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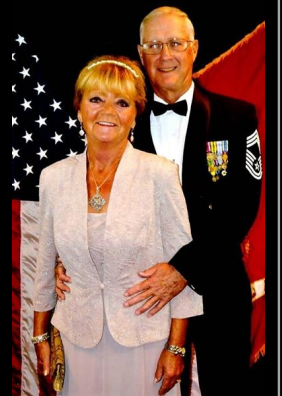


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— Abraham Lincoln



Editor and His Hero

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Why Some Disabled Veterans Can't Get Both VA Disability and Military Retirement Pay



An image from New York City's commemoration of the beginning of the Global War on Terrorism. (Daniel Henry/Coast Guard)

Military.com | By Brandon Wile

Military service members planning medical retirement face a critical decision point at the 20-year mark. A service member who medically retires with 19 years of service receives either military retirement pay or Department of Veterans Affairs compensation, but not both in full. A service member who reaches 20 years gets both without offset through **concurrent retirement and disability pay** (CRDP).

Before CRDP existed, military retirees receiving VA disability compensation had their retirement pay reduced dollar-for-dollar by their VA payments. The 2004 National Defense Authorization Act changed this. CRDP allows eligible veterans to receive full military retirement pay and full VA disability compensation simultaneously. Today, more than 310,000 retirees receive CRDP payments totaling over \$427 million monthly.

The basic requirements are straightforward. Veterans must be entitled to military retired pay and VA disability compensation, and they must have a VA disability rating of 50% or higher. Regular retirees with 20 or more years qualify automatically. Reserve retirees with 20 qualifying years qualify when they reach retirement age.

Chapter 61 Medical Retirement

Service members medically retired under Chapter 61 of Title 10 face different rules. Chapter 61 covers veterans who are found physically unfit for continued service and placed on the Temporary Disability Retired List or permanently retired for disability.

Medical retirees with 20 or more years of service qualify for CRDP, but with a caveat. They can receive CRDP only up to the amount of retirement pay they would have received based on years of service, not based on their disability rating.

For example, a service member with 20 years of service normally receives retirement pay calculated at 50% of their base pay. If that same service member is medically retired with a 60% disability rating, their disability retirement pay is calculated at 60% of base pay. Under CRDP, they can receive a 50% longevity-based amount without VA offset, but the additional 10% remains subject to offset.

Medical retirees with fewer than 20 years of service don't qualify for CRDP at all, regardless of their VA disability rating. This creates significant financial consequences for service members facing medical retirement before reaching 20 years.

The Financial Impact

A service member with 18 years of service and a 70% VA disability rating who is medically retired doesn't receive both payments. If their military disability retirement pay is \$2,000 per month and their VA disability compensation is \$1,800 per month, they receive the higher amount, typically keeping the non-taxable VA compensation and waiving military retirement pay.

A service member with 20 years in the same situation receives both payments in full through CRDP, totaling \$3,800 monthly. The two-year difference creates an \$1,800 monthly gap that continues for life.

Reserve and National Guard members need 20 qualifying years of service, which requires earning at least 50 retirement points annually. A service member with 14 years of active duty and six years of reserve duty might have 20 years total but not 20 qualifying years under the point system. Reserve retirement pay doesn't begin until the service member reaches retirement age, typically 60. Those who medically retire before 20 qualifying years face the same offset as active-duty members.

TERA Program Exception

Temporary Early Retirement Authority legislation previously gave the military services the authority to retire members with more than 15 but fewer than 20 years of creditable service. This applied to both active-duty and reserve members. The original regulations clearly stated that service members under disability evaluation were not eligible for TERA unless found fit for duty. These regulations were in effect from approximately 1996 to 2001.

TERA Reinstatement and the Disability Waiver

When the fiscal 2012 National Defense Authorization Act reinstated TERA, the amended law allowed service members to waive their right to a disability evaluation and instead request early retirement under TERA.

This practice began with the Marine Corps and has since been observed across other service branches. While individual case examples cannot be provided due to Title 5 personal data protection requirements, the authority to waive Physical Evaluation Board (PEB) findings for TERA retirement is documented in

official military guidance posted on Army and Marine .mil web-sites.

Program Expiration and Retroactive Applicability

The TERA program authority expired on Dec. 31, 2025. However, service members who fell under Chapter 61 disability retirement proceedings between Dec. 31, 2011, and Dec. 31, 2025, may be eligible for reevaluation under these provisions.

The Stay or Go Decision

Service members approaching medical retirement between 15 and 20 years face difficult calculations. Continuing service while managing service-connected conditions can worsen those conditions. Some remain on limited duty to accumulate time for CRDP eligibility. Others accept medical retirement earlier, forgoing CRDP but potentially receiving higher disability ratings.

The decision depends on individual circumstances. A service member at 18 years with stable disabilities might benefit from reaching 20 years. A service member at 15 years with rapidly deteriorating conditions might not. Medical retirement timelines also matter. The Integrated Disability Evaluation System process can take months, and service members who begin the process near 20 years might cross the threshold before final retirement orders.

Read More: [Off the Clock with Dr. Emma: Will Love Survive a Spouse's Medical Separation from the Military?](#)

Combat-Related Special Compensation Alternative

Service members who don't qualify for CRDP might qualify for **Combat-Related Special Compensation**. CRSC provides tax-free payments to veterans whose disabilities are combat-related, including Chapter 61 retirees with fewer than 20 years.

The 2008 NDAA expanded CRSC eligibility to include Chapter 61 and TERA retirees regardless of service length. Veterans must prove disabilities resulted from armed conflict, hazardous duty, simulation of war or instrumentality of war. CRSC compensates combat-related disabilities specifically and is tax-free. CRDP restores retirement pay regardless of combat relation, but it is taxable. Veterans eligible for both choose one annually during open season.

CRDP requires no application. The Defense Finance and Accounting Service automatically determines eligibility. Veterans who believe they qualify but aren't receiving payments should contact DFAS at 800-321-1080. CRSC requires application through each service branch with documentation proving disabilities are combat-related.

The Policy Debate

Congress has debated expanding CRDP eligibility multiple times. Proposals have sought to eliminate the 20-year requirement for Chapter 61 retirees or reduce the minimum VA rating from 50%.

Opponents argue this would constitute double payment for the

same disability since both military disability retirement and VA compensation address the same conditions. Advocates respond that the distinction punishes service members whose disabilities prevent them from reaching 20 years.

Cost estimates for expansion range from hundreds of millions to billions over 10 years. Budget constraints have prevented expansion despite repeated legislative attempts.

Planning for Medical Retirement

Service members facing potential medical retirement should consult installation legal assistance offices and disability evaluation system counselors. Financial counselors can model different retirement scenarios. Veterans service organizations provide guidance on VA claims and ratings.

The decision involves more than finances. Quality of life, family considerations, and health trajectory all matter. But understanding CRDP eligibility and the 20-year threshold is essential for informed decisions about military medical retirement.

Sources: Congressional Research Service, "Concurrent Receipt of Military Retired Pay and Veteran Disability: Background and Issues for Congress" (2025). Department of Defense, "Concurrent Retirement and Disability Payment (CRDP)" (2025). Defense Finance and Accounting Service, "Concurrent Military Retired Pay and VA Disability." Military Officers Association of America, "Concurrent Retirement and Disability Pay (CRDP)" (2019). 10 U.S.C. § 1414. Military.com, "CRDP Gives You Military Retirement and Disability Pay at the Same Time" (2025). Military Disability Made Easy, "Concurrent Retirement and Disability Pay (CRDP)" (2024).

(Source: <https://www.military.com/money/personal-finance/why-some-disabled-veterans-cant-get-both-va-disability-and-military-retirement-pay.html>)

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VA benefits claims backlog under 100K for first time since 2020

WASHINGTON – The Department of Veterans Affairs today announced that the backlog of VA disability compensation and pension benefit claims is consistently below 100,000 for the first time since May 2020, during the first Trump Administration.

Hitting this milestone means the department has now cut the backlog of Veterans waiting for VA benefits by 63% since Jan. 20, 2025, after it increased 24% under the Biden Administration.

A VA claim for compensation or pension is considered backlogged once it has been pending in the claims inventory for more than 125 days. In 2013, 70% of claims were older than 125 days — the most ever — compared to just 17% today.

Reducing the claims backlog is an urgent priority for Secretary Collins, as it was well above 100,000 from 2021 to 2024 and stood at 264,717 on Jan. 20, 2025. During President Trump's first administration, VA reached the lowest disability claims backlog Dec. 21, 2019, at 64,783 claims. "Under President Trump, VA is providing Veterans, families, caregivers and survivors all of the benefits they have earned as quickly and conveniently as possible," said VA Secretary Doug Collins. "VA's claims processing productivity is the highest it has ever been, and we look forward to continuing to provide record levels of service to Veterans and VA beneficiaries."

This milestone is one of many landmark VA achievements during the second Trump Administration, including: Opening 33 new VA health care facilities, expanding health care access for Veterans around the country.

Processing more than 3 million disability compensation and pension claims in FY2025, an all-time high that shattered the previous record set in FY2024.

Offering Veterans more than 2.2 million appointments outside of normal operating hours, which give Veterans more timely and convenient options for care.

Permanently housing 51,936 homeless Veterans across the country in FY2025, the highest total in seven years.

VA encourages all Veterans to visit choose.va.gov to learn more and apply for the care and benefits they have earned.

(Source: <https://news.va.gov/press-room/va-benefits-claims-backlog-under-100k-for-first-time-since-2020/>)



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VA Releases Newest Veteran Suicide Data. Here's What They Found.

Military.com | By Nick Mordowanec

The Department of Veterans Affairs (VA) released its latest [National Veteran Suicide Prevention Annual Report](#), with the most recent available data showing little change from the previous year in terms of annual suicides and daily averages.

The report analyzed veteran suicides between 2001-2023, with 2023 being the most recent year for which data is available. Suicides among veterans in 2023 totaled 6,398, a slight decrease from the 6,442 suicides in 2022. The average number of daily veteran suicides fell from 17.6 in 2022 to 17.5 in 2023.

The VA highlighted the report's key findings:

Roughly 61% of veterans who died by suicide in 2023 were not receiving VA health care in the last year of their lives.

The suicide rate per 100,000 veterans was 35.2, marking the report's highest level dating back to 2018 (33).

The suicide rate per 100,000 veterans rose for both male and female veterans in 2023. That rate for women increased from 13.7 to 13.9, while for men it increased from 37.3 to 37.8.

Suicide rates are elevated for veterans aged 18-34 years, leading to certain risk characteristics including health problems, homelessness and pain. Among veterans who died by suicide between 2021-2023 and whose deaths were reported by VA suicide prevention teams, the most frequently identified risk factor was pain.

Firearms continue to be the leading cause of veteran suicides. In 2022, 74% of veteran suicides involved firearms. That number was nearly equivalent in 2023, with firearms involved in 73.3% of veteran deaths by suicide—compared to 52.9% of suicides of non-veteran U.S. adults.

"Veteran suicide has been a scourge on our nation for far too long," VA Secretary Doug Collins said in a statement. "Most veterans who die by suicide were not in recent VA care, so making it easier for those who have worn the uniform to access the VA benefits they have earned is key."

'Epidemic Levels' Not Subsiding

There were 47,711 U.S. adults who died by suicide in 2023, including 41,313 non-veterans and 2,498 Veterans Health Administration (VHA)-affiliated veterans. That's the second-highest total number of suicides since 2018, trailing only the 47,891 from 2022.

Suicide advocacy groups and organizations expressed ambivalence with the data published on Feb. 5, finding that any lack of meaningful change in numbers between 2022 and 2023 indicates that suicide remains a real, consistent challenge

that requires more resources and awareness.

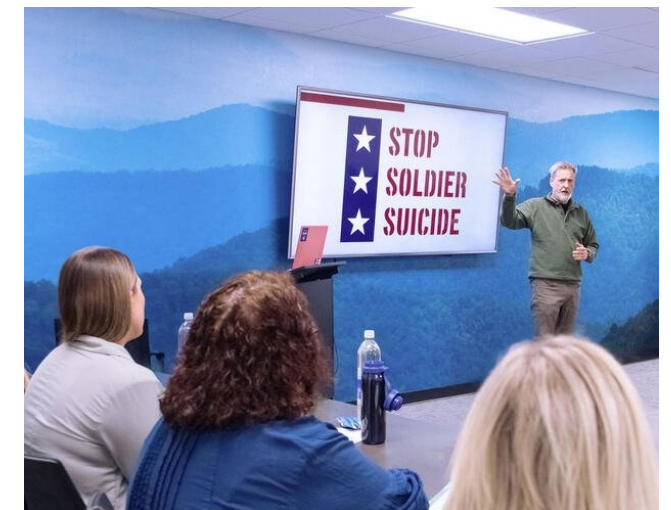
One of those organizations is Stop Soldier Suicide, which says veterans face a 58% higher risk of suicide compared to the general population. More than 140,000 veterans have died by suicide since 2001, and it remains the second-leading cause of death among veterans aged 45 years and under.

There have been 22 years and counting of a minimum of 6,000 annual suicides.

Behind every number is a life shaped by service, a family changed forever, and a nation that still has work to do. This moment demands clarity, not comfort. Good intentions are not enough. Awareness alone does not save lives.

Stop Soldier Suicide CEO Keith Hotle told [Military.com](#) that the numbers confirm a grim reality that cannot be normalized any longer, that veteran suicide "remains at epidemic levels."

"What saves lives is action grounded in evidence—treatments proven to reduce suicide risk, delivered at the right time, in ways veterans can access and trust," he added.



Stop Soldier Suicide CEO Keith Hotle discusses the issue with members of his organization. (Stop Soldier Suicide)

He said the challenge is applying scale, speed and commitment to an issue that has been in the public eye but isn't getting much better. In fact, one may argue it's getting worse.

Evidence-based treatment is the way to save lives, Hotle said. His organization accomplishes that by using data to identify risks earlier, tailoring clinical care to the individual, and closing the gaps between systems that too often leave veterans navigating crises alone.

"This is not about replacing existing efforts; it is about strengthening them with rigor and accountability," he added.

A Vietnam-Era Perspective on Current Trends

American Addiction Centers (AAC), founded in 2007, is one of the nation's largest networks of rehab facilities. They help vet-

erans and non-veterans alike in attempting to curb suicidal tendencies and death by suicide.

Philip Van Guilder, a U.S. Army Veteran and AAC's director of community affairs, told [Military.com](https://www.military.com) that his overall take-away—bred from the perspective of a Vietnam-era combat soldier and connections to the veteran community—is that the newest data is “encouraging” but “should be interpreted cautiously.”

