



Mideast Division Bulletin January 2017

This Mideast Division Bulletin is to provide communication on administrative policy and pending events within the division. These are areas that I want the Departments and Detachments to focus on to ensure the Mideast Division complies with directives from MCL National HQ. Disseminate this information to all detachments. Departments are requested to submit any information on scheduled events within their area to the Division Adjutant, Roger Ware at rrware@yahoo.com and Division Web Sgt, Robin Elder at mclmideast@gmail.com. The Division web site is: www.mclmideast.com. The Chain of Command is: Individual - Detachment - Department - Division - National.

Mideast Division Officers:

NVC:	Mike McLain:	mclain@suddenlink.net	Home: 304-464-5049
Assistant NVC:	Bruce Rakfeldt:	mclbrucerakfeldt@triad.rr.com	Home: 336-578-9446
Judge Advocate:	Gerard F. Devlin:	gerarddevlin@aol.com	Home: 301-262-1696
Jr. Past NVC:	Arvel "Bud" Raines:	budraines30@comcast.net	Cell: 301-697-9994
Chief of Staff :	R. Frederick Wise	ocwise1@comcast.net	Home: 410-213-2543
Adjutant:	Roger Ware:	rrware@yahoo.com	Home: 304-636-4365
Paymaster:	R. Frederick Wise:	ocwise1@comcast.net	Home: 410-213-2543
Chaplain:	Lee Taylor:	justlee.taylor@yahoo.com	Home: 540-297-4633
Aide-de-Camp:	John "Jack" Severn:	jack7rn@comcast.net	Home: 301-865-1962
Sgt-at-Arms:	Charles Minton:	ssgtcdminton@yahoo.com	Home: 252-452-0728
Sgt-at-Arms:	Jeffrey Jones:	jdjones0311@aol.com	Home: 252-205-0627
Web Sergeant:	Robin Elder	mclmideast@gmail.com	Cell: 804-814-8284
Marine For Life:	Don Coons:	djc1945@verizon.net	Cell: 757-510-0435
W- Warriors:	Don Coons:	djc1945@verizon.net	Cell: 757-510-0435
VAVS:	Roger Ware:	rrware@yahoo.com	Home: 304-636-4365
Legislative:	Gerard F. Devlin:	gerarddevlin@aol.com	Home: 301-262-1696
Toys for Tots:	Bruce Vanden Bos:	bavandenbos@gmail.com	Home: 301-994-1343
Ambassador:	Guy Hall:	usmc376@yahoo.com	Cell: 443 -635-3325
Historian:	Evelyn Remines	mclchick@hotmail.com	Home: 443-243-2430
Fund Raising Chairman:	James Brady	jimbrady1951@gmail.com	Home: 202-549-9533
MCLA Mideast VP	Judy Horensky	jhorensky@yahoo.com	Home: 302-449-1409

NVC

Mike McLain
159 Kittle Street
Williamstown, WV 26187

ANVC

Bruce Rakfeldt
2717 Clifford Ray Road
Haw River, NC 27258

Adjutant

Roger Ware
181 Weese Street
Elkins, WV 26241

Department Commandants:

Commandant:	Raymond P. Snyder	oilworks32@verizon.net	Cell: 302-588-1542
Commandant:	Craig Reeling	craig.reeling@marylandmarines.org	Cell: :410-428-0626

Department of North Carolina
 Commandant: Charles Minton ssgtcdminton@yahoo.com Home 252-452-0728
Department of Virginia
 Commandant: Don Coons commandant@VirginiaMarines.org Cell; 757-510-0435
Department of West Virginia
 Commandant: Richard L. Shank hard-charger@suddenlink.net Cell: 304-633-1814
Capital Marine Detachment 516
 Commandant:
National Capital Detachment 382
 Commandant: John Kovalcik: NJRV@sc.rr.com Cell: 843-333-4618
London UK Detachment 1088
 Commandant: Mark Scher markescher1@gmail.com VOIP :248-823-5942

Mideast Division Membership

Here are the total paid membership of the Mideast Division as of 12/31/16.. NVC McLain asks each department to scan over their rosters and contact all unpaid and see if we can reduce the unpaid.

<u>12/31/16</u>	<u>9/30/16</u>	<u>6/30/16</u>	<u>3/31/16</u>	<u>12/31/15</u>	<u>9/30/15</u>	<u>6/30/15</u>	<u>3/31/15</u>	<u>12/31/14</u>
6085	6227	6183	6220	6078	5996	6188	6281	6360

Here are the totals for the Division as of 12/31/16
 PLM: 3504 Paid: 2591 Total Paid: 6085 Unpaid: 1083

Here are the changes since the 12/31/16 membership roster:
 PLM -4 Paid: -127 Total Paid: -142 Unpaid: +44

The Mideast Division Membership on, 12/31/15 - **6078**- 3/31/16 - **6220** 6/30/16 -**6183** 9/30/16 -**6227** This is a decrease of **127** since **9/30/16**. Total Unpaid 12/31/15 was **1211**. 3/31/16 was **1098**. 9/30/16 was **1039** This is increase of **44** unpaid since **9/30/16**.

National Membership has sent the 4th quarter detachment membership rosters to the NVC's who sent it to all the Departments.. This listed the members in each detachment including Paid Life Members (PLM), Paid (those paying annual dues) and Total Paid (includes PLM and dues paying) and all Unpaid. Only the Detachment Paymaster receives the detachment copy while the Department Commandant and Department Paymaster receive a copy of every detachment membership. Detachment Paymasters need to share this information with their Commandant and Jr Vice Commandant as well as those members of their Detachment Membership Retention Team (MRT). Every unpaid member listed must be contacted either via telephone call or letter and encouraged to continue paying their dues. The Commandant should ensure that every member of their detachment is contacted at least every 3 months. Communication is extremely important as it ensures your members are informed of your detachment activities and events so they can attend meetings and assist with some of your events. Due to the transition of All dues expiring on August 31 yearly, it is extremely important that each detachment track their unpaid members. Each Detachment to be proactive and take whatever steps are necessary to ensure that all unpaid members are informed of this change over. Departments must maintain contact with all your detachments during this transition to all dues expiring August 31 yearly. The membership cards will have Sep 1.

A message from National Commandant Richard Gore

January 13, 2017

Marines,

I would like to start off by wishing everyone a "Happy New Year" and wishing all a lot of success and happiness in 2017. Let's make this the year that we bring the Marine Corps League into the 21st century and keep it there. With continued technical upgrading and BEST operating practices for each and every Detachment, Department, and League Member on our rolls. All Detachments should be looking at our Members at Large and encouraging them to join their Detachment in the areas where they live so they can help contribute to the Detachments success.

We no longer reside at our old location in Fairfax, Va. As of 10/01/2016 we have moved to; 3619 Jefferson Davis Highway, Ste. 115, Stafford Va. 22554 Phone #703-207-9588. All paper work of any type should be sent to this address from this time on. This location is approx. 3 miles south of the Main Gate at Quantico, and the entrance to the Museum of the Corps. Please stop in and visit and see the new location and meet the HQ staff. It is your HQ and you are always welcome. (You will be very surprised)

If you receive "Leatherneck" magazine from the MCA you may have seen the article published about the League in the last issue. We have worked with the staff of the MCA and will be publishing an article or ad in our magazine about them in a future edition. This is an agreed upon event between our two organizations to start and continue working as a team to facilitate joint memberships and calibrations on some of our endeavors. We as Marines should be working as a T.E.A.M. and we are now working in that direction together. We are also trying to work out a relationship with the "Museum", so when people visit they will know we are just down the street, come and visit or join. I still believe a great many Marines have never heard of our existence.

Remember to make your reservations for the Midwinter Conference to be held March 2nd to March 4th at the Fredericksburg Hospitality House, Fredericksburg, VA, 22401. Once again we have many classes to offer on the new paperwork changes and how to use the changes to make your work easier to when submitting it to National.

Also be sure and purchase your Tour Raffle tickets to possibly win yourself a chance of a lifetime trip with "Military Historical Tours", which will be drawn at the banquet on Saturday night. The chances are \$5.00 each or 5 for \$20.00. The tickets are in the Fall 2016 edition of the "Semper Fi" Magazine. You can't win unless you take a chance!!! Pretty soon you will be receiving your latest edition of "Semper Fi", published by our new publisher. It would be refreshing for you to respond to HQ, myself or the Exec. Dir. with your comments. Please let us know what you would like to see and any other comments you may have. If anyone would like to advertise in the magazine be sure to call the publisher and they will give you the new rate and get you on board. If you have any questions pertaining to the functioning of the League be sure to utilize your chain of command/responsibility. They can give you the answers you need. HQ staff is extremely busy working for all the membership. Operational questions should be

directed to the proper personnel from your chain of command/responsibility. If you have exhausted your resources and still have not found a resolution/answer send a short email to me and I will get you a response if necessary.

See you all soon.

"Semper Fi"

Richard D. Gore, Sr.

