, no topic should be off limits from conversation, especially relating to a woman veteran's reproductive health.

H.R. 1216, Modernizing Veterans' Health Care Eligibility Act

The VFW believes eligibility is an important issue as it directly affects our members and other veterans who wore the uniform. While we believe VA can improve upon its overall system, the VFW cannot support this legislation at this time.

We understand that VA eligibility standards may not be perfect and could be streamlined, but at this point we do not think a complete overhaul of the system is needed. We also do not think a proposed commission is the way to accomplish that goal. Commissions like the one described in this proposal are needed when subject matter experts are required and are best established when the objective has an identifiable problem. The VFW believes if changes are necessary for eligibility, there is more than enough knowledge and expertise between Veterans Service Organizations, Congress, and veteran health providers to deem an expert commission unnecessary.

H.R. 1957, Veterans Infertility Treatment Act of 2021

The VFW supports this bill which would require VA to amend its current IVF eligibility criteria to assist infertile veterans, regardless of their marital status and inability to produce gametes or embryos.

Being a parent grants the opportunity to invest in humanity, influence the future shapers, leave a legacy, and enrich the family unit. Although, for many who battle infertility this is not a reality. A study published in the *Journal of Marriage and Family* concluded that those with a biomedical barrier were the saddest, most self-conscious, and most pained about not having a child. In vitro fertilization (IVF) creates the hope of enjoying one of life's beautiful gifts.

Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. VA's IVF treatment eligibility excludes certain veterans from using this program to achieve that dream without the financial burden. Existing VA guidelines for those who are eligible for IVF are very strict and outdated. These services covered under VA should be expanded and made permanent.

H.R. 6273, VA Zero Suicide Demonstration Project Act of 2021

Reducing the number of service members and veterans who die by suicide has been a priority for the VFW and will remain so until it is no longer needed. Although the data recently released from VA shows a slight decline in veteran suicides from 2019, the number must be reduced to zero and remain there. For veterans who visited VHA between 2017 and 2018, the suicide rate decreased by 2.4 percent. At the same time, the suicide rate of those veterans who did not seek VHA care increased by 2.5 percent. Unfortunately, the *2021 National Veteran Suicide Prevention Annual Report* did not include an update on the suicide rate for VHA users to compare to past reports.

The VFW supports this bill because it is an evidence-based suicide solution. This multi-layered approach consists of continuous suicide screening at all health care touchpoints, creating a crisis plan, and maintaining consistent communication with the veteran. Removing the stigma of discussing suicide and fostering a healthy

conversation can lead to the end goal of zero suicides. VHA has a unique opportunity to support all VA providers with the tools and knowledge to screen their patients for suicide at every appointment.

H.R. 7589, REMOVE Copays Act

Access to mental health care services needs to be free of barriers and challenges, such as the financial barrier of copayments. Veterans who do not have a service-connected disability rating of ten percent or higher are charged a copayment for outpatient care not connected with their military service. Mental health falls into specialty care services, which costs fifty dollars for each visit. Financial burden should not prevent a veteran from seeking VHA mental health services.

The VFW supports this bill, which would grant a veteran's first three VA outpatient mental health appointments without copayments. This legislation fulfills VA's proposed change to eliminate this barrier to care and increase veterans' access to mental health services.

Chairwoman Brownley, Ranking Member Bergman, this concludes my testimony. I am prepared to answer any questions you or the subcommittee members may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2022, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.

SOURCE: <https://www.vfw.org/advocacy/national-legislative-service/congressional-testimony/2022/6/pending-legislation>

GEN. WILLIAM STARK ROSECRANS VFW POST 3261

OFFICERS

Commander – James "Jimmy C" Carradine

Senior Vice Commander – Noe Rubio

Junior Vice Commander - Juan C. Guerrero

Quartermaster – Norman "Norm" Chibana

Chaplain - Michael J. McArdle

1st Year Trustee – Elvin Carter

2nd Year Trustee – Horace Yonamine

3rd Year Trustee – Patrick F. Tubal

Adjutant – Norman "Norm" Chibana

Service Officer – Larry "Skip" Anglin

Judge Advocate – Vincent K. Warren