The change is modest and suggests more of a stabilization than a sustained downward trend. In other words, progress may be occurring but it remains fragile. - Philip Van Guilder to [Military.com](https://www.military.com)

The most alarming data point to Van Guilder is the figure finding that 61% of veterans who died by suicide in 2023 were not receiving VA health care in the year prior to their death, which he said suggested that a significant portion of at-risk veterans are not being reached by existing VA-based prevention efforts.

“For many veterans, particularly those from earlier eras, this may reflect long-standing issues of access, trust, or simply not identifying themselves as connected to the VA system—even when eligible,” he said.

The increase in suicide rates per 100,000 veterans for both men and women, despite a slight decrease in total deaths, appears to reflect a shrinking overall veteran population with risk becoming more concentrated among certain groups rather than reduced overall risk, Van Guilder added.

“Another important and somewhat newer emphasis in the report is the role of pain as a leading risk factor,” he said. “This signals a broader understanding that veteran suicide is not solely driven by mental health diagnoses such as PTSD or depression, but also by chronic pain, declining health, sleep disruption and loss of function—issues that can erode quality of life and sense of purpose over time. This is especially relevant for aging veterans, including those from the Vietnam era.”

Mental Health Tools

The VA said a multi-pronged effort is necessary to curb these figures.

Some of these methods are as follows:

Community Involvement - Making suicide prevention everyone's responsibility, including healthcare providers, friends, family, community organizations, employers and faith leaders.

Addressing Risk and Protective Factors - VHA's approach focuses on various risk drivers, such as mental health issues, substance misuse, financial strain, housing challenges and social isolation.

Data-Driven Strategies - VHA uses data to understand the problem, identify high-risk groups, and ensure prevention

efforts are based on clear evidence for what is most effective for helping veterans.

There are also what the VA describes as “tiered prevention activities,” broken down by primary, secondary and tertiary processes.

Primary processes promote overall health and well-being; secondary prevention involves early detection and intervention for those at higher risk through screening and training programs; and tertiary protection extends into immediate crisis intervention and ongoing care for those in acute crisis or who have attempted suicide before.

“Under President Trump, we are totally revamping the department's approach to suicide prevention, with new leadership, a fresh focus on reaching those who need our help and—for the first time in VA history—a serious effort to track the efficacy of the hundreds of millions the department spends per year in this area to ensure we have real solutions, not just rhetoric,” Collins said.

Cultural Shift Requires Continued Support

Van Guilder said the slight improvement reflected in the data could infer positive influences of veteran service and peer-support organizations such as PsychArmor, DAV, VFW, and the American Legion.

He said such groups often reach veterans who are not engaged with the VA, coming across critical information, resources and developing peer connections.

Their role in awareness, trust building and early intervention should be considered an important component of broader suicide prevention efforts.

There's also the fact that mental health awareness is night and day between the Vietnam era, with today's military commands routinely including therapeutic capabilities in operational environments. That cultural shift could pay dividends down the line, Van Guilder added, but efforts must continue in a variety of facets.

“Taken together, the data suggests that future prevention efforts need to extend beyond traditional VA settings and crisis-based interventions,” he said. “Greater engagement with veterans in community health care settings, increased integration of pain management and mental health care, and outreach strategies that resonate with older veterans may be critical.

“The report reinforces that suicide prevention is not only about responding to crises, but about addressing long-term health, pain and connection before veterans reach that point.”

(Source: <https://www.military.com/daily-news/2026/02/12/va-releases-newest-veteran-suicide-data-heres-what-they-found.html>)



PREVENTING SUICIDE AMONG OLDER VETERANS

Resources and tips for Veterans, family members, caregivers, and friends

Aging and Suicide Prevention

Aging can bring new life experiences and opportunities. At the same time, older Veterans can face challenges related to health, memory, independence, or relationships—this sometimes leads to hopelessness and thoughts of suicide. No matter how or when someone served, no matter what they're going through, support is available and there's hope.

Warning Signs

Every Veteran is different and, even if having thoughts of suicide, may not show any signs of intent to kill themselves. But some actions and behaviors can be a sign that they need help. Learn to recognize the signs of crisis so you can support a Veteran going through a difficult time.

- Expressing hopelessness (feeling things will never get better)
- Becoming extremely anxious, upset, or unable to calm down
- Talking about suicide or wanting to die
- Saying they feel like a burden
- Saying that others would be better off without them
- Planning for suicide (when, where, or how they might do it)
- Taking actions, such as giving things away or buying ammunition

What Veterans Can Do

To maintain meaning, purpose, and interpersonal connection:

- Stay connected to your family, friends, and community.
- Focus on the activities you can still do, if you can't do all the things you used to enjoy.
- Remember how much you've contributed to others in your lifetime.

- Ask for help when you need it.
- Talk to your health care provider about concerns like pain, sleep, functioning, and mood.
- Get involved in volunteer opportunities (for example, see what VA offers at [volunteer.va.gov](https://www.volunteer.va.gov)).

What Families, Caregivers, and Friends Can Do

- Remember that Veterans may be reluctant to seek help.
- Check in with the Veteran regularly, don't wait for them to reach out.
- Join the Veteran at health care appointments. Take notes, voice concerns, and follow up if necessary.
- Help connect them with mental health care, if needed.
- Help ensure their home is safe.
- Take VA S.A.V.E. Training.

Making the Home Safe

Since many suicide crises are brief, increasing the amount of time and space between a Veteran and access to a household risk can save lives.

Firearms

Firearms are the most common method of suicide among older Veterans. Consider these firearm safety tips:

- Store firearms unloaded, locked, and secured when not in use, with ammunition stored and locked in a separate location.
- Secure storage options include cable gun locks, lockboxes, and locked gun safes, cabinets, or storage cases. Free cable gun locks are available from your local VA medical center. Community organizations and local law enforcement agencies may also distribute free cable gun locks.

5 Medal of Honor Stories Overlooked by History



These days, to be considered for the Medal of Honor, a member of the U.S. armed forces has to have a pretty well-documented action of “conspicuous gallantry and intrepidity at the risk of life above and beyond the call of duty.” The action has to happen in combat, with incontestable evidence, usually involving eyewitness accounts.

Early Medal of Honor Stories Were Barely Recorded

But the earliest Medal of Honor stories weren’t as well-documented. They tend to be so short and so limited that we barely know anything about the conspicuous gallantry of the recipients, let alone the recipients themselves.

When the United States military was established, it didn’t have the kind of awards and decorations system we have in place today. Officers in the Revolutionary War were awarded special gold medals, but (with the exception of the three enlisted men who captured British spy John Andre), the only award for your average troop was the Badge of Military Merit, which later became the Purple Heart.

In the Quasi-War, the Barbary War, the War of 1812, and various Indian Wars, the U.S. had no medals to give. Soldiers in the Mexican War were given certificates for their service. The truth is that Americans associated decorations with European monarchies and aristocracy and deemed military decorations unfit for soldiers of a constitutional republic. That all changed during the Civil War.

Congress authorized “Medals of Honor” for the Union Navy in December 1861, and the Union Army in July 1862, and it quickly became the first truly enduring U.S. individual valor decoration in the modern sense. To celebrate the earliest recipients of America’s highest award for combat valor, here are a few incredible stories from the first Medals of Honor ever awarded.

Bernard J. D. Irwin’s First Medal of Honor Action

Irwin was an Irish immigrant who came to the United States, enlisted in the New York militia, and later became a surgeon and physician. Within 20 years of immigrating, he became an assistant surgeon in the U.S. Army. This was a very good thing for 2nd Lt. Nicholas Bascom.

Bascom was leading the 7th Infantry against the Apache leader Cochise in the Arizona Territory in 1861, but the Apaches caught him and his 60 men by surprise. Hearing Bascom was under siege and outnumbered, Irwin led a rescue mission with just 14 men. The doctor surrounded the Apache party, tricking Cochise into thinking he was surrounded by a much larger

force. The Natives broke and ran, and Bascom’s party was saved.



The Medal of Honor didn’t exist when Dr. Irwin led his relief column, but upon his retirement, he was awarded it after the fact, making his daring rescue the first Medal of Honor action.

John Davis Saved His Ship and Earned the Medal of Honor

Davis was a quarter gunner aboard the USS Valley City, a wood-hulled steamship and one of 13 gunboats in the Union North Atlantic Blockading Squadron. Their mission was to shut down the blockade-running ports in North Carolina. On February 10, 1862, the flotilla approached Elizabeth City, its four shore-based guns and a “mosquito fleet” of rebel gunships.



While taking fire from the shore batteries, an enemy round penetrated the hull of the Valley City and passed through the ship’s magazine, exploding and destroying powder division protection bulkheads. Still under fire, Davis threw himself onto a barrel of gunpowder to prevent the magazine from exploding while passing the powder to the ship’s gunners.

Joshua Chamberlain and the Medal of Honor



It was July 2, 1863, the second day of the Battle of Gettysburg. Chamberlain’s 20th Maine held the extreme left of the Union line on Little Round Top. After repeated Confederate attacks and low ammunition, Chamberlain ordered a downhill bayonet charge that swept the Confederate force back and stabilized the flank.

His Medal of Honor citation merely reads: “Daring heroism and great tenacity in holding his position on the Little Round Top against repeated assaults, and carrying the advance position on the Great Round Top.” This might literally be the understatement of the century. Holding Little Round Top prevented the rebels from moving artillery there, folding the Union flank, and winning the battle. A loss at Gettysburg might have prolonged the war—were it not for the 20th Maine’s cold steel.

Francis Brownell’s Early War Medal of Honor

Brownell received his Medal of Honor, the first Civil War action to merit the Medal of Honor, for avenging the first Union casualty of the war. It was May 23, 1861, the day Virginia seceded from the Union, that Brownell and Col. Elmer Ephraim Ellsworth led the 11th New York Volunteer Infantry Regiment across the Potomac to occupy Alexandria. Upon arriving, they saw an inn flying a giant Confederate flag, and marched over to take it down.



As the two men walked down the steps, the inn’s owner, James W. Jackson, emptied a barrel of his shotgun into the colonel. Brownell lunged forward and bayoneted Jackson as he fired off the second barrel. Ellsworth became a martyr for the Union cause and Brownell became a national hero.

Oliver Otis Howard’s Medal of Honor and Return to Battle



Howard’s Civil War resume reads like he was trying to make history. A brigade commander with the Army of the Potomac, it was during a heated fight at Fair Oaks in June 1862, when he was wounded, lost an arm, and received the Medal of Honor. That may not seem like a Medal of Honor action by modern standards (unless you’ve seen the caliber of a Civil War bullet),

but less than three months later, he was back in action in time to fight the Battle of Antietam.

He also fought at Bull Run, Chancellorsville, Gettysburg, Atlanta, and Sherman’s March to the Sea. In his postwar career, he became the head of the Freedmen’s Bureau and founded Howard University.

(Source: <https://blog.togetherweserved.com/5-medal-of-honor-stories-overlooked-by-history/>)

Caregiver Announcements



Important Update Impacting the Program of Comprehensive Assistance for Family Caregivers (PCAFC)

VA has published a final rule which extends the transition period of legacy participants, legacy applicants, and their Family Caregivers (the legacy cohort), through September 30, 2028.

This means legacy participants, legacy applicants, and their Family Caregivers will remain eligible for PCAFC and will not experience a decrease in the monthly stipend amount based on a reassessment for the duration of the transition period (certain exceptions apply).

A link to the final rule is here:

<https://www.federalregister.gov/d/2025-18827>

If you have questions about this final rule, or to learn more about supports and services available to Veterans and their caregivers, contact your local [Caregiver Support Program team](#) or reach out to the Caregiver Support Line Mon-Fri, 8am-8pm ET at 1-855-260-3274. .



Car Care Center

ALLGOOD'S AUTO
Because Your Car is Family

Donnie Allgood
(434) 528-6599

285 Dogwood Drive
Madison Heights, VA 24572
dallgood28@gmail.com

Powell's Tire Service

494 Old Wright Shop Road
Madison Heights, VA 24572



(434) 847-5882

The "People Friendly" Tire Store

Gulf War Illnesses linked to Southwest Asia service

VA disability compensation provides tax-free monthly payments. If you have an illness or other health condition that's connected to your service as a Gulf War Veteran from 1990 to now, you may be eligible. This includes service in Iraq, Afghanistan, and certain other areas. Read this page to learn more.

Note: We've added information about illnesses linked to service in Afghanistan and certain other areas to this page. We're working to combine the Gulf War illnesses pages into one based on PACT Act updates.

Am I eligible for disability benefits from VA?

You may be eligible for compensation if you meet the requirements listed here. Getting a disability rating may also make you eligible for VA health care and other benefits.

To be eligible, all of these descriptions must be true:

- You served in a recognized location during a qualifying time period, and
- You didn't receive a dishonorable discharge, and
- You have an illness or other health condition that's connected to your service, and
- You meet any applicable timing requirements for when a health care provider diagnosed you with the condition

Keep reading to learn more about the conditions we assume (or "presume") are connected to service for Gulf War Veterans. We call these presumptive conditions.

What does it mean to have a presumptive condition?

To get a VA disability rating, your disability must connect to your military service. For many health conditions that developed years after your service, you need to prove that your military service caused your condition.

But for some conditions, we automatically assume (or "presume") that your service caused your condition. We call these "presumptive conditions."

We consider a condition presumptive when it's established by law or regulation.

If you have a presumptive condition, you don't need to prove that your service caused the condition. You only need to meet the service requirements for the presumption.

What are the presumptive conditions for Gulf War Veterans?