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New address of the National Headquarters is:

3619 Jefferson Davis Highway
Suite 115
Stafford, VA 22554
703-207-9588

2017 Mid Winter National Staff Conference

2017 Midwinter National Staff Conference will be March 2-4, 2017 at the Fredericksburg Hospitality House and Conf Center, 2801 Plank Rd, Fredericksburg, VA . The Department Commandant's Council is Thursday, March 2nd at 1700. All Department Commandants or their representatives are required to present their respective reports during this council. In the event a Department does not have anyone in attendance, a copy of their Department Report should be mailed to Mideast Division NVC Mike McLain, 159 Kittle St, Williamstown, WV 262187 cell : 304-482-0752 so he can present it. Departments should present a copy to Mideast Division NVC Mike McLain and National Sr Vice Commandant Wendell Webb. Bring 50 copies for distribution. Department Commandants, your report should focus on all those areas that National Sr Vice Commandant Webb will request. Please be specific and provide the information that he desired in your Department Report. Limit your report to three minutes. Here is National's website: <http://www.mclnational.org/>. log onto site, click on Programs, then Midwinter, and scroll down and click on registration information, print off form., fill in the information and mail to the address listed. The form can also be sent as PDF or you can call the phone number listed and use your credit card to register.

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**Commandant Council – Mid-Winter 2017 Report
Department Commandants Report**

Department of _____ Division: _____

Name: _____

Phone: _____ e-mail: _____

This report is due at the Commandant Council at Midwinter 2017. **All of this data should be based on your records not National's records.** If you do not maintain your own records, please state that and complete what you can. I will do the comparisons after Mid-Winter and provide a report.

1. Does your Department maintain its own membership records and how do they compare with National Rosters? (Simple yes and no and brief statement required.)

Answer:

2. Provide the total membership numbers of your Department over the past three years. (Based on total

membership, including PLM, Regular, Associates) **This is based on your records not National data.**

I want to see the growth and decline of each Department.

- a. 2014 Members_ _____
 - b. 2015 Members_ _____
 - c. 2016 Members_ _____
3. Provide the percentage of your Department's membership under 55 years of age.
- a. Under 55- _____ %
 - b. Do you have any idea how many of these are active in your Department's Detachments?
4. Provide the percentage of your Department's Detachments completing their Paid Life Members audit for 2016.
- a. Total number of Detachments in your Department: _____
 - b. Percentage of those Detachments completing the PLM: _____ %
5. Provide the answers on your Department and Department Detachments completing their Federal 990 submittals.
- a. Department completed 990 submittals for 2016. _____ Yes _____ No
 - b. Percentage of Detachments completing 990 submittals. _____ %
 - c. How many have Letters of Revocation? _____
 - d. How many need help to return to good standing? _____
6. What is the most successful program you currently have to increase membership and keep members actively participating in their Detachment?
Answer:
7. What is the least successful program you currently have that prevents members from being active?
Answer:
8. How many FOCUS Marines, Marine @ Large, have you contacted?
- a. FOCUS Marines - _____ Contacted _____ Joined
 - b. Marine @ Large - _____ Contacted _____ Transferred
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Clarification on Dues Renewals and New Joins

This is a good summary compiled by Dept of WV Paymaster George Gill so thought I would include to help clarify the payment of your dues.

As it is now 2017 and the \$10.00 dues for renewals are now in effect I would like for everyone to read this again. Remember that this is based on the Members END Date from your roster and NOT the calendar date that you do the Transmittal.

Also the \$15 New Membership dues will take effect on 1 March 2017. As everyone should know, a National Bylaws change was submitted to National Headquarters that would change all members dues expiration dates to August 31. This Bylaws change was voted on at the National Convention earlier this month. This change was approved with amendments.

A clarification letter from the National Marine Corps League Executive Director Hazlett

was posted on the National Web Site and has been included in previous Bulletins on this Bylaws change. Please finish reading this email and then go back and read over his letter.

Because of the way the National HQ's computer system currently works the due dates on the membership cards will say 1 September instead of 31 August but the actual expiration date will be 31 August.

Renewals:

If your dues are due between now and the end of December 2016 then your dues will be your normal dues amount (\$20.00 for National + plus your Department dues + your Detachments normal dues). Your new membership card will say 1 September 2017 as the expiration date.

If your dues are due in January thru June of 2017 then your dues will be \$10.00 for National plus your Department dues + plus your normal Detachment dues. Your new membership card will then say 1 September 2017 as the expiration date.

Anyone whose membership expires after 1 July 2017 will pay the normal annual dues and get a renewal date of 1 September 2018.

Remember, if someone has not paid their dues for more that a year you should put them in with a code of "RI" with the dues for that month.

After this is completed then everyone will have the same expiration date of 1 September. From this point on everyone's new renewal date will always be 1 September of the next year.

Once members have renewed and gotten the expiration date of 1 September 2017, they can renewal at any time and their next card will say 1 September of the next year. You do not have to wait until August to renew for the next year but can send in the renewals at any time.

New Members:

For new members joining from now to the end of February 2017 the dues will be the normal dues.(\$25.00 for National + your Department dues + the Detachments normal dues). Their new membership card will say 1 September 2017.

For new members joining from 1 March 2017 and 31 July 2017, their dues will be the regular dues minus \$10.00 (\$15.00 for National + your Department dues + the Detachments normal dues). Their new membership card will say 1 September 2017.

After the end of July 2017 the new membership dues will be the regular normal dues (\$25.00 for National + your Department dues + the Detachments normal dues) and their membership card will say 1 September 2018.

After 31 August 2017, the join fee for the Marine Corps League will be the normal fee and will expire on the next 31 August date.

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Division Marine of the Year

Section 300 (h) of the National Administrative Procedures outlines the criteria for selection of the National Marine of the Year. Using these provisions the following Mideast Division MOY recipients are the committee to select a 2017 Mideast Division Marine of the Year. The Chairman is Roger Ware - Department of West Virginia The other committee members are: Bud Raines and Tony Begenwald - Department of Maryland, Richard Tanner - Department of Delaware and Mike McLain Department of

West Virginia The guidelines in Section 300 (h) (2) of the above reference must be followed for each nomination. Please insert "Division" in lieu of "National", as appropriate. Any regular member from the Mideast Division can be nominated and the Mideast Division MOY will be presented at the 2017 Mideast Division Conference, June 24, 2017 in Durham, NC. Each letter of nomination must be mailed to the above chairman, registered return receipt, post marked not later than May 15, 2017. Mail to Roger Ware, 181 Weese St, Elkins, WV 26241. Telephone: 304-636-4365. The Marine of the Year Committee will announce the 2017 recipient during the Mideast Division Conference. The above provisions are for 2017 Marine of the Year selection only.

Division Marine of the Year Criteria

This award shall be presented to a REGULAR MEMBER of the Marine Corps League who has rendered service(s) and/or performed a deed(s) above and beyond the duties and obligations required of a member of the Marine Corps League, or a meritorious deed(s) so identified as being within the scope of these rules shall be of such substance that the weight will or shall have brought acclaim and prestige to the Marine Corps League; or has enhanced and/or furthered the concepts of the duties of being a citizen of the United States of America; or a deed(s) of courage or valor without regard for his/her own safety

Letters of nomination must originate only at the DETACHMENT LEVEL. No individual nor any subsidiary unit of the Marine Corps League shall submit a letter of nomination. All letters of nomination shall include a letter signed by the Detachment Commandant and Adjutant, stating that the nominee for Division Marine of the Year was approved at a regular meeting of the detachment by a majority vote. (In the event a nominee is the Commandant, the letter of nomination shall be signed by the Senior Vice Commandant and the Adjutant. In the event a nominee is the Detachment Adjutant, the letter of nomination shall be signed by the Detachment Commandant and Senior Vice Commandant).

Each nomination submitted shall be placed in a sealed envelope and addressed to "Chairman, Division Marine of the Year Society". THIS ENVELOPE SHALL THEN BE PLACED IN ANOTHER ENVELOPE and mailed, certified/return receipt requested, to: the Chairman at the address listed on the announcement.

The member must be a member in good standing and have served at least either an elected or appointed position within his detachment and department. List how many years he has been a member. List his positions and what was the significance of each if any. Is he a Detachment or Department Marine of the Year.

The recommendation should summarize what the member has done in his detachment, and or department. It should be brief and only impact areas where the candidate performed that brought credit upon his detachment and not merely list that he performed the duties expected of his position and or attended meetings. What were the results of any activities he participated in that were above the normal expected duties of his position. List those activities where he was the chairman or committee lead. Examples: Toys for Tots for 15 years and how many toys collected and how many children benefited.

Chairman of numerous fund raising events that benefited detachment or selected charities. What was the total amount generated. Did he teach flag etiquette or flag folding to children, how many classes and how many kids for how many years.

What civic projects or volunteer did he do to enhance the league. If he did not participate as a league member in an event or activity, do not list it. What did he do as a volunteer outside of his detachment for the league. Was he recognized within his community for a project.