Conditions diagnosed during active duty or at any time after separation

We consider these undiagnosed illnesses presumptive if you served in a recognized location, a health care provider diagnosed you while you were on active duty or at any time after separation, and you've been ill for at least **6 months**:

Chronic fatigue syndrome

Fibromyalgia

Functional gastrointestinal disorders

Medically unexplained chronic multisymptom illness

Other undiagnosed illnesses, such as cardiovascular signs and symptoms, muscle and joint pain, and headaches

Review the recognized locations for undiagnosed illnesses

Conditions diagnosed within 1 year of separation

We consider these infectious diseases presumptive if you served in a recognized location and a health care provider diagnosed you within **1 year** of separation:

Brucellosis

Campylobacter jejuni

Coxiella burnetii (Q fever)

Malaria (or sooner in some cases)

Nontyphoid salmonella

Shigella

West Nile virus

Review the recognized locations for infectious diseases

Conditions diagnosed any time after separation

We consider these infectious diseases presumptive if a health care provider diagnosed you any time after separation:

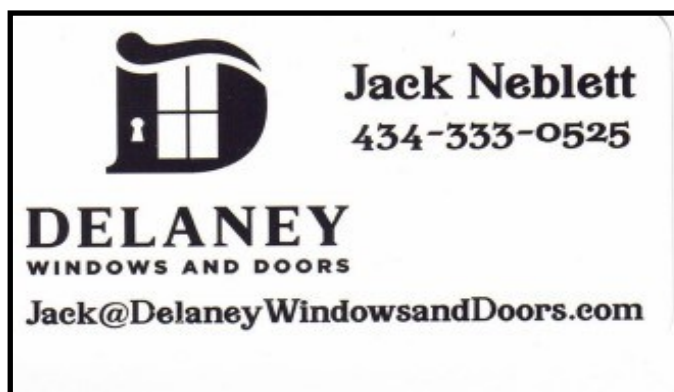
Mycobacterium tuberculosis

Visceral leishmaniasis

Review the recognized locations for infectious diseases

What about presumptive conditions for burn pit or other toxic exposures?

We've added more than 20 burn pit and other toxic exposure presumptive conditions based on the PACT Act. This change



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Jack@DelaneyWindowsandDoors.com

expands benefits for Gulf War era and post-9/11 Veterans in recognized locations.

Learn about burn pit and other toxic exposure presumptive conditions

What are the recognized Gulf War locations for undiagnosed illness presumptive conditions?

If you served in any of these locations on or after August 2, 1990, we presume your undiagnosed illness is associated with your service:

Afghanistan (airspace not included)

Bahrain

Egypt (airspace not included)

Iraq

Israel (airspace not included)

Jordan (airspace not included)

Kuwait

Neutral zone between Iraq and Saudi Arabia

Oman

Qatar

Saudi Arabia

Syria (airspace not included)

Turkey (airspace not included)

The United Arab Emirates (UAE)

The waters of the Arabian Sea, Gulf of Aden, Gulf of Oman, Persian Gulf, and Red Sea

Note: The airspace above all of the countries and locations listed in this section is recognized, unless specified that it's not included.

What are the recognized Gulf War locations for infectious disease presumptive conditions?

If you served in any of these locations on or after August 2, 1990, we presume your infectious disease is associated with your service:

Afghanistan (airspace not included and only service after September 19, 2001)

Bahrain

Iraq

Kuwait

Neutral zone between Iraq and Saudi Arabia

Oman

Qatar

Saudi Arabia

The United Arab Emirates (UAE)

The waters of the Arabian Sea, Gulf of Aden, Gulf of Oman, Persian Gulf, and Red Sea

Note: The airspace above all of the countries and locations listed in this section is recognized, unless specified that it's not included.

How do I file a disability compensation claim?

If you haven't filed a claim yet for the presumptive condition

You can file a new claim online now. You can also file by mail, in person, or with the help of an accredited representative.

[File for VA disability compensation online](#)

[Learn more about how to file a disability compensation claim](#)

If we denied your disability claim in the past and we now consider your condition presumptive

You can submit a Supplemental Claim. We'll review your case again.

[File a Supplemental Claim online](#)

[Learn more about how to file a Supplemental Claim](#)

What if I need help filing my claim?

You can get help from an accredited attorney, claims agent, or Veterans Service Organization (VSO) representative.

[Get help filing a claim](#)

What if my condition or active-duty service location isn't listed here?

You can still apply for disability compensation. If your condition or service location isn't listed here, you'll need to submit more evidence to show how your condition connects to your service.

[Learn more about what evidence you'll need to submit](#)

(Source: <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/gulf-war-illness-southwest-asia/>)

The news has it wrong. Chuck Norris didn't die, he decided to visit God and the two got along so well he decided to stay.

Camp Lejeune water contamination health issues

If you served at either of these locations between August 1, 1953, and December 31, 1987, you may be eligible for disability and health care benefits:

Marine Corps Base Camp Lejeune, or
Marine Corps Air Station (MCAS) New River, North Carolina

You may be eligible for disability compensation payments on a presumptive basis if you meet all of these requirements. These requirements apply to Veterans, Reservists, and National Guard members.

Both of these descriptions must be true:

You served at Camp Lejeune or MCAS New River, North Carolina, for at least 30 days total between August 1, 1953, and December 31, 1987, **and**

You didn't receive a dishonorable discharge when you separated from the military

And you must have a diagnosis of 1 or more of these presumptive conditions:

Adult leukemia
Aplastic anemia and other myelodysplastic syndromes
Bladder cancer
Kidney cancer
Liver cancer
Multiple myeloma
Non-Hodgkin's lymphoma
Parkinson's disease

Evidence shows a link between these conditions and exposure to chemicals found in the drinking water at Camp Lejeune and MCAS New River during this time.

What does it mean to have a presumptive condition?

To get a VA disability rating, your disability must connect to your military service. For many health conditions, you need to prove that your service caused your condition.

But for some conditions, we automatically assume (or "presume") that your service caused your condition. We call these presumptive conditions

Presumptive conditions are established by law or regulation.

If you have a presumptive condition, you don't need to prove that your service caused the condition. You only need to meet the service requirements for the presumption.

How do I file a claim for disability compensation?

You can file a new claim online now. You can also file by mail, in person, or with the help of a trained professional.

[File for disability compensation online now](#)

[Learn more about how to file a disability compensation claim](#)

Note: When you file, be sure to state that you're applying for 1 or more of the presumptive conditions for Camp Lejeune.

You'll need to provide this evidence (supporting documents) with your claim:

Your military records that show you served at Camp Lejeune or MCAS New River for at least 30 days total between August 1, 1953, and December 31, 1987, **and**

Medical records that show you have 1 or more of the 8 Camp Lejeune presumptive conditions

Can I also get health care benefits?

Yes. If you meet the service requirements for Camp Lejeune, you may be eligible to enroll in VA health care. If you have any of the 15 covered health conditions listed here, you won't have to pay a copay for care for that condition. Learn how to apply for VA health care

Here are the 15 covered conditions related to Camp Lejeune:

Bladder cancer
Breast cancer
Esophageal cancer
Female infertility
Hepatic steatosis
Kidney cancer
Leukemia
Lung cancer
Miscarriage
Multiple myeloma
Myelodysplastic syndromes
Neurobehavioral effects
Non-Hodgkin's lymphoma
Renal toxicity
Scleroderma

Note: If you also get VA health care for other conditions that aren't on this list, you may need to pay a copay for that care.

Benefits for families who lived at Camp Lejeune

Can family members who lived at Camp Lejeune get VA benefits?

We may pay for or reimburse health care costs related to certain conditions if you meet all of these requirements.

All of these descriptions must be true:

You must be or have been a family member (meaning the birth or adopted child, married spouse, or otherwise a legal dependent) of a Veteran who served at Camp Lejeune or MCAS New River, North Carolina, and

You must have lived (or have been in utero while your mother lived) at Camp Lejeune or MCAS New River, North Carolina, for at least 30 days total between August 1, 1953, and December 31, 1987, and

You must apply for and be approved for benefits under current law

Note: "In utero" means that your mother was pregnant with you at the time.

We may pay for or reimburse for care related to these con-

ditions:

Bladder cancer
Breast cancer
Esophageal cancer
Female infertility
Hepatic steatosis
Kidney cancer
Leukemia
Lung cancer
Miscarriage
Multiple myeloma
Myelodysplastic syndromes
Neurobehavioral effects
Non-Hodgkin's lymphoma
Renal toxicity
Scleroderma

How do I apply for Camp Lejeune family member benefits?

You'll need to fill out a Camp Lejeune Family Member Program Application (VA Form 10-10068) and send it to us by mail or fax.

[Get VA Form 10-10068 to download](#)

By mail

Mail your completed form to:

Department of Veterans Affairs
Financial Services Center
PO Box 149200
Austin, TX 78714-9200

By fax

Fax your form to [512-460-5536](tel:512-460-5536).

If you need help with your application, call us at [866-372-1144](tel:866-372-1144) (TTY: 711). We're here 8:30 a.m. to 4:55 p.m. ET.

What supporting documents do I need for my application?

You must provide all of this evidence:

A document (like a marriage license, birth certificate, or adoption papers) that proves your relationship to the Veteran who served on active duty for at least 30 days at Camp Lejeune or MCAS New River, North Carolina, between August 1, 1953, and December 31, 1987, and

A document (like utility bills, base housing records, military orders, or tax forms) that proves you lived at Camp Lejeune or MCAS New River, North Carolina, for at least 30 days between August 1, 1953, and December 31, 1987, and

Medical records that show you have 1 of the 15 covered health conditions. The records must include the date of your diagnosis and the date you got treated for this illness.

You may also want to provide a report from your health care

provider. We don't require this form, but it can help us determine your eligibility for benefits. Ask your provider to fill out a Camp Lejeune Family Member Program Treating Physician Report (VA Form 10-10068b).

[Get VA Form 10-10068 to download](#)

How can I file a claim for reimbursement?

For each claim, you'll need to fill out a Camp Lejeune Family Member Program Claim Form (VA Form 10-10068a).

[Get VA Form 10-10068a to download](#)

You must provide an itemized billing statement from your health care provider with your claim. If you have other health insurance, you must provide a document called an Explanation of Benefits from your other health insurance.

How the PACT Act affects Camp Lejeune claims and related benefits

Section 804 of the Honoring our Promise to Address Comprehensive Toxics (PACT) Act addresses people who lived at Camp Lejeune. This law is also called the Camp Lejeune Justice Act of 2022.

This law allows Veterans, survivors, and families to file for appropriate relief for harm caused by exposure to the contaminated water at Camp Lejeune.

You (or your legal representative) can file for relief under this authority if either of these descriptions is true:

You lived, worked, or were otherwise exposed at Camp Lejeune for at least 30 days total between August 1, 1953, and December 31, 1987, **or**

Your mother lived, worked, or was otherwise exposed at Camp Lejeune for at least 30 days total between August 1, 1953, and December 31, 1987, while pregnant with you

Note: The PACT Act doesn't affect VA benefits related to Camp Lejeune. The law does expand VA health care and benefits for Veterans exposed to burn pits and other toxic substances.

[Learn more about the PACT Act and your VA benefits](#)

How can I file for relief under the Camp Lejeune Justice Act?

You (or your legal representative) can start by filing an administrative claim with the Department of the Navy.

You can follow the Navy's process to seek an award of relief for your claim. You may also be able to choose the Department of the Navy's new elective option to get a faster settlement decision directly from the Navy. Or if the Navy denies your claim or you wait longer than 6 months for a decision, you can file a lawsuit in the Eastern District of North Carolina.

[Learn how to file for Camp Lejeune relief on the Navy's website](#)

Will filing for relief affect my VA benefits or health care?

No. Filing for relief under the Camp Lejeune Justice Act of 2022 won't affect your eligibility for VA disability or health care benefits.

If the court awards you relief under this law (or if a court awarded relief in the past), this won't affect the amount of your VA disability payments or your eligibility for VA health care. A settlement through the Department of the Navy's elective option process also won't affect your VA benefits or health care in any way.

Will my VA benefits affect my award from a lawsuit?

Yes, in some cases. Your benefits may affect your award if both of these descriptions are true:

A court awards you relief as a result of a lawsuit filed under the Camp Lejeune Justice Act of 2022, and

You already get VA benefits or health care related to exposure to water at Camp Lejeune

The court must reduce (or "offset") the award by the amount of any related disability award, payment, or benefit we provided to you or your legal representative from a lawsuit. If you choose the elective option claim process, this offset doesn't apply to you.

VA benefits that aren't related to exposure to contaminated water at Camp Lejeune won't affect your award from a lawsuit.

How can I check the status of my lawsuit under the Camp Lejeune Justice Act of 2022?

You can contact the Department of Justice by phone or email:

Call 202-353-4426 (TTY: 711), or

Send an email to camplejeune.pactact@usdoj.gov

Do I need to hire a lawyer or file a lawsuit to get VA benefits?

No. You don't need to hire a lawyer or file a lawsuit to get VA benefits. This includes VA benefits related to Camp Lejeune.

If you need help filing a claim for VA benefits, you may want to work with a Veterans Service Officer (VSO).

[Learn how to get help filing your VA claim](#)

What to know about commercials about Camp Lejeune

You may see or hear commercials for lawyers or law firms who claim they can help you get Camp Lejeune benefits. We don't have any connection to these commercials or the lawyers or law firms involved.

We do create public service announcements about VA benefits. We'll never try to sell you a product or ask you to pay for help getting VA benefits.

If a law firm or other company says you can't get VA benefits without their help, this is incorrect. To report suspected fraud, contact us in either of these ways:

Call us at 800-488-8244 (TTY: 711)

Email us at vaoighotline@va.gov

(Source: <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/camp-lejeune-water-contamination/#benefits-for-families-who-live>)

R.I.P. Hero



Sad to learn of the passing of Col. James "Bo" Gritz, the man who inspired Sylvester Stallone's iconic John Rambo character.

He passed away peacefully at the age of 87 in Sandy Valley, Nevada.

A highly decorated U.S. Army Special Forces officer, Gritz served six years in Vietnam with the 5th Special Forces Group (Airborne). He commanded Detachment B-36, an elite mixed American and Cambodian-Vietnamese MIKE Force unit along the Cambodian border.

In December 1966, he led a daring recovery of the black box from a downed U-2 spy plane deep in hostile Cambodian territory. On another mission, he commanded 250 Cambodian mercenaries in a 60-day campaign that destroyed 53 Viet Cong camps while losing only one man.

For his valor, Gritz was awarded three Silver Stars, two Legion of Merit awards, the Distinguished Flying Cross, the Soldier's Medal, four Bronze Stars, two Purple Hearts, and 26 Air Medals.

His extraordinary combat record and warrior spirit made him the real-life inspiration for Rambo.

God bless this American hero forever.

With his last breath, Chuck Norris inhaled.

Death took Chuck Norris. Death is in the hospital on life support.

Medications

Medications should be safely and securely stored when not in use. To help prevent intentional or unintentional overdose:

- Have a family member or friend help manage medication dosages.
- Ask your doctor or pharmacist to limit the number of refills or quantity of medication.
- Portion out pills for a week and lock the rest away.
- Check the date on everything in your medicine cabinet and dispose of medication if:
 - The medication is past its expiration date.
 - You haven't used the medication in the past 12 months.
 - You no longer need the medication.
- Ask your doctor or pharmacist about options for safely storing medications or disposing of unused medications.