The nomination should be a snapshot of the member's achievements and not just listing his MCL awards. Did he attend his department quarterly meetings or convention, Mideast Division Conference, National Mid-Winter Staff Conference, National Convention

The Division MOY Committee has developed a point system to aid them in their selection process. Consideration can be giving a point for each event, and a point giving for participation outside his detachment for either serving on department, division or national level and on any committees.

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The Chapel of Four Chaplains - February 3

February 3, 1943 is the date that four Army chaplains, George L. Fox, Alexander D. Goode, Clark V. Poling and John P. Washington lost their lives. The Chapel of Four Chaplains memorializes the courageous act of these four Army Chaplains who gave their lifejackets to others when the troopship USAT Dorchester sank after being torpedoed on February 3, 1943, and honors the 672 men who perished. The Chapel of Four Chaplains is a national nonprofit organization, founded in 1947, which recognizes and encourages cooperation, brotherhood, and selfless service. The work of the Chapel is sustained solely by the cooperation and contributions of friends who share in the dedicated spirit of the Four Chaplains.

Many of the members in our department are recipients of the Chapel of Four Chaplains Legion of Honor Award. The Chapel is a lasting tribute to those four Army chaplains who lost their lives on Feb 3, 1943 when the USAT Dorchester was torpedoed by a German submarine. The Chapel will soon be mailing out donation requests to every member who has been inducted into the Legion of Honor, asking for their support in keeping the Chapel of Four Chaplains vibrant. The Chapel's motto of "Unity without Uniformity and the recognition of "ordinary people who do extraordinary things" continues to be manifested in so many ways all over the country, and to so many people. Please consider supporting the Chapel with a donation and mail to : The Chapel of Four Chaplains, 1201 Constitution Avenue, The Navy Yard, Building 649, Philadelphia, PA 19112-1307.

Diseases Associated With Exposure to Contaminants in the Water Supply at Camp Lejeune

NOTE: In reference to this email I previously send to everyone. If anyone knows a surviving unmarried widow of a deceased Marine or other qualifying member that died from one of the presumptive conditions listed at the end of this announcement, please contact them and encourage them to file a VA claim for cause of death. Please note that it must be from one of the conditions listed as primary or secondary cause of death. The VA will not contact these surviving widows so please do all you can to offer assistance to them. We owe this to any of these widows so please pass this info to them.

If you desire to read the full text of title 38-3 of the CFR go to this site:

<https://www.federalregister.gov/documents/2017/01/13/2017-00499/diseases-associated-with-exposure-to-contaminants-in-the-water-supply-at-camp-lejeune>

A Rule by the Veterans Affairs Department on 01/13/2017. The Obama administration has agreed to provide disability benefits totaling more than \$2 billion to veterans who had been exposed to contaminated drinking water while assigned to Camp Lejeune in North Carolina. The decision was quietly made public on 1/12/2017 with a notice in the Federal Register, the government's official journal.

Beginning March 14, 2017, the cash payouts from the Department of Veterans Affairs may supplement VA health care already being provided to eligible veterans stationed at the Marine base for at least 30 days cumulative between Aug. 1, 1953, and Dec. 31, 1987. Veterans will have to submit evidence of their diagnosis and service information. Outgoing VA Secretary Bob McDonald determined that there was "sufficient scientific and medical evidence" to establish a connection between exposure to the contaminated water and eight medical conditions for purposes of awarding disability compensation. The estimated taxpayer cost is \$2.2 billion over a five-year period. The VA estimates that as many as 900,000 service members were potentially exposed to the tainted water.

The new rule covers active duty, Reserve and National Guard members who developed one of eight diseases: adult leukemia, aplastic anemia, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin's lymphoma and Parkinson's disease. Documents uncovered by veterans groups over the years suggest Marine leaders were slow to respond when tests first found evidence of contaminated ground water at Camp Lejeune in the early 1980s. Some drinking water wells were closed in 1984 and 1985, after further testing confirmed contamination from leaking fuel tanks and an off-base dry cleaner. The Marine Corps has said the contamination was unintentional, occurring when federal law didn't limit toxins in drinking water.

Congress in 2012 passed a bill signed into law by President Barack Obama extending free VA medical care to affected veterans and their families. But veterans were not automatically provided disability aid or survivor benefits. The issue has prompted

lawsuits by veterans organizations, which note that military personnel in Camp Lejeune housing "drank, cooked and bathed" in contaminated water for years.

Affected veterans who were stationed at Camp Lejeune may now submit applications for benefits, once the rule is officially published Friday. Roughly 1,400 disability claims related to Lejeune are already pending, and will be reviewed immediately, according to the VA.

Final rule in federal register

SUMMARY:

The Department of Veterans Affairs (VA) amends its adjudication regulations regarding presumptive service connection, adding certain diseases associated with contaminants present in the base water supply at U.S. Marine Corps Base Camp Lejeune (Camp Lejeune), North Carolina, from August 1, 1953, to December 31, 1987. This final rule establishes that veterans, former reservists, and former National Guard members, who served at Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) during this period, and who have been diagnosed with any of eight associated diseases, are presumed to have incurred or aggravated the disease in service for purposes of entitlement to VA benefits. In addition, this final rule establishes a presumption that these individuals were disabled during the relevant period of service for purposes of establishing active military service for benefits purposes. Under this presumption, affected former reservists and National Guard members have veteran status for purposes of entitlement to some VA benefits. This amendment implements a decision by the Secretary of Veterans Affairs that service connection on a presumptive basis is warranted for claimants who served at Camp Lejeune during the relevant period and for the requisite amount of time and later develop certain diseases.

DATES:

Effective Date: This final rule is effective March 14, 2017.

SUPPLEMENTARY INFORMATION:

I. Purpose of the Final Rule

VA amends its adjudication regulations to add certain diseases associated with contaminants present in the base water supply at U.S. Marine Corps Base Camp Lejeune, North Carolina, from August 1, 1953, to December 31, 1987. This final rule establishes that veterans, former reservists, and former National Guard members, who served at Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) during this period and who have been diagnosed with any of eight associated diseases, are presumed to have incurred or aggravated the disease in service for purposes of entitlement to VA benefits. In addition, this final rule establishes a presumption that these individuals were disabled during the relevant period of service for purposes of establishing active military service for benefits purposes. Under this presumption, affected former reservists and National Guard members have veteran status for purposes of entitlement to some VA benefits.

Section 501(a)(1) of title 38, United States Code, provides that “[the Secretary has authority to prescribe all rules and regulations which are necessary or appropriate to carry out the laws administered by [VA] and are consistent with those laws, including . . . regulations with respect to the nature and extent of proof and evidence and the method of taking and furnishing them in order to establish the right to benefits under such laws.”

This broad authority encompasses the establishment of an evidentiary presumption of service connection and exposure under specified circumstances, provided there is a rational basis for the presumptions. In this case, the Secretary has determined that proof of qualifying service at Camp Lejeune, consistent with Public Law 112-154, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Camp Lejeune Act), and the subsequent development of one of the eight listed diseases is sufficient to support the presumption that the resulting disease was incurred in the line of duty during active military, naval, or air service, to include qualifying reserve or National Guard service, to establish entitlement to service connection. See 38 U.S.C. 1110 and 1131.

II. Summary of Major Provisions

The major provisions of this final rule include the following: VA will amend 38 CFR 3.307 to establish presumptions of service connection associated with exposure to contaminants in the water supply at Camp Lejeune. This amendment presumes exposure to contaminants in the water supply at Camp Lejeune for all active duty, reserve, and National Guard personnel who served for no less than 30 days (consecutive or nonconsecutive) at Camp Lejeune during the period beginning August 1, 1953, and ending on December 31, 1987. This presumption specifically allows former reservists and National Guard members to establish veteran status by presuming that a covered disease was incurred in the line of duty and was disabling during a period of qualifying service.

VA will also amend 38 CFR 3.309 to prescribe the eight conditions that are subject to presumptive service connection in relation to exposure to contaminants in the water supply at Camp Lejeune.

For the reasons stated in the preamble, the Department of Veterans Affairs amends 38 CFR part 3 as follows:

PART 3—ADJUDICATION

Subpart A—Pension, Compensation, and Dependency and Indemnity Compensation

1. The authority citation for part 3, subpart A, continues to read as follows:

Authority: 38 U.S.C. 501(a), unless otherwise noted.

2. Amend § 3.307 by revising the section heading and paragraphs (a) introductory text and (a)(1), and adding paragraph (a)(7) to read as follows:

§ 3.307

Presumptive service connection for chronic, tropical, or prisoner-of-war related disease, disease associated with exposure to certain herbicide agents, or disease associated with exposure to contaminants in the water supply at Camp Lejeune; wartime and service on or after January 1, 1947.