For more information, go to KeepItSecure.net.

VA S.A.V.E. Training

VA S.A.V.E. Training is a free, brief online or in-person course that gives you four ways to support a Veteran in crisis or having thoughts of suicide. The acronym S.A.V.E. provides a helpful way to remember the step-by-step instructions:

Spot the signs a Veteran might be thinking about suicide

Learn to recognize signs that could mean a Veteran needs help.

Ask the critical question— "Are you thinking of killing yourself?"

Though it may seem scary, talking with someone about suicide can help them open up and consider accepting support.

Validate the Veteran's experience

It's important to let the Veteran know you're listening and to acknowledge their experience.

Encourage and support next steps with the Veteran

If a Veteran is having thoughts of suicide, remain calm and reassure them help is available. Don't keep suicidal behavior a secret and don't leave the Veteran alone. Seek care from the nearest hospital or call 911.

Anyone can take VA S.A.V.E. Training: learn.psycharmor.org/courses/va-s-a-v-e.

VA Resources

Veterans Crisis Line

If you're a Veteran in crisis or concerned about one, contact the Veterans Crisis Line to receive 24/7, confidential support. You don't have to be enrolled in VA benefits or health care to connect. To reach responders, **Dial 988 then Press 1**, chat online at VeteransCrisisLine.net/Chat, or text 838255.

Don't Wait. Reach Out.

The "Don't Wait. Reach Out." website provides VA resources for a wide variety of issues affecting Veterans and encourages them to reach out for help before their challenges become overwhelming or reach a crisis point. If you or a Veteran you know needs support, find resources at VA.gov/Reach.

VA Services for Older Veterans

Learn about VA programs that support older Veterans and their families and caregivers: mentalhealth.va.gov/older-veterans/index.asp.

Make the Connection

Watch, read about, and listen to Veterans' real stories of strength and recovery: MakeTheConnection.net.

VA Geriatrics and Extended Care

Find out about home and community services, long-term care, health, fitness, and rehabilitation: www.va.gov/GERIATRICS/.

VA Caregiver Support Program

Learn how VA supports family caregivers through education, resources, and services: www.caregiver.va.gov/.



Marine Corps Force Design Update: What Every Marine Needs to Know



Twentynine Palms, CA (Feb. 9, 2023) - Marines with 3rd Littoral Combat Team, conduct Range 400, during a Marine Littoral Regiment Training Exercise (U.S. Marine Corps photo by Sergeant Patrick King)

Military.com | By Robert Billard

The Commandant of the Marine Corps provided an update to Force Design 2030 on Thursday, signaling the Marines' commitment to remaining globally responsive, lethal, and resilient in the face of evolving challenges. The update provides both a status update for the current status of Force Design as well as a roadmap for where the Corps is going.

What is Force Design 2030?



A Navy Marine Expeditionary Ship Interdiction System launcher deploys into position aboard Pacific Missile Range Facility Barking Sands, Hawaii. During the training, a Marine Corps fires expeditionary advanced base sensed, located, identified and struck a target ship at sea, which required more than 100 nautical miles of missile flight (U.S. Marine Corps photo by Maj. Nick Mannweiler, released).

Force Design 2030 is the Marine Corps' plan to modernize how it fights. Think of it as a total overhaul to keep Marines ahead of enemies who use drones, long-range missiles, and cyberattacks. The goal is simple: stay fast, lethal, and hard to hit in places like the Pacific islands. It focuses on new gear, smarter units, and working tightly with the Navy and joint forces.

Force Design in Review

The update starts with a look back at progress since last year's guidance. It's broken into real-world action, unit changes, new weapons, and support systems.

Marines have tested new tactics in big exercises. In BALIKATAN 25, I MEF practiced hiding small teams on islands, using NMESIS (Navy-Marine Corps Expeditionary Ship Interdiction Systems) to sink ships, MADIS (Marine Air Defense Integrated Systems) to shoot down drones, and G/ATOR (Ground/Air Task-Oriented Radar) radar to spot threats. They trained with Japan and the Philippines. Exercises like TALISMAN SABRE and RESOLUTE DRAGON sharpened precision strikes and base defense with allies. ATLANTIC ALLIANCE 25 was the biggest amphibious drill in the Atlantic in years, practicing distributed operations with NATO partners.

Unit structure got tweaks. Two Marine Littoral Regiments (MLRs) are now in III MEF: 3d MLR is fully operational since 2023, 12th hits that mark in 2026. These units are built for island fighting with advanced sensors and missiles. The 4th Marines stays as a beefed-up infantry regiment. MEUs now carry the same high-tech gear as MLRs. Infantry battalions added a Fires and Recon company for drones and rockets, and squads went back to 13 Marines, including a drone operator. Notably, the Marine Corps recently created a new Attack Drone Team to hone these skills.

New weapons are being fielded across the field. Including the aforementioned NMESIS anti-ship missiles: six launchers delivered, heading to 18 per battery by 2033. HIMARS (High Mobility Artillery Rocket System) status: all 10 batteries complete. G/ATOR radars: 60% fielded by end of 2025. Organic Precision Fires and loitering munitions for infantry will start arriving in 2026. F-35 jets: 11 squadrons are done with more transitioning. MQ-9A drones fly recon over the Pacific. 3D printing labs (12 big ones, 25 small) let Marines conduct additive manufacturing to make parts on site.

Air defense is ramping up. MRIC (Medium-Range Intercept Capability) stops cruise missiles, three batteries coming soon. MADIS on vehicles: 20 delivered. L-MADIS on light trucks: 10 in 2026. Bases received counter-drone systems, and every



RECEIVING DISABILITY COMPENSATION

does not take away resources from other Veterans. All Veterans are encouraged to apply for the benefits they've earned!

Learn more at [VA.gov/disability/](https://www.va.gov/disability/)

unit will soon have portable anti-drone kits to address the ever-evolving threat.

Doctrines are updating. Expeditionary Advanced Base Operations (EABO) and Stand-in Forces concepts are becoming official guidance. Bases are modernizing barracks and defenses. Recruiting and retention hit record highs. Training now includes AI, drones, and joint operations.



Pacific Ocean (Jan. 11, 2024) - U.S. Marine Corps F-35B Lightning II attached to VMFA 225, with the 15th MEU, conduct carrier qualifications aboard the USS Boxer (U.S. Marine Corps photo by Corporal Amelia Kang)

Where the Marine Corps is Going

This next section maps the future: better movement, deadlier weapons, tighter joint networks, smarter logistics, and constant learning.

Maneuver and mobility mean moving fast across sea, land, and air. The Corps wants 31 amphibious ships minimum. New landing craft are in development. Ground vehicles: Advanced Recon Vehicle for scouts, Amphibious Combat Vehicle (257 fielded), JLTVs (over 5,000 delivered), and ultra-light trucks. Aviation spreads out with distributed ops using KC-130s, CH-53s, and MV-22s.

Lethality gets upgrades. NMESIS and HIMARS will work in jammed environments. A new rocket launcher is coming. Infantry experiments continue. Drone teams will hunt targets. F-35s pair with XQ-58 unmanned wingmen. Long-range missiles expand strike options.

Joint kill webs link sensors to shooters faster. In order to improve these kill webs - new command systems will speed decisions. MQ-9 drones will receive better Artificial Intelligence (AI) integration. Aviation assets will get more flexible targeting tools.

As has been the case since Force Design was first promulgated, logistics will remain a major highlight going forward. Logistics in contested environments focus on keeping Marines supplied when enemies try to cut off traditional sea and air routes. The Corps is expanding its Global Positioning Network with prepositioned ships loaded with gear in the Indo-Pacific, Norway, and on Maritime Prepositioning Force vessels to fix current shortfalls and speed up resupply. Autonomous systems will start taking center stage: the Autonomous Low-Profile Vessel (also known as the "ALPV") acts as an unmanned supply boat, while Tactical Resupply UAS drones and the Medium Aerial Resup-

ply Vehicle deliver critical items like ammo, fuel, and medical supplies to forward teams without risking manned aircraft. Advanced Logistics Analytics will use AI to crunch data from sensors and predict needs, then reroute shipments in real time to dodge threats and keep the fight going. This setup cuts reliance on big, vulnerable convoys and ensures even small, dispersed units stay in the fight longer.



Camp Lejeune, NC (Jul. 12, 2017) - U.S. Marines with 1/6 before a live fire range at "Sea Dragon 2025" exercise (U.S. Marine Corps photo by Lance Corporal Justin Toledo)

Education has, and always will be, a critical element to keeping the Marine Corps lethal. Continuous learning keeps the Corps sharp. The update maintains that learning "shapes the force." Lessons from exercises will feed directly into tangible changes. Technology will move from the lab to the field faster. And last, but not least, feedback directly from the Fleet Marine Force will drive priorities.

Why This Matters

Force Design isn't just a way to show off new gadgets, but rather it is survival. Pacing threats like the People's Republic of China, and others, can increasingly strike from further away and jam communications. Marines must operate inside their reach, deny sea lanes, and support the fleet. These changes mean smaller, faster units that sense threats, strike first, and don't need massive supply lines. For the average Marine, it means better tools, smarter training, and a Corps built to win the next fight, not the last one. The world is watching the Pacific. The Marine Corps is making sure it's ready.

(Source: <https://www.military.com/feature/2025/10/26/marine-corps-force-design-update-what-every-marine-needs-know.html>)

Three men are on the balcony of the empire state building. The first man says to the second, "you know, the wind up here is extremely strong because of the effects of it being channeled by the skyscrapers nearby and if you fall off, you will get blown right back onto the balcony" The second man says "No way" and so the first man says "I'll show you..."

He jumps off and get buffeted around by the wind for a bit and then lands back on the balcony. "See?", he says. The second man says "That's amazing, I want to try", and jumps off.

He plummets 100 stories and lands splat on the pavement.

The third man turns to the first and says" You know superman, you can be a real asshole sometimes".

Protecting Veterans from Fraudulent Scams



Protecting Veterans from fraudulent scams

March 5, 2026

Janette Groom
Program Analyst, Office of Financial Management, Benefits Delivery Protection & Remediation

VA's Commitment to Protect Veterans

As we observe National Consumer Protection Week, March 2 – 8, and Slam the Scam Day on March 5, 2026, we want to reaffirm our dedication to protecting the Veterans we serve from [fraud](#) and [scams](#). Veterans have earned their benefits through service and sacrifice, and it is our collective duty to shield them from those who aim to exploit them.

Sadly, bad actors are increasingly targeting Veterans due to their association with government benefits and personal information with schemes designed to steal their personal information, financial resources and benefits. These scams often involve government impostors, direct deposit fraud, phishing attacks, identity theft, payment redirection and social media scams. By staying informed and taking preventive actions, Veterans can safeguard themselves and their families from these malicious schemes.

Common government imposter scams affecting Veterans

Payment redirect/direct deposit fraud: Avoid depositing VA benefits directly into a family member's or caregiver's bank account unless they are a court-appointed representative or a VA-accredited fiduciary. This precaution helps to prevent any potential misuse of funds and ensures that benefits are managed by legally authorized individuals.

Fake compensation claims assistance: Scammers often pose as individuals offering assistance to help file compensation claims or appeals, requiring upfront fees. These imposters typically misappropriate the funds or charge excessive fees for their services, leaving the Veterans worse off financially.

Pension poaching: Bad actors may offer to manage a Veteran's pension benefits, promising increased payouts. These scammers often misappropriate the funds or charge excessive fees, which can lead to financial distress for the Veteran.

Fake VA calls and emails: Scammers may impersonate VA representatives, contacting Veterans via phone or email, claiming there are urgent issues with their benefits or personal information. They often ask for personal identification information (PII) or payment for supposed fees related to benefits.

Phishing attacks: Be aware of phishing attacks designed to deceive Veterans into revealing sensitive information like Social Security Numbers, bank account details or passwords. These attacks often flood email inboxes or text message threads with fake communications.

Fraud prevention advice

Protect personal information

Do not share Social Security Numbers, VA claim numbers or financial information unless you are confident about the requester's identity.

Never click links or download attachments from unknown sources.

Shred documents containing personal information before disposal.

Never share your banking details with "online friends" or unfamiliar individuals. Scammers may attempt to build trust only to exploit it for financial gain.

Protect against identity theft

Official communications from VA and other government agencies typically come through secure and traceable means. Be wary of supposed official emails or phone calls that do not follow usual correspondence protocols.

Always verify the identity of anyone contacting you and asking for personal information. Use official websites or known phone numbers to confirm their identities.

VA representatives will never ask for personal information or payments over the phone or via unsolicited emails.

If in doubt, contact VA directly using contact information from official VA websites.

Be skeptical of unusual payment methods

Be cautious if you are asked to make payments using unconventional methods like wire transfers, bitcoins, prepaid debit

cards, money transfers or gift cards. Legitimate organizations typically do not request payments in these ways.

Stay informed

Stay informed about the latest scams and fraud tactics affecting Veterans through trusted sources such as VA and FTC.

Reporting suspicious activity

Being vigilant against fraudulent attempts to steal personal information or money requires recognizing deceptive tactics used by scammers and actively refusing to engage with them. We need your help to #SlamTheScam on government imposters. Learn how to spot scams, identify red flags and report suspicious activity at ssa.gov/scam. Stay safe, stay informed and always verify before you trust.

If a Veteran is missing a VA benefits payment, identifies a discrepancy in payments or finds suspicious activity with their direct deposit account, contact VA immediately at 800-827-1000. Veterans who suspect they have experienced fraud can find out more and report to the appropriate agency at VSAFE.gov or by calling (833) 38V-SAFE.

(Source: <https://news.va.gov/145291/protecting-veterans-from-fraud-and-scams/>)

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You can also scan the QR code below with your cellphone and it will take you to www.veteransgrapevine.com



Improving Mental Health Access

The Department of Veterans Affairs today released the [National Veteran Suicide Prevention Annual Report](#), which analyzes Veteran suicide from 2001 to 2023, the most recent year for which data is available.

The report shows there were 6,398 suicides among Veterans in 2023, down from 6,442 in 2022. The average number of Veteran suicides per day fell slightly, to 17.5 in 2023 from 17.6 in 2022.

VA teamed with several large civilian health care providers in February 2025 to launch the Veterans Interoperability Pledge to identify at-risk Veterans and help them get the care they've earned at VA. This effort has helped VA identify and contact 140,000 at-risk Veterans, 40% of whom had not recently been to VA.

In May 2025, VA and the Department of War signed a memorandum of understanding committing both agencies to improving the transition process for Veterans exiting the military.

For the first time in history, VA is now tracking how effective its staff and partners are at getting Veterans into VA care, so we can see what's working and where we need to improve.

In fiscal year 2025, VA offered 1.3 million calls, chats and texts to Veterans in need through the Veterans Crisis Line, a 39% increase over the prior year, with a Veteran satisfaction rate of 97%.

VA continues to expand suicide prevention training with health care professionals both at VA and in the community.

In 2018, the first Trump Administration launched RISK ID, a comprehensive suicide risk evaluation screening that helps VA flag and care for at-risk Veterans. In calendar year 2025, VA completed more than 5.3 million suicide risk screenings, approximately 200,000 more Veterans screened than in calendar year 2024.

VA administers the Staff Sergeant Parker Gordon Fox Suicide Prevention Grants Program, which has provided grants to 95 community organizations across the country since 2022.

Together, these organizations have made more than 24,400 referrals for suicide prevention supports, including life-saving emergency service connections for 854 Veterans at high risk for suicide.

In May 2025, VA [announced the availability](#) of another \$52 million in grants under this program.

In November, VA announced it housed the [largest number of homeless Veterans](#) in seven years, a critical improvement as homelessness looms as a major factor in Veteran suicide.

(Source: <https://news.va.gov/press-room/va-releases-annual-veteran-suicide-prevention-report-updated-with-2023-data/>)

How TRICARE can help you screen for cancer

FALLS CHURCH, Va. – Did you know that it's possible to detect some types of cancer before you show any signs or symptoms? Getting preventive screening tests makes this possible.

“Screening tests are a powerful tool for taking care of your health — If you have cancer, finding it early can help make it easier to treat,” said Jeannine Pickrell, MS, RN, director, Population Health, TRICARE Health Plan, at the Defense Health Agency. “It's important to know which screenings are recommended for you and when you should get them.”

TRICARE covers [cancer screenings](#) based on your age, sex, and certain risk factors. Learn about which tests may be recommended for you.

What's covered

Many cancer screenings are covered as part of a [Health Promotion and Disease Prevention Examination](#) or a [well-woman exam](#). These exams are a good time to talk to your provider about:

- Your risk factors for different cancers
- Which cancers you should be screened for
- Which screening tests you should use
- How often you should be screened

TRICARE covers certain screening tests for the following types of cancer.

Breast cancer

Mammograms and breast MRI are ways to [screen for breast cancer](#). TRICARE covers [mammograms](#) every 12 months for:

Women ages 40 and older who are at average risk of breast cancer

Women ages 30 and older who have certain risk factors or a 15% or greater lifetime risk of developing breast cancer

TRICARE also covers an annual [breast MRI](#) screening for **women ages 30 and older** who have a 20% or greater lifetime risk of developing breast cancer.

Cancer of female reproductive organs

Pap tests and HPV DNA testing are two ways to [screen for cervical cancer](#).

TRICARE covers [Pap tests](#) for **women ages 21 and older**. Your doctor should also perform a pelvic examination when you get a Pap test.

TRICARE covers HPV DNA testing for **women ages 30 and older**. You must get this testing at the same time you get a Pap test.

Cancers of male reproductive organs

TRICARE covers [prostate cancer exams](#) for men based on your age and other factors. Your family history and race determine whether you should be screened for prostate cancer starting at **age 40, 45, or 50**.

TRICARE covers annual [testicular cancer exams](#) for **males ages 13–39** who have a history of certain conditions.

Colorectal cancer

TRICARE covers various types of [colorectal cancer screenings](#) for people **ages 45 and older** who are at average risk for colorectal cancer. The type of test you use determines how often TRICARE will cover this test for you.

Lung cancer

Do you have a history of smoking? TRICARE covers an [annual CT scan to screen for lung cancer](#) if all of the following apply to you:

You're **50 to 80 years old**.

You have a 20 pack per year history of smoking, you currently smoke, or you've quit smoking within the past 15 years.

TRICARE only covers this screening when you get it from a [network provider](#).

Oral and pharyngeal cancers

TRICARE covers a complete oral cavity exam as part of routine preventive care for adults at high risk due to exposure to tobacco or excessive amounts of alcohol.

Skin cancer

TRICARE covers [skin cancer exams](#) for people with certain risk factors, including family history and frequent sun exposure.

Thyroid cancer

TRICARE covers [thyroid cancer exams](#) for adults with a history of exposure to radiation to the upper body.

Tips for getting screenings

Knowing how TRICARE covers screenings can help you avoid unexpected out-of-pocket costs. Keep these things in mind before you get a screening.

Follow your plan's rules. Cancer screening tests are preventive care. This means you'll have no out-of-pocket costs for covered screening tests when you follow [your plan's rules for getting care](#).

Make sure your test is covered. TRICARE doesn't cover all types of screening tests. For example, TRICARE **doesn't** cover blood-based or stool-based RNA testing to screen for colorectal cancer. If you aren't sure if TRICARE will cover a certain screening test, you can talk to your doctor or call your [TRICARE contractor](#).

Do you have TRICARE For Life? In the U.S. and U.S. territories, you must also follow [Medicare's rules for getting preventive care](#).

Emerging ways to screen for cancer

New tests are helping people screen for other types of cancer before they show symptoms. TRICARE's [Laboratory Developed Tests Demonstration](#) covers the GRAIL Galleri test. This is a blood test that can screen for more than 50 types of cancer.

For TRICARE to cover this test, you **must**:

Meet the [eligibility criteria for the GRAIL Galleri test](#). You might be eligible if you're age 50 or older **and** you have certain risk factors.

Get [pre-authorization](#). Your provider will ask you to complete an informed consent document before requesting pre-authorization from your TRICARE contractor.

Here are some other things to keep in mind:

The GRAIL Galleri test isn't part of TRICARE's preventive health benefit.

TRICARE will cover one test per lifetime.

Pay attention to symptoms

Preventive screenings are meant to find cancer **before** you have symptoms. But it's also important to pay attention to changes in your physical health. See your provider as soon as possible if you show signs or symptoms that could mean cancer.

According to the National Cancer Institute, [common warning signs for cancer](#) include:

Swelling or lumps your neck, underarm, stomach, groin, or other body parts

Sores that don't heal

Unusual bleeding or discharge

Chronic cough or hoarseness

Changes in your breasts

Changes in bowel or bladder habits

Obvious changes in a wart or mole

Your provider may order diagnostic testing to determine if you have cancer or another medical condition.

Getting routine preventive care and paying attention to your body are important ways to catch problems early and stay healthy. Be sure to talk to your provider if you have questions or concerns about your health.

Would you like the latest TRICARE news sent to you by email? Visit [TRICARE Subscriptions](#) to get benefit updates, news, and more.

(Source: <https://newsroom.tricare.mil/News/TRICARE-News/Article/4421798/how-tricare-can-help-you-screen-for-cancer>)



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Chuck Norris allowed death to take him so he didn't have to kill death.

Chuck Norris didn't go to heaven. Heaven went to Chuck Norris.

Chuck Norris pronounced his own time of death.

At 50, He Survived Marine Boot Camp — Then Fought at Peleliu and Okinawa



Pvt. Paul Douglas, age 50, performs a rifle inspection with his drill instructor aboard Marine Corps Recruit Depot S.C., 1942. Douglas, at age 50 was the oldest recruit in the history of Parris Island, and went on to become a purple heart recipient and Chicago senator (DVIDS).

Military.com | By Allen Frazier

When 50-year-old Paul Douglas showed up at Marine Corps boot camp in 1942, the white-haired economics professor looked more like a seasoned general than a private. Instead, he was just another recruit, running the same obstacle courses and getting the same punishment as the younger troops.

What set Douglas apart wasn't age or rank, but the fact that he had already been a Chicago alderman, a failed candidate for mayor, and an adviser for the president. By the end of World War II, he would also be a combat-decorated Marine.

Early Life and Political Career

Douglas was born in Salem, Massachusetts, on March 26, 1892. His mother died young, and his father was abusive, prompting his stepmother to move the children to Maine. He graduated from Bowdoin College before earning a master's degree and Ph.D. in economics from Columbia University in 1921.

His academic career took him across the country, including a post at the University of Chicago, where he worked on banking reform proposals known as the "Chicago Plan" and co-authored A Program for Monetary Reform.

Douglas also became active in politics. He advised Gov. Gifford Pinchot of Pennsylvania and Franklin D. Roosevelt when he was

governor of New York. He served as an alderman in Chicago, ran unsuccessfully for mayor, and joined reformist movements such as the Farmer-Labor Party. His second wife, Emily Taft Douglas — later a member of Congress — encouraged his growing interest in politics. He attempted to win a seat in the senate, but this also failed.

By the early 1940s, his political career had stalled.



Pvt. Paul Douglas performs rifle qualification aboard Marine Corps Recruit Depot S.C., 1942 (Official Marine Corps Photo courtesy of the Parris Island History Museum).

Choosing the Marines

When the U.S. entered World War II, Douglas saw an opportunity to serve his nation. Hundreds of thousands of men were drafted for the military and many volunteered. Some even lied about their age to enlist in the military before they were old enough. Douglas was at the other end of the spectrum, so he reached out to his friend Frank Knox, former publisher of the Chicago Daily News and Secretary of the Navy, asking to enlist. Knox made sure the Marines accepted him.

At age 50, Douglas reported to Marine Corps boot camp at Parris Island, South Carolina. There was no waiver for his age — he trained alongside recruits young enough to be his grandsons. Drill instructors treated him no differently, and Douglas earned the respect of the younger Marines, who saw him as both an example and a mentor.

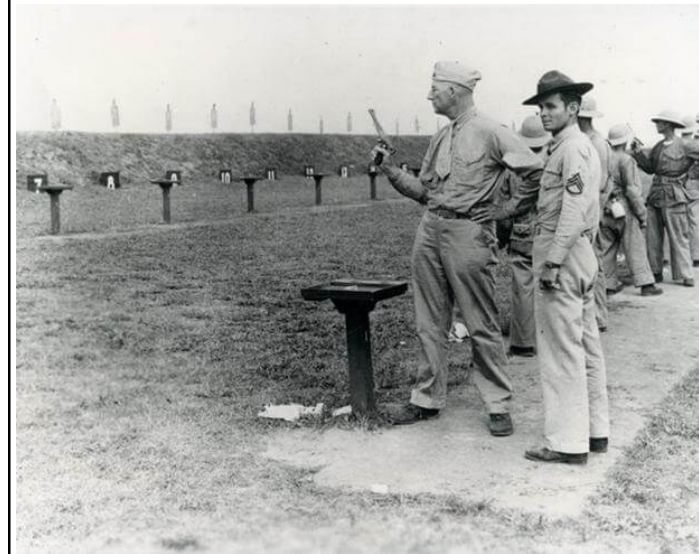
Douglas later recalled: "I found myself able to take the strenuous boot camp training without asking for a moment's time out and without visiting the sick bay."

After graduation, Douglas was assigned clerical work and promoted to staff sergeant within a few months. Still unsatisfied, he begged for combat duty in the Pacific. With Knox's help, he received a commission and got his orders for the 1st Marine Division.

Combat in the Pacific

In September 1944, Douglas landed on Peleliu with the 5th Marines. His commanders initially tried to keep him away from combat, but he begged for permission to serve at the front. After receiving approval, he carried ammunition and supplies to rifle companies under fire and earned a Bronze Star for his ac-

tions. One of the Marines he resupplied was Eugene Sledge, who later recalled the encounter in his famous memoir *With the Old Breed*.



Pvt. Paul Douglas, age 50, performs pistol qualification aboard Marine Corps Recruit Depot S.C., 1942 (Official Marine Corps Photo courtesy of the Parris Island History Museum).

Douglas saw heavy action at Peleliu. While carrying flamethrower fuel, he was wounded by shrapnel and awarded his first Purple Heart. He also killed a Japanese sniper in a cave after the soldier had already shot two Marines.

Reflecting on that moment, Douglas later wrote: "As I came out, covered with mud and blood, the thought went through my head that perhaps the fellow was a professor of economics at the University of Tokyo. What a world it is that causes each of us to seek the other's life."

The 1st Marine Division later fought at Okinawa, where Douglas again placed himself in danger. Serving with 3rd Battalion, 5th Marines, he carried supplies, helped evacuate wounded Marines, and shared hardships with his men.

While rescuing a wounded Marine, he was struck by machine gun fire, which permanently disabled his left hand. He earned a second Purple Heart. Marines recalled him telling corpsmen to treat younger men first, even removing his officer insignia to ensure enlisted troops received care ahead of him.

Marine Pfc. Paul Ison later remembered the scene: "There, lying on the ground, bleeding from his wound, was a white-haired Marine major... He was saying, 'Leave me here. Get the young men out first. I have lived my life. Please let them live theirs.'"

Douglas had earned the respect of the young Marines around him.

From Foxholes Back to Politics

Douglas spent 13 months recovering at the National Naval Medical Center before retiring from the Marine Corps as a lieutenant colonel. He returned briefly to teaching but soon reen-tered politics.

In 1948, he campaigned across Illinois, speaking in support of the Marshall Plan and civil rights. When his opponent refused

to debate, Douglas debated an empty chair. He won with 55 percent of the vote and went on to serve 18 years in the Senate. Douglas became a leading voice for civil rights, environmental protection, and housing reform. His wartime service gave him credibility on Capitol Hill, where few could question his patriotism.

Douglas published his autobiography, *In the Fullness of Time*, in 1971 and died in 1976 at age 84. The Marine Corps later named the Parris Island visitor center in his honor, with a plaque commemorating him as the oldest Marine recruit in history.

His legacy stretches beyond the laws he passed or the books he wrote. It is best defined by the moment the 50-year-old chose to carry a rifle and stand with his Marines in some of World War II's bloodiest battles.

(Source: <https://www.military.com/daily-news/opinions/50-he-survived-marine-boot-camp-then-fought-peleliu-and-okinawa.html>)

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Tom: When I get mad at you, you never fight back. How do you control your anger?

Bill: I clean the toilet bowl.

Tom: How does that help?

Bill: I use your tooth brush!



My Job Was Army Cook. But Ranger School Didn't Care, and I Wasn't Going Home Without a Tab

by Matt Stone

I joined the Army as a cook, thinking it would keep me out of trouble. I wasn't looking to be a hero; I just needed a reset. And the \$35,000 bonus didn't hurt. I figured I'd do my time, stay in the background, and come home with a decent story or two. By then, I'd have college paid for.