(a) *General.* A chronic, tropical, or prisoner of war related disease, a disease associated with exposure to certain herbicide agents, or a disease associated with exposure to contaminants in the water supply at Camp Lejeune listed in § 3.309 will be considered to have been incurred in or aggravated by service under the circumstances outlined in this section even though there is no evidence of such disease during the period of service. No condition other than one listed in § 3.309(a) will be considered chronic.

(1) *Service.* The veteran must have served 90 days or more during a war period or after

December 31, 1946. The requirement of 90 days' service means active, continuous service within or extending into or beyond a war period, or which began before and extended beyond December 31, 1946, or began after that date. Any period of service is sufficient for the purpose of establishing the presumptive service connection of a specified disease under the conditions listed in § 3.309(c) and (e). Any period of service is sufficient for the purpose of establishing the presumptive service connection of a specified disease under the conditions listed in § 3.309(f), as long as the period of service also satisfies the requirements to establish a presumption of exposure to contaminants in the water supply at Camp Lejeune under paragraph (a)(7)(iii) of this section.

* * * * *

(7) *Diseases associated with exposure to contaminants in the water supply at Camp Lejeune.* (i) For the purposes of this section, *contaminants in the water supply* means the volatile organic compounds trichloroethylene (TCE), perchloroethylene (PCE), benzene and vinyl chloride, that were in the on-base water-supply systems located at United States Marine Corps Base Camp Lejeune, during the period beginning on August 1, 1953, and ending on December 31, 1987.

(ii) The diseases listed in § 3.309(f) shall have become manifest to a degree of 10 percent or more at any time after service.

(iii) A veteran, or former reservist or member of the National Guard, who had no less than 30 days (consecutive or nonconsecutive) of service at Camp Lejeune during the period beginning on August 1, 1953, and ending on December 31, 1987, shall be presumed to have been exposed during such service to the contaminants in the water supply, unless there is affirmative evidence to establish that the individual was not exposed to contaminants in the water supply during that service. The last date on which such a veteran, or former reservist or member of the National Guard, shall be presumed to have been exposed to contaminants in the water supply shall be the last date on which he or she served at Camp Lejeune during the period beginning on August 1, 1953, and ending on December 31, 1987. For purposes of this section, *service at Camp Lejeune* means any service within the borders of the entirety of the United States Marine Corps Base Camp Lejeune and Marine Corps Air Station New River, North Carolina, during the period beginning on August 1, 1953, and ending on December 31, 1987, as established by military orders or other official service department records.

(iv) Exposure described in paragraph (a)(7)(iii) of this section is an injury under 38 U.S.C. 101(24)(B) and (C). If an individual described in paragraph (a)(7)(iii) of this section develops a disease listed in § 3.309(f), VA will presume that the individual concerned became disabled during that service for purposes of establishing that the individual served in the active military, naval, or air service.

* * * * *

3. Add § 3.309(f) to read as follows:

§ 3.309

Disease subject to presumptive service connection.

* * * * *

(f) *Disease associated with exposure to contaminants in the water supply at Camp Lejeune.* If a veteran, or former reservist or member of the National Guard, was exposed to contaminants in the water supply at Camp Lejeune during military service and the exposure meets the requirements of § 3.307(a)(7), the following diseases shall be service-

connected even though there is no record of such disease during service, subject to the rebuttable presumption provisions of § 3.307(d).

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

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VA Claim Filing - How to Do It

The author of this article is a public affairs officer for the Veterans Benefits Administration (VBA), who wanted to learn more about the VA compensation claim process. So, he went to school and recently completed training as a rater so that he could share with you the information and tips and tricks and suggestions he learned while working with those who rate claims for VBA.

There are two ways to file a VA compensation claim: print the 526 EZ and mail/fax it, or submit it electronically through VA and DoD's eBenefits web portal. Most Veterans opt for the former, cross their fingers, and hope for the best. But unless you are just leaving the military, with well-documented and easily accessible service treatment records, this isn't the best approach.

Intent to file The Intent to File (<http://www.vba.va.gov/pubs/forms/VBA-21-0966-ARE.pdf>) form is required, but here's why it's a good thing: It immediately establishes your effective date for pay purposes. Best of all, it only takes a few minutes to complete online in eBenefits. At <https://www.ebenefits.va.gov/ebenefits/about/feature?feature=disabilitycompensation> you can submit your Intent to File online in eBenefits. VA knows that it may take you some time to gather all the evidence you need to support your fully developed claim (FDC), such as your service treatment records, private treatment records and DBQs, and written witness/buddy/commander/spouse/lay statements. The Intent to File for a VA compensation claim lets VA know that you are planning to file a claim, and it locks in your "back pay" date. You then have one year to complete your claim application.

What info does VA need from you? To receive VA disability compensation, you must meet three criteria: an event in service that caused or aggravated a disability or illness; a current diagnosis of a medical disability or illness; and a medical opinion connecting the two (the latter as a result/because of the former). Event in service is something that happened in service that caused or aggravated your current disability. For example, you fractured an ankle in service and now have arthritis in that ankle. Or, you served in Vietnam, were exposed to Agent Orange, and now have a disease that is considered

presumptive for Agent Orange exposure; □ A current VA or private doctor's diagnosis showing that you have a medical condition related to the service event; and □ A doctor's opinion that the event in service and current diagnosis are connected. This is called the nexus. Unless the connection is obvious through your medical records, this opinion, or nexus, will usually come from your VA-scheduled Compensation & Pension (C&P) exam.

Without all three of these items, a VA compensation claim can't be granted. It's like a three legged stool – without any one of these legs, the stool will fall over. If you provide evidence of the first two items but not the third, VA will schedule you for a C&P exam to determine a doctor's opinion for the third. Be aware that just because a doctor's opinion is requested on service connection that that doesn't mean a doctor will agree that your current condition is related to your service.

Write a statement in support of your claim When filing your VA compensation claim, include a VA Form 21-4138. This is called the Statement in Support of Claim. It's important to write a separate paragraph for each disability you are claiming. It's equally important to explain how the event in service (be specific) affects your current disability or symptoms related to your injury or illness. Provide every piece of evidence from the event that you can think of, such as personnel records, award narratives, pictures, medical records, unit profiles, prescriptions, etc. If you don't think this event is in your service personnel or medical records, find someone you served with to fill out a form to provide their witness statement to the event. While a witness statement alone usually is not enough to grant a claim, it can be combined with other evidence to strengthen a claim for service connection. Your statement is considered evidence, just like your military or treatment records, and the rater will use it to make the decision. It also tells the rating team where to look in your records, and the timeframe for information to validate your claim.

Include medical records VA can access treatment records from other VA and military medical facilities, but don't assume that "VA has everything it needs." Remember above: VA and military records are just one leg of the three-legged stool. If you have your service medical records, include them as evidence. It also helps VA if you include where it was that you've been treated for your medical conditions on your application (name of treatment facility). You should also highlight the pages and passages that refer to your medical conditions, such as lab results and diagnoses, which may eliminate weeks or even months of processing time. Providing all of this information with your claim, will help the rating team process your claim more quickly. If you don't have your service records, VA will request them from your military branch archives, but this can take several weeks or more. If you don't have them and would prefer to request them yourself, refer to <https://www.archives.gov/st-louis/military-personnel> to contact the National Personnel Records Center (NPRC) yourself.

Compensation and Pension: Your C&P exam Even if you submit all of your medical records, you may still be asked to go to a C&P exam. This is not a typical doctor's exam. You won't be diagnosed or treated, and in some cases, the doctor may just review your records— including any statements in your file—and ask you a few questions. While this may seem unusual for an exam, the doctor is actually filling in a Disability Benefits

Questionnaire (DBQ), which the rater will use to determine if your claim can be granted, and at what percentage.

So, in the exam, be honest and specific with your answers. For example, if the doctor asks about an injury, instead of saying “I hurt my back in the service,” you should say “I was getting something off of a shelf in the warehouse and fell off a ladder. There is an accident report. My back has given me problems ever since.” This allows the doctor to connect an incident in service to the current disability, and the DBQ the doctor submits will contain an opinion that your disability is either more- or less-likely than not connected to your service. That’s the third leg of the stool.

What if you need help? If all of this sounds like Greek to you, then you should either follow VA's helpful tutorials on You Tube at <https://www.youtube.com/playlist?list=PLrrh23QvVVYjNLjTmx8rMUUkrt-yZXry7> that walk you through the VA compensation claim application process, or enlist the help (FREE) of a Veterans Service Organization (VSO) to assist you at <https://www.ebenefits.va.gov/ebenefits/vso-search>

Then what? Once you or your VSO has submitted your VA compensation claim, you can check on its current status in eBenefits (hover over “Manage,” then click on “View or update your Compensation and Pension (C&P) claim”). On the status page, you can view more detailed information by clicking on the claim date. It’s important to note that, once you have submitted your fully-developed claim online, or by mail/fax, you are telling VA that you have no further evidence or information to submit. Submitting un-requested evidence or information after it has been submitted will cause a delay in processing. Did you know? By providing a more complete picture of your situation to the rating team when you file your VA compensation claim application, you not only make it easier for the raters to find your information and process your claim, but you also increase your chances of having your claim granted. Although it will take a little more effort on your part, it can pay off with faster VA processing, and will increase your chances of a successful claim the first time. Remember, the rating team—most of whom are Veterans just like you—is on your side, but you can help them by including everything they need to approve your claim.

VA Notice of Disagreement - How to Submit

If you disagree with the decision VA made on your disability compensation claim, your first step is to formally tell VA that you disagree. “I received my rating and it’s wrong” is a statement VA's call center agents hear every day. You may think that VA shouldn’t have denied your claim, that you should have received a higher percentage, or that the effective date was wrong, but the odds are against it. That’s not to say that VA never makes a mistake, but an overwhelming majority of the time VA makes the correct decision based on the evidence available. In fact, VA’s issue-rating accuracy is 95 percent. This high level of accuracy is in part because most of the decision-making is now automated. Medical information is input by the rater, and the rating for each issue is calculated and justification is provided.

So, if you aren't happy with your rating, first carefully read your notification letter and rating decision. These documents should explain, issue-by-issue, why you received your rating, and what is needed for the next higher rating. It should also explain what the effective date is and why. If VA did not service connect your requested condition, the decision letter explains why the condition was not service connected. If you have questions about your rating decision you can always go to your local Veterans Service Organization (VSO), sit down with a representative at your local VA office, or call the VA National Call Center at 800-827-1000. They can explain your rating so that you can decide what to do next. If you've reviewed the claim decision and still think VA is wrong, you should provide additional evidence to support your condition(s) with your NOD. The claim decision becomes certified after 30 days, but it isn't final until one year after the date of the decision. You can file a Notice of Disagreement (NOD) at any time up to one year from the date of decision.

To file the NOD, submit the VA-Form 21-0958, Notice of Disagreement that was included with your claim decision. If you misplaced it go to http://www.va.gov/vaforms/form_detail.asp?FormNo=21-0958. This is your chance to tell VA how you feel the decision is wrong. If you don't feel confident enough to do this on your own, your VSO can help you. The NOD form contains blocks for each issue of contention (the medical conditions for which you filed the claim), for example, knee condition or kidney stones. Only list the conditions on the NOD where you disagree with the rating. For example, if you were rated for three conditions and only disagree with one decision, only list the decision you disagree with. Then check the block indicating what you disagree with (service connection, the rating level, or effective date).

The most important section is the narrative to explain why you feel VA incorrectly decided your claim. Don't leave this blank. It's entirely possible that VA missed something, and if you don't point it out, VA will never know. Tell your story, but be clear and concise. If you need more space, add additional pages and documentation, such as private medical records, to make your point. As explained above, there are three primary issues with your claim decision that you can disagree with: service connection, effective date and evaluation of disability (rating percentage). There is also an option for "other" if these are not appropriate.

Service Connection: If your claim came back "not service-connected," explain why you think the condition should have been service connected. Was it first diagnosed in service? Was there an injury in service? Is this a condition that was caused or aggravated by a service-connected condition? For example, a service-connected knee condition can lead to back strain. The back issues are then secondary to the knee condition and can be service connected. Be specific and provide the date of the initial injury or illness if possible. That helps the rater find the documentation needed in your service treatment or personnel records. If you have copies of official documentation that prove an event happened in service, for example the write-up for a medal, attach a copy. Most illnesses are compensable if diagnosed within a year of leaving active duty. You may have to include private treatment records to prove this. Buddy statements can provide additional evidence. If there is no connection between your illness and your time in service, VA

can't legally provide benefits.

Effective Date of Award: Usually the date of award is the date of claim for that specific issue, but there are instances where the date could be earlier. Some of these include, the date after your discharge for claims filed within a year of leaving active duty; date an Intent to File was received by the VA; or the date of diagnosis or eligibility for a higher level of compensation for increases. Your local Veterans Service Organization can help you determine if the effective date should have been earlier.

Evaluation of Disability: The most common area of disagreement is the evaluation of disability. The rating levels are determined by law and are based on your symptoms. In your claim decision letter, look for the description of the rating and the associated legal reference. This reference leads to a listing that shows what symptoms match the rating level for your condition. If you have documented symptoms or test results from your doctor that show you should be in a higher rating level, explain this in your narrative and add copies of the documentation to your submission.

You may want to read over the Schedule for Rating Disabilities (38 CFR, Part 1), which provides all of the information on how claims are rated, how VA math works (38 CFR, Part 1, Section 4.25), and how percentages are based on your symptoms (38 CFR, Part 1, Subpart B). Warning: the CFR is dense with legalese and medical information, and it's why we recommend you ask a VSO for assistance. If your symptoms don't meet the next higher rating level, VA cannot increase your rating. In this case, you are better off keeping the current rating, and if your symptoms worsen, you can always file a claim for an increase later. The NOD also asks you to make a choice between the Decision Review Officer (DRO) process, or the traditional appellate review process. In the DRO review, an experienced rater will conduct an in-depth review of your claim and any new evidence that you provide. The DRO may schedule you for an additional compensation and pension exam (C&P), or contact you with follow up questions

In the traditional appellate process, a VA rating specialist will review the prior rating and any new evidence to see if a clear and unmistakable error (CUE) was made on the previous decision.

In both processes, a new decision can be made based upon the evidence of record. If you are uncertain about which option is best for you, check with your VSO for advice.

After the DRO reviews your file, NOD, and any new evidence, they will make a decision. They may either provide a new rating or continue the current rating decision. Then, you will receive a Statement of the Case that describes the information that was reviewed and how the DRO came to their decision. If you disagree with the new decision, the next step would be to file a VA Form 9 and appeal to the Board of Veterans Appeals. Depending on the complexity of your case, the formal appeal process can take several years (and every time you submit new evidence before a decision increases that wait). It is much better to ensure you provide all of the information and evidence to tell your story during the NOD phase since it will resolve your issue the fastest.

If you are considering filing an appeal, we recommend you read this blog series, which

goes into more details about the appeal process:

□ Appeals and claims are as different as apples and oranges

<http://www.blogs.va.gov/VAntage/25611/theappeals-process-appeals-and-claims-are-as-different-as-apples-and-oranges>.

□ Appeals at the regional office level <http://www.blogs.va.gov/VAntage/25738/the-appeals-process-appealsat-the-regional-office-level>

□ Appeals at the Board of Veterans' Appeals

<http://www.blogs.va.gov/VAntage/25855/the-appeals-processappeals-at-the-board-of-veterans-appeals-board>

□ When an appeal is remanded <http://www.blogs.va.gov/VAntage/26013/the-appeals-process-remands>

□ Your comments and VA's plans <http://www.blogs.va.gov/VAntage/26187/the-appeals-process-yourcomments-and-vas-plans>

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VA OPC Medicine - New Copay Tier System

The Department of Veterans Affairs (VA) is amending its regulation on co-payments for Veterans' outpatient medications for non-service connected conditions. VA currently charges non-exempt Veterans either \$8 or \$9 for each 30-day or less supply of outpatient medication, and under current regulations, a calculation based on the medication of the Medical Consumer Price Index (CPI-P) would be used to determine the co-payment amount in future years. "Switching to a tiered system continues to keep outpatient medication costs low for Veterans," said VA Under Secretary for Health Dr. David J. Shulkin. "Reducing their out-of-pocket costs encourages greater adherence to prescribed outpatient medications and reduces the risk of fragmented care that results when multiple pharmacies are used; another way that VA is providing better service to Veterans."

This new regulation eliminates the formula used to calculate future rate increases and establishes three classes of outpatient medications identified as Tier 1, Preferred Generics; Tier 2, Non-Preferred Generics including over-the counter medications; and Tier 3, Brand Name. Co-payment amounts for each tier would be fixed and vary depending upon the class of outpatient medication in the tier. These co-payment amounts will be effective February 27, 2017:

□ \$5 for a 30-day or less supply - Tier 1 outpatient medication

□ \$8 for a 30-day or less supply - Tier 2 outpatient medication

□ \$11 for a 30-day or less supply - Tier 3 outpatient medication

These changes apply to Veterans without a service-connected condition, or Veterans with a disability rated less than 50 percent who are receiving outpatient treatment for a non-service connected condition, and whose annual income exceeds the limit set by law.

Medication co-payments do not apply to former Prisoners of War, catastrophically disabled Veterans, or those covered by other exceptions as set by law. Co-payments stop each calendar year for Veterans in Priority Groups 2-8 once a \$700 cap is reached. More information on the new tiered medication co-payment can be found at www.va.gov/opa/pressrel/pressrelease.cfm?id=2843#sthash.Fydtpgj3.dpuf.

Non-VA Facility Care Update

When it is not possible for you to go to a VA Medical Center (VAMC), you should go to the nearest hospital that has an emergency room (ER). If you are in an ambulance, the paramedics will usually take you to the closest emergency room.