But the Army had other plans.

In basic training, I ran fast, didn't mouth off (much), and kept moving. That turned out to be enough. I finished as an honor grad, which came with [Airborne](#) and [Ranger](#) contracts. I signed on the dotted line before I really understood what I was getting into. Part of me liked the idea of danger. Maybe I thought chasing the hardest thing possible would prove to my family—a long line of military officers and lawmen—that I was worthy, brave. Maybe I just craved love and belonging.

Growing up in the shadow of authority without empathy meant control passed for love and discipline passed for justice. I didn't grow up with guidance; I grew up with orders. When I finally made it through the jumps, the rucks, the push-ups, the yelling, the hunger, and the stress, I graduated to the 1st Ranger Battalion of the [75th Ranger Regiment](#) in 2009, and finally earned the coveted tan beret. Normally, that's where you'd celebrate. But for me, the easy days were over, and they were on back order until further notice.

Arriving at Ranger Battalion at [Hunter Army Airfield](#) in Savannah, Georgia, didn't mean you were done. It meant the Army had softened you like clay, beaten you into submission, prepped you for becoming your final, deadly, barbaric form. A form that knew one thing: Finish the objective or die. That's when the real test began—the moment that tan beret touched your head.

On my first PT test with the battalion, I ran a 33-minute five-mile. That got me fast-tracked to Ranger School before I ever deployed. And the infantry guys made sure I knew how they felt about it: I didn't belong. I was a cook. A support guy. The dude who made eggs, not war. To them, I got lucky and took a Ranger School slot from someone more deserving.

And to be fair, I understood. To them, I had skipped the line and snuck into the cool-guy club through the service entrance.

Not only did I skip the line, I was also wildly unprepared. They'd been trained in small-unit tactics, room clearing, patrol base operations, and fast-roping in less-than-ideal conditions. I'd been stirring spaghetti and perfecting my omelet flip. While they practiced battle drills, I was running food service pots and pans formations.

I've heard of only a half-dozen cooks in Army history who had made it through Ranger School. I was honored. And terrified. I wasn't just going to Ranger School, I was doing it while Discovery Channel filmed the whole damn thing for a series titled *Surviving the Cut*. The revolution may not be televised, but my painful crucible was about to be.

I was behind from the start. But I learned to shut up, move fast, and bleed in silence. Ranger School didn't care what your military occupational specialty was. The terrain didn't care. The weather didn't care. The wildlife didn't care. You either kept up or you went home.

Bitten by a rattlesnake? Tough it out or go home. Mauled by a bear? Tough it out or go home. Frostbite on your toes? I felt I would need to amputate the dead ones or go home. And I wasn't going back without that 50-cent strip of cloth on my shoulder telegraphing that I was a Ranger.

Darby Phase? Straight through. I had this in the bag. Then came Mountain Phase.

I failed it once. Fine. I dusted myself off. Then I failed again.

At that point, I had a choice: walk away or keep climbing. Going home meant the struggle was over. But a new one would begin the moment I showed up at battalion without that tab. In



The author rafting at Pigeon Forge, Tennessee, in 2023. (Photo courtesy of Matt Stone)



The author's Ranger Indoctrination Program graduation photo. (Photo courtesy of Matt Stone)

Ranger Battalion, no tab meant no respect, no identity. Just a pulse with dog tags.

And that's when it hit me: The Myth of Sisyphus.

The story of the king condemned by the gods to push a boulder up a mountain forever, only to watch it roll back down each time. Albert Camus said we must imagine Sisyphus happy, not because the task changes, but because he chooses to find meaning in the struggle itself.

It's about defiance. Purpose. Owning your suffering.

In a world where vulnerability is punished, the ultimate act of defiance is choosing your own meaning through suffering.

Mountain Phase wouldn't have the honor of breaking me. I would have the honor of breaking it.

And I did.

Third time around, I passed.

Then I got recycled in Swamp Phase. If you did not receive a passing grade on patrol, you were recycled—no questions asked. Again, I kept going through hunger, sleep deprivation, poisonous plants, spiders, humiliation, and passing out after overheating. I watched guys quit. Lose their minds. Tap out.

Me? I kept showing up. One foot in front of the other. I was always the outsider, the cook with no business trying to be a Ranger. But I endured. I rat-fucked MREs, chewed coffee grinds like dip, and ran on spite. That was my fuel.

At the time, I didn't know why I kept going. But looking back, I think I was afraid of what it would mean to stop. There's a kind of power in pain, especially when it's the only thing that makes you feel like you're worth something. The only thing that feels bigger than yourself.

Camus did not see Sisyphus as a tragic figure, but as a man who, by accepting his fate, transcended it. Because maybe the struggle itself is enough. I kept rolling that boulder. I have yet to meet a soldier who went through Mountain Phase four times like I did, but they are out there. Suffering just the same.

I didn't come out of Ranger School elite. I came out fluent in suffering, starvation, silence, and sleep deprivation. The kind of invisible pain you wear like a badge. I didn't get comfortable; I just learned to live where comfort doesn't and thrive there.

I cherish that tab, not for what it says I am but for what it taught me: that I can suffer with the best of them and still keep going. That I don't need applause or permission to climb. The only one who determines my fate is me.

And that's what I want to say to the young soldiers out there, the ones who feel like they don't belong. Impostor syndrome runs deep in special operations, especially among those who make it to places like Ranger School.

No one really feels like they belong.

Because what we do isn't natural. We're trained to suffer, to push beyond limits most people never approach.

Just because you're struggling doesn't mean you're broken.

It means you're human and you showed up anyway. That is what sets you apart.

This War Horse Reflection was edited by Kim Vo, fact-checked by Rosemarie Ho, and copy-edited by Mollie Turnbull. Hrisanthi Pickett wrote the headlines.

*Matt Stone, a cook who earned his Ranger tab, served in the 1st Battalion, 75th Ranger Regiment from 2008 to 2012. After leaving the Army, he earned an associate degree in criminal justice, a bachelor's degree in political science from the University of North Carolina, Asheville, and a master's degree in international relations from American University. He is the author of *The Spelling Bee Champ* and the newsletter *Grounded*. Most importantly, he learned how to turn struggle into meaning, chaos into lessons, bedlam into cosmic order.*

(Source: <https://thewarhorse.org/army-cook-becomes-ranger/>)

Went to the bar tonight. Good times. Only a 15-minute walk. But the walk home took 45 minutes, the difference was staggering.

I recently took a pole. And found that 100% of the people in the tent were angry when it collapsed.

I'm afraid for the calendar. Its days are numbered.

1 Million More Veterans Became Eligible for Tax-Free ABLÉ Accounts Jan. 1

Military.com | By Brandon Wile

A major change to federal savings law took effect Jan. 1, 2026, and an estimated one million veterans are newly eligible for a financial tool most have never heard of.

The ABLÉ Age Adjustment Act expanded eligibility for ABLÉ accounts, which are tax-advantaged savings accounts designed for people with disabilities. The act raised the qualifying age of disability onset from 26 to 46. That single change is expected to make roughly six million more Americans eligible nationwide, with veterans representing one of the largest newly qualified groups.

If you're a veteran with a service-connected or non-service-connected disability that began before your 46th birthday, this may apply to you. Here is how it works and why it matters.

What Is an ABLÉ Account?

ABLÉ stands for Achieving a Better Life Experience. Created by the ABLÉ Act of 2014, these accounts function similarly to 529 college savings plans but are designed specifically for individuals with disabilities.

Money deposited into an ABLÉ account grows tax-free, and withdrawals are also tax-free when used for qualified disability expenses. Those expenses are defined broadly and include housing, transportation, health care, assistive technology, education, employment training, legal fees and basic living expenses related to the disability.

The critical feature for veterans on means-tested benefits: Up to \$100,000 in an ABLÉ account is not counted as a resource for Supplemental Security Income purposes. That means you can save well beyond SSI's normal \$2,000 asset limit without losing eligibility. ABLÉ savings are also excluded from net worth calculations for VA Pension benefits, and any amount saved in an ABLÉ account is disregarded for Medicaid eligibility.

What Changed Jan. 1, 2026

Before this year, you could open an ABLÉ account only if your disability began before age 26. That cutoff excluded most veterans, since most service-connected disabilities develop during or after military service, often well into a veteran's late 20s, 30s or 40s. The ABLÉ Age Adjustment Act, passed as part of the SECURE 2.0 Act in December 2022, raised that threshold to age 46 effective Jan. 1, 2026.

The annual contribution limit also increased to \$20,000 for 2026. Anyone can contribute to your account -- family, friends, employers -- and there are no income limits on who can open one.

Veterans who work and do not participate in an employer-sponsored retirement plan may be able to contribute even more under the ABLÉ-to-Work provision, up to an additional \$15,650 in the continental U.S.

Who Qualifies

To open an ABLÉ account under the expanded rules, you must have a disability that began before age 46 and that results in marked and severe functional limitations expected to last at least 12 months. You can qualify through one of two paths: You already receive SSI or Social Security Disability Insurance based on a qualifying disability, or you obtain a signed disability certification from a licensed physician confirming the onset and severity.

An important distinction for veterans: A VA disability rating does not automatically make you ABLÉ-eligible. The ABLÉ program uses Social Security Administration medical criteria, not the VA's Schedule for Rating Disabilities. A veteran rated at 100% by the VA may still need a physician's certification to open an ABLÉ account if they are not receiving SSI or SSDI. The ABLÉ National Resource Center provides a sample physician certification form on its website.

How ABLÉ Accounts Interact with VA Benefits

Here is where ABLÉ accounts become especially valuable for veterans. Service-connected VA disability compensation is not means-tested, so those payments are unaffected by ABLÉ account balances regardless. But for veterans receiving the VA Pension -- the non-service-connected, means-tested benefit -- ABLÉ savings are excluded from the net worth calculation. That means a veteran can build savings in an ABLÉ account without risking a reduction or loss of their pension.

Family members and friends can also contribute to a veteran's ABLÉ account without those contributions counting against the veteran's VA Pension eligibility. The funds supplement but do not replace existing benefits, and distributions for qualified disability expenses are tax-free at the federal level. Some states also offer state income tax deductions or credits for ABLÉ contributions.

How to Open an Account

ABLÉ programs are administered at the state level, but most are open to residents of any state. Currently, 46 states and the District of Columbia operate ABLÉ programs, with 32 accepting enrollees nationwide. You can compare state plans, fees and investment options through the ABLÉ National Resource Center at ablenrc.org. Enrollment is typically completed online and requires basic information, including your Social Security number, date of birth, disability type, and -- if applicable -- a physician's certification.

Each account owner can hold only one ABLÉ account at a time. Most plans offer multiple investment options ranging from conservative to aggressive, and some provide a prepaid debit card for direct spending on qualified expenses.

The Bottom Line

For years, the age-26 cutoff kept ABLÉ accounts out of reach for the majority of disabled veterans. That barrier is gone. If you developed a qualifying disability during or after military service and before your 46th birthday, you now have access to a savings tool that lets you build financial security without jeopardizing the benefits you depend on. The ABLÉ National Resource Center and your local VA benefits counselor can help you determine whether an account makes sense for your situation.

Sources: ABLÉ National Resource Center, "The ABLÉ Age Adjustment Act Fact Sheet," "Veterans Brief: Maximizing Benefits with an ABLÉ Account," "ABLÉ Account Contribution Limits for the Calendar Year"; Social Security Administration, "ABLÉ Programs Prepare for Expanded Eligibility"; The Arc of the United States, "ABLÉ Accounts Expanded in 2026"; Military.com, "How ABLÉ Accounts Can Help Veterans and Military Households Save Money on Taxes"

<https://www.military.com/money/personal-finance/1m-more-veterans-became-eligible-tax-free-able-accounts-jan-1.html>

Apply for pre-need eligibility determination Online For Burial

Veterans and spouses can apply in advance to determine their eligibility for burial in a VA national cemetery. The online application takes less than 10 minutes and helps reduce stress and uncertainty for loved ones during a difficult time.

Equal to VA Form 40-10007 (Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery).

Follow the steps below to get started

Prepare

When you apply, be sure to have these on hand:

Personal information (including Social Security number and date of birth).

Military history or the military history of the service member or Veteran who's sponsoring your application.

The name of the VA national cemetery where you'd prefer to be buried. [Find a VA national cemetery](#)

To help us process your application faster, you can upload:

A copy of your or your sponsor's DD214 or other separation files.

Other information for certain applicants you can provide:

If you're applying as the legally married spouse or surviving spouse of a service member or Veteran, you'll need your personal information (including Social Security number and date of birth).

If you're applying on behalf of someone else, you can upload supporting files or an affidavit showing you can apply on their behalf.

If you're applying for an unmarried adult child of a service member or Veteran, you can upload supporting files with information about the adult child's disability.

What if I need help filling out my application?

An accredited representative, like a Veterans Service Officer (VSO), can help you fill out your claim.

Apply

Complete the pre-need eligibility determination form. After submitting the form, you'll get a confirmation message that you can print for your records.

VA review

We'll let you know by phone or mail if we need more information.

Decision

You'll get a notice in the mail about the decision after we process your claim.

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Note: You can sign in after you start filling out your form. But you'll lose any information you already filled in.

Apply for pre-need eligibility determination using a form

You will need to complete Form 40-10007 which can be found [here](#).

Need help?

Call the National Cemetery Scheduling Office at 800-535-1117 (TTY: 711), and select option 4. We're here Monday through Friday, 8:00 a.m. to 5:30 p.m. ET.

Ia Drang Valley Incident

On November 14, 1965, the 1st Battalion (Bn), 7th Cavalry Regiment (Regt), 1st Air Cavalry (Cav) Division (Div) was sent on a search and destroy mission deep into the jungles of a plateau in the Central Highlands in the Ia Drang River Valley, thirty-seven miles west of Pleiku in the Gia Lai Province, Republic of (South) Vietnam (RVN). There they met the 32nd, 33rd, and 66th Regts of the People's Army of Vietnam (PAVN). The U.S. had fought against local Vietnamese Communist (Viet Cong) forces in small skirmishes since the withdrawal of the French in 1954; however, the Ia Drang Valley marked the first time U.S. forces faced off against trained North Vietnamese regulars in the battle that has become synonymous with the beginning of full scale U.S. involvement in the RVN. While the Battle of Ia Drang constitutes roughly a month-long period, the two major battles occurred at Landing Zones (LZ) X-Ray and Albany.



Ia Drang Valley, Vietnam, November 1965. Major Bruce P. Crandall's UH-1D helicopter climbs skyward after discharging a load of infantrymen on a search and destroy mission.

In mid-October, the month prior, 32nd Regt had surrounded and attacked the American Special Forces camp at Plei Me, seventeen miles to the east. Using an old ploy, the 32nd Regt stopped short of destroying the camp in the hopes of drawing Army of the Republic of Vietnam (ARVN) troops into an ambush set by the 33rd PAVN Regt. At the behest of ARVN forces, the U.S. joined the fight and severely crippled the 33rd PAVN Regt. Remaining members of both PAVN regiments retreated westward into the Ia Drang Valley, which bordered Cambodia along the Ho Chi Minh Trail. The U.S. Military decided to send the 7th Regt of the 1st Cav Div, led by LTC Harold G. Moore, to investigate the Ia Drang Valley. Up to that point, contact with the enemy had been limited. When Moore touched down with the men in the first wave of sixteen helicopters at LZ X-Ray near the base of the Chu Pong Massif, he found no enemy. Moore remained cautious. With only 90 men on the ground and the next ninety at least an hour away (34 miles to Plei Me and back), he was operating lightly in a region largely unexplored and that American Intelligence had suggested could be filled with a regiment of enemy forces. During the first hour, Moore's men captured an enemy private; a boy. He informed Moore that there were two PAVN regiments on the mountain next to them that "wanted very much to kill Americans but have not been able to find any." There were, in fact, three. At that point Moore knew he would be fighting a battle for survival rather than mounting a first strike. His premonitions were confirmed when roughly 90 minutes after landing, his forces met with enemy fire. The battle at LZ X-Ray would last for three days and two

nights as members of Moore's 1st Bn, and later 2nd Bn replacement, fought for survival against a numerically superior force

On the morning of the seventeenth, the 2nd Bn, 5th Cav (2-5), the 2nd Bn, 7th Cav (2-7), and one company of 1st Bn, 5th Cav (1-5) would march out of LZ X-Ray. Shortly thereafter, the 2-7 and 1-5 broke off toward LZ Albany. At one point, strung out over a narrow road, these battalions halted to question two prisoners who had been captured. Unbeknownst to them, the enemy commander, Lt. Col. Nguyen Hu An's 66th PAVN Regt was resting adjacent to U.S. forces under the cover of the jungle. As the battle-weary Americans rested, the PAVN Regt attacked with mortar and sniper fire. Over the next six hours, a bitter fight claimed the lives of 155 American men and 120 wounded. Unfortunately, some of these casualties were friendly fire incidents, as the fighting devolved to a situation where artillery and napalm airstrikes were called in to alleviate the pressure from PAVN forces



U.S. Army 2nd Lt. R.C. Rescorla, Platoon Leader of 2nd Battalion, 7th Cavalry Regiment, 1st Cavalry Division - Ia Drang Valley, Republic of (South) Vietnam, November 16, 1965.

At the battles at LZ X-Ray and LZ Albany, 234 men were killed and more than 250 were wounded in a period of four days. In the 43-day Ia Drang campaign, 545 Americans were killed. Enemy deaths have been estimated at 3,561. It was the greatest loss of American life in the Vietnam War at that point, and a premonition of how determined the enemy was. The DPAA and its predecessor organizations have completed 130 Joint Field Activities in Socialist Republic of Vietnam (S.R.V.) to recover the remaining 1,251 personnel still missing there. Those activities involve excavations, conducting oral interviews with Vietnamese veterans and villagers, and work with the Ministry of National Defense archives to locate information pertaining to the still unaccounted-for Americans. In FY2018, the DPAA's 2nd Joint Field Activity will range from the Gia Lai Province, where the Ia Drang Valley is located, to the southernmost province of Cau Mau.

Two U.S. service members remain unaccounted-for from the Battle of Ia Drang:

- Specialist 4 Jerry Allen Hiemer, U.S. Army, was lost on November 14, 1965, when his unit was ambushed near LZ ALBANY
- Captain Paul Truman McClellan Jr., U.S. Air Force, was lost on November 14, 1965, when his A-1 Skyraider was shot down

(Source: <https://dpaa-mil.sites.crmforce.mil/>)

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Claustrophobia is the fear of closed spaces. For example: I'm going to the beer store and I'm scared it will be closed.
 Why can't a nose be 12 inches long? Because then it would be a foot.

PTSD Treatment
 No matter what you're experiencing, treatments and resources are available. VA offers treatment options that are proven to be very effective for most people, and many types of professionals at VA can help you to treat PTSD.

Evidence-based therapies are among the most effective treatments for PTSD. They can include the following—which are in many cases available at a local VA medical center.

Cognitive processing therapy (CPT) helps Veterans to identify how traumatic experiences have affected their thinking, to evaluate those thoughts, and to change them. Through CPT, Veterans may develop more healthy and balanced beliefs about themselves others, and the world.

Prolonged exposure (PE) helps Veterans to gradually approach and address traumatic memories, feelings, and situations. By confronting these challenges directly, Veterans may see PTSD symptoms begin to decrease.

Cognitive behavioral conjoint therapy (CBCT) helps couples understand the effect of PTSD on relationships and can improve interpersonal communications. Veterans may also experience a change in thoughts and beliefs related to their PTSD and relationship challenges.

Eye movement desensitization and reprocessing (EMDR) helps you process and make sense of your trauma. It involves calling the trauma to mind while paying attention to a back-and-forth movement or sound, like a finger waving side to side, a light, or a tone.

Explore more potential treatment options at VA by visiting the [Learn About Treatment](#) page.

SSRIs and SNRIs
 PTSD may be related to changes in the brain that are linked to our ability to manage stress. Compared with people who don't have PTSD, people with PTSD appear to have different

amounts of certain chemicals (called neurotransmitters) in the brain. SSRIs (selective serotonin reuptake inhibitors) and SNRIs (serotonin-norepinephrine reuptake inhibitors) are types of antidepressant medication that have been shown to reduce PTSD symptoms by putting these brain chemicals back in balance. They do not work as well as trauma-focused psychotherapy, but they can be effective.

- Three SSRIs/SNRIs are recommended for PTSD:
- Sertraline (Zoloft)
 - Paroxetine (Paxil)
 - Venlafaxine (Effexor)

(Medications have two names: a brand name—for example, Zoloft, and a generic name—for example, sertraline.)

To receive medications for PTSD, patients need to meet with a provider who can prescribe the medications. Many different types of providers, including your family health care provider and some nurses and physician assistants, can prescribe SSRIs and SNRIs for PTSD. You and your provider can work together to determine which medication may be the most effective for you. [Learn more about SSRIs and SNRIs](#) and how they compare with psychotherapies.

(Source: <https://www.mentalhealth.va.gov/ptsd/treatment.asp>)




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A man walks into a bar. The bartender asks, "What do you want?" The man says, "Oh, just some fruit punch." The bartender sighs and shakes his head, "If you want punch, you're gonna have to wait in line."

The man looks around, but there is no punchline.

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For more information go to: <https://www.law.cornell.edu/uscode/text/17>

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We are an information and referral source only. We are not medically trained. All decisions concerning your health should be discussed with your physician.

The Editor

It's a Saturday evening. A man goes up to the register in a supermarket, bearing a six pack of beer, a bag of chips, some dip, a pint of ice cream, and toilet paper. The cashier says, "Single, huh?"

The man laughs and says, "Yeah, how can you tell?"

The cashier says, "Because you're ugly."

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Talking A Lot

I was sitting on the back porch with my wife when I suddenly blurted out, "I love you."

"Is that you or the beer talking?" she asked.

I answered, "It's me... talking to my beer."

VA records

Access your VA records and documents online to more easily manage your benefits.

Get your records and documents by going online at the Grapevine's website, download this Grapevine to your computer, go to this article, and click on the blue letters for links to the pertinent information.

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Download letters like your eligibility or award letter for certain benefits.

View your VA payment history

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Download this IRS tax form if you need it when you file your state taxes.

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Answer a series of questions to get step-by-step instructions on how to apply for a discharge upgrade or correction. If your discharge gets upgraded, you'll be eligible for the VA benefits you earned during your period of service.

How to request a VA home loan Certificate of Eligibility (COE)

Get instructions for how to request your Certificate of Eligibility (COE), which confirms for your lender that you qualify for a VA-backed home loan. Then you can choose your loan type to learn about the rest of the loan application process.

Change your address

Find out how to change your address and other contact information in your VA.gov profile.

Search historical military records (National Archives)

Visit the National Archives website to research military records from the Revolutionary War to the present.

(Source: <https://www.va.gov/records/>)

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Benefit verification letter

Service verification letter

Health benefits

Minimum essential coverage letter

Proof of creditable prescription drug coverage

Other proof of eligibility for benefits

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Proof of service card

Note: If you want to download a Certificate of Eligibility (COE) for a VA home loan, you'll need to go to the housing COE tool on VA.gov.

Request a COE for home loan benefits

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This address will be listed on your letter. If this address isn't correct, you can update it. But your letter will still be valid even with the incorrect address.

Note: To download a letter, you'll need the latest version of Adobe Acrobat Reader. It's free to download.

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Trump signs bills to make it easier for disabled veterans to qualify for low-income housing, connect with job training

By LINDA F. HERSEY STARS AND STRIPES

WASHINGTON — President Donald Trump signed into law a pair of bills to help disabled veterans obtain low-income housing and shorten their wait times for vocational rehabilitation and job training.

Trump also put his signature on the VA Budget Shortfall Accountability Act, which orders an independent audit of reported funding shortfalls at the Department of Veterans Affairs in 2024 and 2025.

The Disabled Veterans Housing Support Act, which the president signed into law Jan. 20, enables veterans with illnesses and injuries from military service to exclude monthly disability compensation when applying for certain housing assistance.

Led in the House by Rep. Monica De La Cruz, R-Texas, the bill aims to prevent veterans who may be out of work or underemployed because of their disabilities from exceeding income thresholds to qualify for help.

De La Cruz said the legislation will enable more disabled veterans to access safe and affordable housing.

The legislation prevents the Department of Housing and Urban Development from counting VA benefits when determining eligibility for public housing and other programs that make renting and owning homes more affordable.

The FAST VETS Act, which Trump also signed into law last week, seeks to make the Veterans Readiness and Employment Program more responsive and useful for disabled veterans.

The VA program was set up to connect veterans with job training, education, employment accommodations, resume development and job coaching to prepare for interviews.

Rep. Maxine Dexter, D-Ore., a physician who led the House version of the bill, said enrollment in the Veterans Readiness and Employment program increased significantly after passage of the PACT Act, which recognized specific toxic exposures during military service as causing or aggravating injuries and illnesses.

“This surge has resulted in longer wait times for veterans looking to access the program and delays in connecting with counselors,” she said.

The legislation seeks to streamline the Veterans Readiness and Employment program to enable counselors to serve more veterans trying to prepare for employment.

The bill also requires that the individualized plans developed for veterans for job training and vocational rehabilitation be updated when there are changes affecting health status and disability.

Veterans work with a counselor to develop a vocational rehabilitation plan, when they enter the Veterans Readiness and Employment program.

The individualized plan creates a pathway for obtaining training, education and assistance veterans need to reach job goals. The plan is a blueprint that reflects employable skills as well as limitations from disabilities.

Dexter said the bill prioritizes “outcome-focused planning to support veteran success.”

Rep. Mark Messmer, R-Ind., a co-sponsor, said the legislation gives veterans injured during military service “better and more efficient tools” to rejoin the workforce.

Both House sponsors said the legislation helps ensure that employment plans are appropriate and effective.

The VA Budget Shortfall Accountability Act aims to prevent fiscal mismanagement at the VA, the federal government’s second-largest department by workforce size, trailing only the Defense Department.

In fiscal 2026, the VA budget is \$441.3 billion, a 10% increase over the 2025 enacted level. Spending priorities focus on medical care, projected to top \$165 billion, as well as modernizing the VA’s computerized patient records system.

(Source: <https://www.stripes.com/veterans/2026-01-28/trump-bills-improving-veterans-services-20555197.html>)

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Secret Guerilla Unit Fights for VA Benefits Five Decades After Vietnam



Surviving members of the Secret Guerilla Unit in Vietnam. (Facebook)

Military.com | By Kevin Damask

During the Vietnam War, a large group of mostly Hmong soldiers provided vital aid to the U.S. in its fight against the North Vietnamese Army (NVA) and Viet Cong (VC).

Now, more than 50 years later, this proud group of aging veterans want what they feel they deserve – the same healthcare benefits provided to the American soldiers they served with.

The **Secret Guerilla Unit** (SGU) was a force of about 50,000 soldiers that supported U.S. troops in Southeast Asia. Veterans from the unit can be buried in national cemeteries but are not eligible to receive benefits through the Department of Veterans Affairs.

Cher Vang, president of SGU Veterans and Families of California, is leading the push for his group, the few thousand remaining, to receive VA disability ratings.

“We see the United States at that time as a brother,” Vang told [Fox 26 News](#) in Fresno, California.

SGU Provided Essential Aid

The guerilla force might be somewhat lost to history, but during the Vietnam War, its actions were significant in aiding U.S. troops.

The GSU often conducted dangerous and deadly tasks, such as tracking movement and sharing locations of the NVA and VC, rescuing U.S. pilots whose planes had been shot down, and protecting radar installations.

The experiences still unearth many buried emotions for SGU veterans.

“Every time I look at pictures, it makes me want to cry,” said Chong Yang Thao, via a translator.

Thao was only 15 when he was recruited to serve in the SGU. As a radio operator, the young soldier communicated with officers, relaying messages and providing locations of enemy targets. Being a radioman also meant hearing the last words of soldiers, including those pleading for parents and loved ones.

“Those are the communications we had to provide,” Thao said.

Through an interpreter, fellow SGU veteran Wa Yang said they were aware of the danger and risks of being an ally but were willing to risk their lives for their nation’s freedom. Yang had several jobs, delivering supplies, safeguarding radio towers, and serving as his father’s secretary. He also had uncles involved with the SGU.

He knows the feeling of loss.

“They all died in the war,” Yang said.

Fatality rates for SGU soldiers were extremely high. Out of the estimated 50,000 who served, about 35,000 were killed during the war. Those fortunate to survive were granted refugee status by the U.S. government and fled Vietnam after Saigon fell to communist forces in 1975.

But the group still isn’t fully recognized as American veterans.