What is an emergency? A medical emergency is an injury or illness so severe that without immediate treatment, it threatens your life or health. Your situation is an emergency if you believe your life or health is in danger. If you believe your life or health is in danger, call 911 or go to the nearest ER right away. You do not need to call the VA before calling for an ambulance or going to an emergency room.

When should I contact the VA regarding an ER visit? You, your family, friends or hospital staff should contact the nearest VAMC as soon as possible, preferably within 72 hours of your emergency, so you are better aware of what services VA may or may not cover. Provide VA with information about your emergency and what services are being provided to you. Ask VA for guidance on what emergency charges are covered, so you can plan accordingly.

If the doctor then wants to admit me to the hospital, must I obtain advance approval from the VA? If the admission is an emergency, advance approval is not required although prompt notification to the VA is necessary (within 72 hours). If the admission is not an emergency, then you must obtain advance approval from the VA. Will I have to pay for transportation to a VA facility? VA will assist with transportation arrangements and may be able to pay for such expenses. Contact the nearest VA Medical Center for guidelines.

If a VA bed is available and I can be safely transferred, do I have to move to the VA hospital? Yes, if you want VA to continue to pay for your care. If you refuse to be transferred, VA will not pay for any further care.

If I am admitted to the hospital as a result of an emergency, how much will VA pay? Depending on your VA eligibility, VA may pay all, some or none of the charges. Some highlights are listed in the next column, and you may ask your local VA Medical Center's Non-VA Medical Care Office for further eligibility guidance.

For service-connected conditions, some of the criteria that must be met are: • Care or services were provided in a medical emergency, AND • VA or another federal facility were not feasibly available, AND • VA was notified within 72 hours of the admission.

For non-service-connected conditions, some of the criteria that must be met are: • Veteran is enrolled in the VA health care system, AND • Veteran has received health care services from VA within the previous 24 months, AND • Veteran has no other health insurance coverage.

How do I know if I have a service-connected condition? A service-connected condition refers to an illness or injury that was incurred during or aggravated by military service, and has a rating assigned by the Veterans Benefits Administration.

How long do I have to file a claim for reimbursement for emergency medical care? File your claim with the nearest VAMC quickly because time limits usually apply. For non service-connected care, the time limit is 90 days. Again, consult your local VA Medical Center for more information.

Will VA pay for emergency care received outside the United States? VA will only pay for emergency care outside the U.S. if your emergency is related to a service-connected condition. For more information about care provided outside the U.S., contact the Foreign Medical Program at 1-877-345-8179, or visit the website at <http://www.va.gov/purchasedcare>.

How do I get more information? Visit the Chief Business Office Purchased Care website at <http://www.va.gov/purchasedcare> for more information.

VA Blood Pressure Study - ACC/Nam Vet Hypertension Links

VA researchers found a link between service-related occupational exposure to herbicides and high blood pressure (hypertension) risk among U.S. Army Chemical Corps (ACC) Veterans, a group of Veterans assigned to do chemical operations during the Vietnam War. Researchers also found an association between military service in Vietnam and hypertension risk among these Veterans.

Researchers at VA's Post Deployment Health Services Epidemiology Program, Office of Patient Care Services, conducted the Army Chemical Corps Vietnam-Era Veterans Health Study, a three-phase study of nearly 4,000 Veterans who served in the U.S. Army Chemical Corps between 1965 and 1973. The study included a survey that requested information on these Veterans' exposure to herbicides, whether they were ever diagnosed with hypertension by a physician, and their health behaviors such as cigarette smoking and alcohol use. To confirm self reported hypertension, researchers conducted in-home blood pressure measurements and a medical records review for a portion of study participants.

ACC Veterans were studied because of their documented occupational involvement with chemical distribution, storage, and maintenance while in military service. This study follows a request by former Secretary of Veterans Affairs Eric K. Shinseki for VA to conduct research on the association between herbicide exposure and hypertension to learn more about if hypertension is related to military service in Vietnam. The research was originally designed and led by Han Kang, Dr.P.H., former director of VA's Epidemiology Program (now retired). Yasmin Cypel, Ph.D., M.S., another researcher with VA's Epidemiology Program, is currently the principal investigator on this study, which extends prior research on these Veterans. "This study expands our knowledge of the relationship between hypertension risk and both herbicide exposure and service in Vietnam among Veterans who served during the War by focusing on a specific group of Vietnam era Veterans who were occupationally involved in chemical operations," said Dr. Cypel.

Self-reported hypertension was the highest among Veterans who distributed or maintained herbicides (sprayers) in Vietnam (81.6%), followed by Veterans who sprayed herbicides and served during the Vietnam War but never in Southeast Asia (non-Vietnam Veterans) (77.4%), Veterans who served in Vietnam but did not spray herbicides (72.2%), and Veterans who did not spray herbicides and were non-Vietnam Veterans (64.6%). The odds of hypertension among herbicide sprayers were estimated to be 1.74

times the odds among non-sprayers, whereas the odds of hypertension among those who served in Vietnam was 1.26 times the odds among non-Vietnam Veterans.

The researchers would like to extend their thanks to all those Army Chemical Corps Vietnam Era Veterans who participated in this study for their contribution to the research. Without their input there would be no findings to report and no additions to existing findings on the health consequences of military service during the Vietnam War. VA will review the results from this research, along with findings from other similar studies and recommendations from the recent National Academies of Science report on Veterans and Agent Orange, when considering whether to add hypertension as a presumptive service condition for Vietnam Veterans. To read more about the Army Chemical Corps Vietnam-Era Veterans Health Study, go to <http://www.publichealth.va.gov/epidemiology/studies/vietnamarmy-chemical-corps.asp>. To read the published article containing findings from this study, go to <https://www.ncbi.nlm.nih.gov/pubmed/27820763>.

Vet Toxic Exposure | Lejeune - More EPA Rule Delays

The federal government has been in no hurry to assess the health impacts of two harmful chemicals found in a water supply that Marine veterans from Camp LeJeune, North Carolina, blame for cancer and other maladies. Nor is it in a hurry to finalize a Veterans Affairs rule that would streamline the process for Camp LeJeune veterans to collect compensation for certain health problems. On 12 DEC, roughly 40 years after passage of the Toxic Substance Control Act and four years after the Environmental Protection Agency declared one of the chemicals — trichloroethylene, or TCE — a known human carcinogen, the EPA announced in the Federal Register that it will begin evaluating degreasing agents TCE and PCE, or perchloroethylene, as well as eight other chemicals for potential risks to human health and the environment.

On 16 DEC, the EPA was vague about how the human health evaluations for TCE and PCE could affect Camp Lejeune veterans' claims, noting that "it will be up to the next administration to determine how (or) whether to finalize the (EPA) rule." "We can't say whether the first 10 chemical risk assessments will impact or bolster claims or what the findings will be," EPA officials said in response to a Review-Journal query. It's also unclear why the EPA is even conducting an evaluation of TCE's health impacts considering that the agency upgraded its status in 2011 from possible human carcinogen to known human carcinogen based on epidemiologic data, experiments and studies. "TCE poses a potential human health hazard for non cancer toxicity to the central nervous system, kidney, liver, immune system, male reproductive system, and the developing fetus," the review concluded.

Nevertheless, Linda Furrow, the wife of Marine veteran Stanley Furrow, of Las Vegas, said she is losing hope that he will receive compensation from his veterans benefits claim for consuming contaminated water at Camp LeJeune regardless of the EPA's health risk evaluations for TCE and PCE, a process that is expected to take up to three years "Why are they taking so long?" she said. "I don't think it's going to do us any good no matter

what. You can't fight them." The Furrows believe Stanley's migraine headaches and neurological maladies are linked to his exposure in the early 1970s to Camp Lejeune's contaminated water, which contained TCE measuring 1,400 parts per billion, far in excess of the 5 ppb standard for safe drinking water. They believe it also explains why Linda had miscarriages and why birth defects are present in their descendants. Their son was born with only three fingers on his left hand; their daughter has battled cysts and tumors on her head all her life; and their teenage grandson, Joseph, was born with twisted legs.

EPA officials said that when the Toxic Substances Control Act became law nearly 40 years ago it "did not provide adequate authority for the EPA to re-evaluate these existing chemicals as new concerns arose or science was updated." It wasn't until 22 JUN when President Barack Obama signed an amendment to the act mandating the EPA to "evaluate existing chemicals with clear and enforceable deadlines" and publish the list of the first 10 chemicals by Monday. Furrow said she was told recently by Veterans Affairs officials that it could take three decades (30 years) for the VA to issue a final rule on "presumptive status," meaning the VA would automatically grant compensation for eight diseases related to exposure to volatile organic compounds like TCE and PCE that were improperly disposed of and infiltrated Camp Lejeune's water supply. If the rule is finalized, presumptive status would cover "adult" leukemia, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin's lymphoma, Parkinson's disease and aplastic anemia.

The proposed rule would modify a 2012 law that provides VA health coverage for veterans who served at the North Carolina base for at least 30 days between Aug. 1, 1953, and Dec. 31, 1981. Among those who stand to benefit by presumptive status is Camp Lejeune Marine veteran Richard Zaccara, of Henderson. He was diagnosed with leukemia in 2003 and says his illness was caused by Lejeune's contaminated water. He is on a registry of veterans exposed to organic solvents when he trained there in 1963. While he recently won a battle over bills for VA health care coverage under the 2012 Honoring America's Veterans and Caring for Camp Lejeune Families Act, he still waits for compensation from the Veterans Benefits Administration. Zaccara found out about a week ago that VA workers won't get around to completing his case until sometime between 2019 and 2023. "That's insane," he said. "That's crazy."

U.S. Sens. Richard Burr and Thom Tillis, both (R-NC) have urged the VA to act quickly to finalize the presumptive status rule. They estimate that from 1953 to 1987, nearly 1 million service members and their families were poisoned by Camp Lejeune's water supply. Retired Marine Master Sgt. Jerry Ensminger has led a crusade for Camp Lejeune veterans and their families through his website, "The Few, The Proud, The Forgotten." He said he still hasn't received a response from the VA from comments he submitted on the presumptive status rule after it was proposed in September. He said he also doesn't understand why the EPA's forthcoming evaluation of TCE's human health effects is necessary given that the agency has already listed it as a known human carcinogen and a year later, in 2012, the International Agency for Research on Cancer followed suit. He said he's also baffled about why TCE is a known human carcinogen yet PCE, with just an

additional chlorine atom, isn't. "That doesn't make any sense," Ensminger said.

PTSD - Holiday Season Tips

The holiday season is often difficult for people with PTSD, but there are healthy ways to cope and manage stress. Here are some tips from VA's clinicians that can help you manage your PTSD symptoms over this holiday season:

- Don't overschedule. Leave time for yourself.
- Make a plan to get things done. Set small, doable goals.
- When stressed, remind yourself of what has helped in the past.
 - Use the tools from PTSD Coach app
<http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp> or PTSD Coach Online
<http://www.ptsd.va.gov/apps/ptsdcoachonline/default.htm> to help you manage stress.
- Reach out for support if you need it. Know you can rely on for help. If your symptoms are getting worse or you feel down, reach out to your provider or
- Call the Crisis Line (<https://www.veteranscrisisline.net>) 1-800-271-8255 and press 1.

If you know someone with PTSD, there are things you can do to make sure the holiday season is pleasant and enjoyable for everyone.

- Educate yourself:
Download http://www.ptsd.va.gov/public/understanding_ptsd/booklet.pdf and read Understand PTSD and PTSD Treatment (PDF), to learn more about how PTSD affects your loved one.
 - Talk to your family member about what they need to feel comfortable during the holidays. If your loved one needs services, call Coaching into Care (<http://www.mirecc.va.gov/coaching>) 1-888-823-7458 for advice in talking to them about treatment.
 - Keep important resources at hand, such as the Veterans Crisis Line <https://www.veteranscrisisline.net>, a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.
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PTSD - How VA Handles Post-Traumatic Stress Disorder Claims

Post-traumatic stress disorder, or PTSD, is a condition that's both underestimated and misunderstood, especially when it comes to the Veterans Association. PTSD is actually a common condition. The Mayo Clinic estimates that more than 3 million Americans are diagnosed with PTSD every year — and that doesn't take into account those individuals who never receive a diagnosis. PTSD develops when an individual has witnessed or experienced a traumatic or terrifying event. Unsurprisingly, it's a condition that's particularly prevalent among veterans. Although the VA estimates that 10-15% of veterans will develop PTSD at some point following their military service, it's entirely possible these numbers might actually be much higher in reality.

PTSD is classified as a trauma and stressor-related disorder. According to the Diagnostic

and Statistical Manual of Mental Disorders, the condition is characterized as a repetitive re-experiencing of an extremely traumatic event (or stressor), usually accompanied by increased arousal, nightmares, and flashbacks. Those who have PTSD often have trouble concentrating, remembering, and sleeping. But a PTSD diagnosis is not always easy to come by. The manifestation of the condition is not always straight-forward and doesn't appear in the same way from person to person. It may take months or even years to develop, and symptoms may shift or appear over time. To diagnose a case of PTSD, physicians will look at specific criteria for symptoms. There are four distinct groups of criteria, all with different symptoms. These groups are: □ Intrusion Symptoms—Nightmares, intrusive memories or thoughts, or psychological and physical reactions to memories of the event.

□ Avoidance Symptoms—Avoiding situations, thoughts, or feelings that you associate with the traumatic event. □ Negative Changes in Cognitions and Mood—Memory issues, negative thoughts about themselves or others, severe emotions like shame or sadness, lack of interest in activities they once enjoyed, or feelings of detachment, isolation, or disconnection. □ Changes in Arousal and Reactivity—An easy startle response, or feeling constantly jittery or alert.

It's easy to see how these symptoms could easily disrupt a person's life and take a significant toll on their mental health, as well as their personal and professional life. If you or someone you love may be suffering from PTSD, it's important to seek out help. Because PTSD presents itself differently in every patient, treatment must be sought and tailor-made for each individual. Although there is no cure for PTSD, treatment has proven to be very effective for the majority of patients. Typically, this treatment includes psychotherapy — including cognitive and exposure therapy, as well as regular appointments with a psychiatrist — and in some cases, medication.

If you are a veteran who has been diagnosed with PTSD, you may be entitled to receive benefits and compensation from the VA. There are many things that you need to know to get the benefits that you deserve, and the veterans advocates at Hill & Ponton have published a PTSD guide covering everything regarding a PTSD claim at <https://www.hillandponton.com/introduction-ptsd-guide>. In years past, veterans were required to provide evidence of the traumatic event that led to the development of their condition. Below are some of the important points in the guide on how to establish service connection and get the proper rating.

The first thing is to establish a service connection for your PTSD in order to be eligible for benefits. The three things the VA requires are: □ Current Diagnosis: you must have a current PTSD diagnosis that was given by professionals who the VA has deemed "qualified to perform PTSD Compensation and Pension examinations." These professionals have doctoral-level training in diagnostic methods, clinical interview methods, and psychopathology. They also need to have a working knowledge of the DSM-V and have extensive clinical experience with both the diagnosis and treatment in veterans with PTSD. Typically, these are board-certified psychiatrists and licensed psychologists, but may also include psychiatric residents and psychology interns as long as they're under close supervision of an attending professional in the field. Essentially, if

you've received a current PTSD diagnosis from a licensed professional, that analysis satisfies this requirement. Please note: most VA hospitals and clinics employ licensed mental health social workers to treat veterans. Their diagnosis of PTSD alone is not enough to meet this requirement. □ In-Service Stressor: This might be the most difficult requirement to satisfy. Sometimes, trauma is easy to determine, but other times, proving its occurrence can be challenging. There are a lot of different regulations regarding the type of trauma you experienced. For example, the rules for determining fear of terrorist activity are different from veterans who engaged in combat or sexual trauma. It's recommended that you consult with your psychiatrist or psychologist, as well as a qualified lawyer, to address this requirement. □ Nexus: Basically, this is the link between the first two requirements. It's what connects the traumatic event you experienced with your current diagnosis of PTSD. A medical expert is required in order to explain how your symptoms are a direct result of your in-service stressor — which is especially important if you have multiple stressors. It's vital you establish that the traumatic event is the definitive link to your diagnosis and cannot be explained by any other events that took place outside of your military service.

Once these requirements have been satisfied, you can then file a claim through the VA. If you file a claim, you'll need to undergo a Compensation and Pension Examination (sometimes called a C&P Exam) to verify your diagnoses, assess symptom severity, and definitively determine whether your PTSD is directly related to your military service. The VA treats the C&P exam with a lot of weight and it will determine the amount of compensation you receive. When you go to your exam, remember to be as honest and as forthcoming as possible. You should bring written statements from family or friends that say how your PTSD has impacted your life. You should also bring a list of symptoms you've experienced to help you when being questioned during the exam. After the exam, you will be assigned a disability percentage rate. This percentage reflects how severe your condition is and how much the symptoms affect your ability to work and maintain social relationships. Depending on the severity of your PTSD, you could potentially receive a disability rate of 0%, 10%, 30%, 70%, or 100%.

Overall, the compensation you receive will be related to your estimated impairment of working ability. Above all, it's important to demonstrate evidence of occupational impairment due to PTSD. Even if your symptoms don't constitute a 100% disability rating, you may still be able to receive one through a TDIU, which stands for total disability based on individual unemployability. A TDIU may be assigned if an individual fails to meet the criteria for 100% disability but is still completely unable to obtain and maintain employment. Because the way the VA determines disability percentages can be highly confusing and complex, working with a lawyer who specializes in VA claims may be to your benefit. The various rules and regulations for determining physical disability can be hard to navigate, but mental conditions like PTSD can be even more difficult to prove. That's why having an expert on your side can be vital.

If you or someone you love may be suffering from PTSD as a result of military service, seek out assistance from an attorney who specializes in veterans' issues. Alternatively, if you are dissatisfied with a disability rating you have received and aren't receiving the benefits you need, there may be other options at your disposal.

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Combat-Injured Veterans Tax Fairness Act of 2016

On December 16, 2016, H.R. 5015, the Combat-Injured Veterans Tax Fairness Act of 2016 became Public Law No: 114-292. This new law provides veterans medically separated, or retired from the military due to combat-related injuries another opportunity to recoup the taxed portion of their severance payments.

The law requires the Department of Defense (DOD) to identify veterans medically separated from military service due to combat-related injuries that were issued severance payments after January 17, 1991, and withheld amounts for tax purposes.

DOD will provide this group of veterans with a notice of the amount of improperly withheld severance payments, and instructions for filing amended federal tax returns to recover the withheld amount. The period for filing this IRS claim for a credit, or refund is extended to one year after DOD provides the veteran with the information required by this Act.

This law will be a significant benefit to this group of injured and ill veterans, and partially fulfills DAV Resolution 011 that calls for allowing *all* veterans to recover taxes withheld from their disability severance pay.

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Wounded Warrior Project Update

The nonprofit Wounded Warrior Project entered 2016 with a more than \$400 million budget and reason to believe its meteoric growth would continue. It ended the year with detrimental losses following a scandal that led to the ouster of its two top executives in March. And while the veterans charity has remained mum on projected 2017 revenue, there is little doubt that donations continue to fall. The question is, by how much. New CEO retired Lt. Gen. Mike Linnington took the helm in July promising transparency as he worked to right the ship. After the organization announced its first restructuring – laying off 15 percent of its 600-member staff – Linnington told news organizations that WWP lost \$90-\$100 million in revenue. He told Stars and Stripes at the time that he would release exact figures at the end of September, when the fiscal year came to a close.

Last week, Linnington declined to release the 2016 tallies or projections for the 2017 budget, which began 1 OCT. He said he was “still a rookie on nonprofit accounting,” when he spoke with the newspaper in August and said he would release the financials only after they were audited and filed with the IRS – likely next summer. But an examination of WWP’s financials appears to indicate that the nonprofit could face big troubles in the coming year – losses so steep that it would be forced to choose between depleting its reserves or cutting critical programs for wounded veterans and their families. “They are contracting,” said Doug White, a nonprofits expert and professor who was director of Columbia University’s Master of Science in Fundraising Management. He left his position in June to conduct an in-depth study of what happened at WWP. “There’s no way they can’t contract at this point.”

White was fascinated by the controversy surrounding WWP spending, which raised questions about how nonprofits raise and allocate money and how their success is judged. In a strongly worded report, he concluded that the vision of ousted CEO Steve Nardizzi and Chief Operating Officer Al Giordano – which involved aggressive and costly fundraising to exponentially grow the nonprofit – was sound, even good business for the organization. But he acknowledged Nardizzi’s flamboyant style led to damaging perceptions. White is working on a book about the organization and the issues. Nardizzi and Giordano were fired after reports in the New York Times and on CBS in January portrayed lavish spending and a toxic organizational culture. The charity had been placed on the Charity Navigator watch list for having too small of a percentage of donations going directly to programming. Charity Navigator calculated that as much as 40 percent of revenue was spent on fundraising and administration. A forensic accounting of WWP’s financials found no wrongdoing, but distrust remained. As donors began pulling their support, the board removed the two leaders.

By mid-spring WWP donations were plummeting. The charity pulled its TV ads and went into a holding pattern until Linnington’s arrival in July. The ads have only recently resurfaced, but other than Linnington’s initial statements in August and September, WWP has divulged little about its financial situation. There has been a lot of speculation about WWP’s numbers for 2017, and without transparency from the organization, there’s no way to be certain. But there are ways to assess nonprofit financial performance. White said that pulling advertising has unseen repercussions for a nonprofit, stalling new donations and limiting the ability to recoup donors as monthly donations expire and aren’t renewed. He said the losses quickly build on themselves, leaving the nonprofit further behind. With WWP out of the public eye, donor drop-off likely increased, he said. Without an aggressive campaign to restore fundraising, it’s reasonable to assume things have gotten worse, he said. “My feeling is they are on a downward spiral at this point,” White said.

According to the latest financial documents available for Wounded Warrior Project -- the nonprofit tax form 990 for 2015 – the organization made \$398.7 million. Nardizzi said the charity had projected a budget increase to \$414 million in 2016 (plus \$13 million from reserves to be used for the long-term care trust) and to \$475 million in 2017. By the time Linnington took the helm in July, Nardizzi said he believed the organization was on a trajectory to lose \$200 million in 2017. In August, the Chronicle of Philanthropy reported that Nardizzi had slammed the trustees of WWP for downplaying the financial crisis. Nardizzi told the Chronicle that during a conversation with Linnington in early July, the newly appointed CEO told him that the 2017 projections were even more dismal: revenue of just \$185 million.

Linnington confirmed to the Chronicle that he’d spoken with Nardizzi, but said the figure was inaccurate. He told the magazine that it was too soon to predict the organization’s fundraising amount, and that 2017 revenue could be anywhere from \$185 million to \$355 million. Nardizzi confirmed to Stars and Stripes that when he left in March, WWP had \$250 million in reserves – an amount they believed was “enough to weather any storms,” he said. Their plan was to transfer some of that into the trust created for WWP’s

Independence Program, which provides lifetime home care for the most severely wounded. The organization was looking to grow programming and planned to add less to reserves.

Pending Calendar

2017 MCL Midwinter Staff Conference will be March 2-4, 2017 at the Fredericksburg Hospitality House and Conf Center, 2801 Plank Rd, Fredericksburg, VA 22401. group code: MCLMDWINTER17 Phone: (540) 786-8321 Room rate includes up to 4 breakfast vouchers per occupancy. \$89.00 per night + prevailing tax (currently 11.3%) Please make your room reservation direct to the hotel no later than February, 10th 2017 at 540-786-8321.

2017 Marine South Expo will be Apr 12 - 13, 2017 at Camp Lejeune, NC.

2017 Department of West Virginia Convention will be May 5-7, 2017 in Charleston, WV. at the Town Center Marriott, 200 Lee St E, Charleston, West Virginia 25301. Tel: 304-345-6500 Herbert J. Thomas Detachment 957 will be the host detachment. Rooms rate : \$109.00 plus tax, banquet : \$28.00 Free breakfast and parking. Reservations can be made after Feb 1. Ad book will be available.

2017 Department of Delaware Convention and election of officers will take place on Saturday, 13 May 2017. 10:00 to 14:00. Heritage Shores Country Club, 1 Heritage Shore Lane, Bridgeville, DE. Note to all - The Club is located on US 13 near the intersection of DE Rt. 404 and US 13. 1 hour north of Ocean City and 40 minutes south of Dover, DE.

2017 Department of Maryland Department Convention will be May 11-14, 2017 at the Princess Royale Oceanfront Hotel & Conference Center, 9100 Coastal Highway, Ocean City, Maryland 21842-2745. 1-800-4 ROYALE, (1-410-524-7777) Ocean-view/Pool-view. Ocean Front: Includes free continental breakfast.

2017 Department of Virginia Department Convention will be May 12-13, 2017 at the Holiday Inn Express, 107 S. Carter Road, Ashland, Virginia 23005. Room price - \$89 plus tax 804-752-7889 for reservations.

2017 Department of North Carolina Convention will be June 2 - 4, 2017 at the Doubletree by Hilton Raleigh Durham Airport, 48101 Page Creek Lane, Durham, NC 27703 (919) 941-6000 Rate: \$99.00 plus tax. Rate includes breakfast for up to 2 people per day. Rooms must be reserved by May 27,2017 to obtain the stated rate Reservation Link: <http://doubletree.hilton.com/en/dt/groups/personalized/R/RDUDADT-MSM-20170601/index.jhtml>. Contact James Cox at ncmclpymaster@yahoo.com or (919) 604-7363

2017 Mideast Division Conference will be June 23-25, 2017 hosted by Department of North Carolina at the Double Tree Hilton Hotel Raleigh-Durham Airport at Research Triangle Park, 4810 Page Creek Lane, Durham, North Carolina, 27703. Tel +1-919-941-

6000 after May 17, 2016. for reservations. Room rate: \$99.00 plus room tax. Free breakfast and parking.

2017 MCL National Convention will be August 13 - 18, 2017 at the Sheraton Overland Park at the Convention Center, 6100 College Boulevard, Overland Park, KS, 66211. Book By Phone: 1-866-837-4214 **commencing Monday, August 15, 2016 at 0801 CST.** Room rate: \$115.00 with 18% tax, free parking, free breakfast and free wifi.

2017 Modern Day Marine Expo will be Sep 19 - 21, 2017 at MCB, Quantico, VA.

Semper Fidelis,

Mike McLain
NVC
Mideast Division