Help From Local Leaders

In recent years, a bill signed by President Trump and amended by President Biden, gives SGU veterans proper military burials in Veterans Administration cemeteries. But the group believes they’ve earned more. Receiving VA benefits would give SGU members recognition for what they did in Vietnam and provide medical care as they age.

“Our veterans should be entitled to get some type of benefit our U.S. military actually get,” Vang said.

However, the George Washington Law Review determined that soldiers involved in the Hmong Paramilitary Force are not deemed a “Veteran” under the VA’s current definition because the force was under operation of the U.S. Central Intelligence Agency (CIA), not the military.



A ceremony was held honoring Hmong and Lao combat veterans and their American advisors at the memorial tree and plaque in Arlington National Cemetery on May 15, 2015.

That caveat wasn't something SGU troops thought of when they were aiding U.S. forces.

"I don't know the difference. It's United States. U.S. government. I didn't know," Thao said.

It's a feeling that's left them deflated.

"Many of them are disappointed," Vang said. "They're hopeless."

Not all is lost, however. Local leaders in California, such as [Supervisor Larry Micari](#), are advocating for the group.

"We need to do the right thing and take care of these people," said Micari, District One representative from Tulare County. Serving as a member of the county's veterans advisory committee, Micari recalls watching news of the Vietnam War on TV as a child.



*Tulare County (California)
Sup. Larry Micari. (County of Tulare)*

"There's a process in place for them to be buried in a national cemetery. Why aren't we taking care of them when they're alive?" Micari said.

While it's a small gesture, in December, Tulare County Supervisors approved a resolution supporting the SGU.

"Their sacrifice saved American lives," Micari says. "If we brought them here, let's take care of them."

It's a symbolic move, but the resolution promotes the group's cause, giving them a seat at the table that could lead to change at the national level.

Micari plans to present the resolution to the National Association of Counties and push for a national resolution to be drafted. From there, he's hoping to attract federal support and legislation in Congress.

"I feel we have a lot of good support nationwide," Micari said. "Let's take care of people the right way. Give them dignity."

In the U.S., an estimated 4,000 SGU soldiers are still alive. But those numbers will continue to drop. Yang knows of 10 who died in Merced and Tulare counties in 2025.

"They fought with the U.S.; for the U.S., time is running out. I do not want to honor them after they're all gone and say, 'Now we honor this. They qualify for this.'" Yang said.

(Source: <https://www.military.com/daily-news/investigations-and-features/2026/02/24/secret-guerilla-unit-fights-va-benefits-five-decades-after-vietnam.html>)



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A bullet creased a Navy heart at Pearl Harbor and sparked a WWII love story

Dean Darrow, who survived the 1941 attack on Pearl Harbor, Hawaii, poses in his Navy uniform in this undated photo from the 1940s. (Becky Mitchell)



By WYATT OLSON STARS AND STRIPES

FORT SHAFTER, Hawaii — Alice Beck was a 23-year-old Navy nurse at a West Coast hospital in 1942 when she began caring for a sailor with a most unusual wound: a bullet in his heart.

Dean Darrow survived the surgery to remove the bullet that struck his heart during the 1941 attack on Pearl Harbor, and patient and nurse quickly fell in love.

During their nearly 50 years together, Alice Darrow was fond of saying the bullet left a hole in his heart that she filled with love.

She cherished the bullet as an emblem of their love, but after years of soul-searching following his death in 1991, she decided earlier this fall to donate it to the National Park Service’s Pearl Harbor National Memorial museum.



Alice Darrow holds the bullet she donated to the Pearl Harbor National Memorial museum on Sept. 18, 2025, 83 years after it was surgically removed from the heart of Dean Darrow, a Pearl Harbor attack survivor she later married. (Becky Mitchell)

“That bullet and Alice’s story really humanizes the history of Pearl Harbor,” museum technician Mikael Fox said by phone Wednesday.

Darrow, now 106, was in Honolulu this week for the 84th commemoration of the Dec. 7, 1941, attack on Pearl Harbor, and during an interview Monday she recalled the bullet’s literal and

romantic trajectories.

Dean Darrow, then 24, was a fire controlman aboard the USS West Virginia, one of the ships docked on Battleship Row on the morning of the attack.

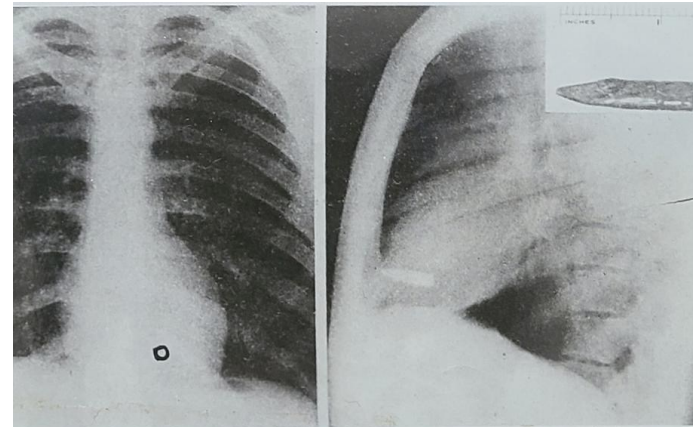
A torpedo blast on the ship hurled Darrow into the oily, fiery harbor waters.

As he strained to pull his shrapnel-pocked body onto a small rescue boat, a Japanese plane strafed them.

After weeks of recovery, Darrow was assigned to the destroyer USS Porter. While aboard, he had an attack of appendicitis and was transferred to a hospital ship.

There he told doctors that he had been experiencing growing fatigue, a pounding heart and fainting spells.

X-rays revealed an intact bullet lodged in his heart, and he was transferred to Mare Island Naval Hospital just north of San Francisco.



A Navy X-ray of Dean Darrow’s chest in 1942 shows the Japanese .303-caliber bullet that entered his heart during the Dec. 7, 1941, attack on Pearl Harbor, Hawaii. (Becky Mitchell)

Alice Darrow recalled the hubbub over news that a patient with an unusual condition was arriving for care and “so we were all kind of looking to see the guy that has a bullet in his heart.”

She became one of the primary nurses caring for him in the days before the surgery to remove the bullet, which was performed by a doctor from Stanford University.

“In those days, they weren’t doing things with the heart,” she said. “It was unusual.”

Despite the risks of surgery, the wounded sailor apparently dwelled on thoughts of a happy future.

Before going under anesthesia, he asked Alice if she would go out with him on liberty if he survived.

“Well, when he was just opening his eyes coming out of the anesthesia, he looked up and saw me, and he said, ‘Oh, we’re going on liberty, aren’t we?’” she said.

Darrow said she felt it was “my duty” to accompany him on liberty.

They were married four months later.

His surgeon and the medical staff wanted to keep the .303-caliber bullet, which was made of armor-piercing steel rather than lead. It was mostly intact because it was believed to have ricocheted into his body and thus had lost lethal velocity.

“They wanted it, but Dean said, ‘No, this is my bullet,’” Darrow recalled.

After her husband’s passing, she declined an entreaty by a Pearl Harbor survivor to donate the bullet to the Pearl Harbor museum. For her, it was still more a symbol of love than a marker of history.

But earlier this year, Darrow and her daughter Becky Mitchell planned a cruise to Honolulu for an overnight stay.

Would you be interested in donating the bullet then? Mitchell asked.

“Yes, that’s where it belongs,” Darrow recalled saying. She delivered the bullet to the museum on Sept. 18.

Fox said the bullet may eventually be on permanent display. “This is a story that very much should be shared,” he said.

Darrow feels the same, saying that her husband was just one of thousands who were wounded and treated during the war.

“I felt like people should know what the war has done to these boys,” she said.

(Source: https://www.stripes.com/theaters/asia_pacific/2025-12-11/heart-bullet-navy-pearl-harbor-20053941.html)

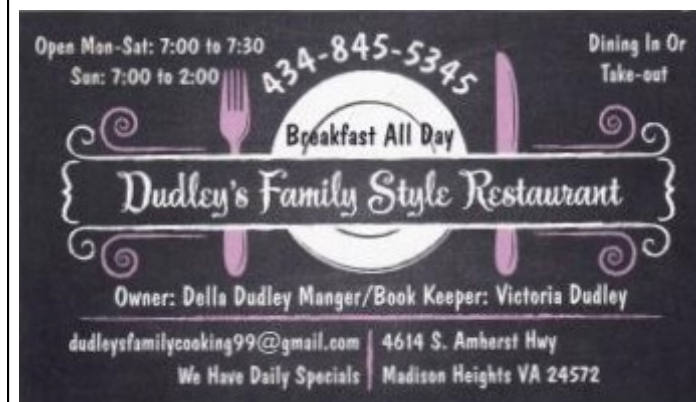
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Kathy Martin

6080 Campbell Hwy
Lynchburg, VA 24501

434-821-1429
mamhps.office@gmail.com



Trey Laslie

434-473-0160

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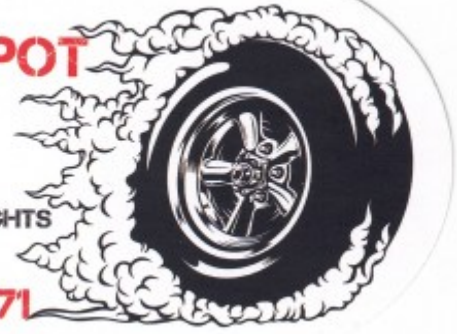
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They threw me into this crazy, terrifying mess—jungles, traps, and attacks out of nowhere. I couldn’t tell who was the enemy half the time, and it kept me on edge, always waiting for something bad. I saw guys—my friends—torn apart by bullets or mines, and I’d try to patch them up while my hands shook. Civilians got caught in it too, and that fear never let up.

The whole thing felt pointless. Why was I even there? It wasn’t like the old wars with a clear reason. I couldn’t really bond with the guys either—everyone had their own countdown to leave, so I felt alone even with people around. Some days, I’d see so much blood and death that I’d grab a drink or smoke something just to shut it off for a while.



It stuck with me. I’d wake up sweating, seeing their faces, hearing the screams—like I was still there. Back home, no one got it. People glared or ignored me, like I was the bad guy for surviving. I felt lost, guilty, like I’d let everyone down. They call it PTSD now—nightmares, feeling numb—but back then, I just thought I was broken. I heard later that 15% to 30% of us medics and soldiers went through it, way more than regular folks. Vietnam messed me up fast, and those scars—fear out there, loneliness after—never really left.

Medic 67-68 Dustoff 70-71

Appeals court strikes down decision that let the VA deny claims without clearly notifying veterans

By LINDA F. HERSEY STARS AND STRIPES

WASHINGTON — A federal appeals court overturned a veterans' court decision that allowed the Department of Veterans Affairs to deny claims without issuing a formal notice to the veteran.

A three-judge panel sent the case back to the lower court for further action that aligns with its ruling.

The U.S. Court of Appeals in Arlington, Va., ruled Wednesday in a case involving David A. Hamill, 36, of Illinois, who left the Marine Corps in 2013 with an other-than-honorable discharge and later was denied disability benefits because of his discharge status.

The case centered on the VA's silence when Hamill requested that the VA reconsider its "character of discharge determination" for denying him certain benefits.

A veteran's discharge determination generally must be under honorable or general conditions to qualify for VA benefits.

The judges stated in their written opinion that the VA must provide clear notice to veterans when it denies claims. "After all, no veteran can appeal a decision he does not understand to have been made," the judges wrote.

"The VA is still reviewing this decision and will respond appropriately. VA issues decision notices to all veterans who file a claim, and these notices often resolve several concurrent claims," said Peter Kasperowicz, the VA press secretary.

The court has sent the case back to the U.S. Court of Appeals for Veterans Claims for further proceedings "consistent" with its opinion.

Hamill's attorneys stated that the VA should have supplied a decision that he could appeal in court.

"Veterans, especially those with lower-than-honorable discharges, need to receive a clear decision by the VA," said Yelena Duterte, an attorney and director of the Veterans Legal Clinic at the University of Illinois, one of the law firms representing Hamill.

"Failing to make a decision, as they did here, on a veteran's status may create a barrier to health care, compensation, and other VA benefits," Duterte said.

Hamill's attorneys filed a lawsuit in 2022 in the U.S. Court of Appeals for Veterans Claims to compel the VA to issue a decision on its discharge determination.

Hamill in 2021 had received disability compensation for PTSD but not for other ailments, according to court records.

The VA argued that it sent a letter to Hamill stating that he had not submitted "new and material evidence" to warrant reopening the case. The agency also advised him to petition to change his discharge status or update his military records.

The veterans court issued a ruling in 2024 that dismissed Hamill's claim.

Hamill then challenged the decision in federal appeals court.

The new opinion, issued Wednesday, stated that the VA can no longer "implicitly" deny claims.

The judges referenced rules outlined in the Veterans Appeals Improvement and Modernization Act of 2017, which reformed the veterans appeals process for contesting disability claims decisions.

The opinion noted a congressional report about the act, explaining that it requires the VA to issue detailed notification letters to veterans on decisions.

"Accordingly, we hold that under the [Veterans Appeals Improvement and Modernization Act], a veteran has an appealable decision for a particular issue only if the decision gives him explicit notice that the issue is being adjudicated and how it is being decided," the judges wrote.

The law's intent is to better inform veterans who must decide whether to appeal a VA decision regarding their claims for benefits, according to the court's ruling.


"Veterans deserve to know what the VA is doing with their claims," said Renee Burbank, director of litigation at the National Veterans Legal Service Program and co-counsel in the case.

(Source: <https://www.stripes.com/veterans/2026-02-06/court-ruling-va-denying-claims-20646864.html>)

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Veterans group warns of eroding VA health services as private-sector coverage grows

By LINDA F. HERSEY STARS AND STRIPES

WASHINGTON — The Disabled American Veterans' top leader delivered a dire message to lawmakers on Capitol Hill Tuesday, warning that a continued shift of resources from the Department of Veterans Affairs to the private sector risks "hollowing out the only health care system in the country that is purpose-built for veterans."

Coleman Nee, the DAV's national commander, testified at a joint House and Senate Veterans Affairs' Committee hearing to hear the policymaking priorities of veterans advocacy groups.

The presentation of legislative agendas to lawmakers is an annual bipartisan tradition that enables the nation's major veterans groups to present their priorities for specific bills pending in Congress.

But Nee, who was joined at the witness table by a contingent of DAV officers, focused on what he described as a "defining crossroad" for VA's network of hospitals and clinics, as the agency embarks on a \$1 trillion plan to expand private-sector health coverage over the next decade.

"As resources, talent and expertise are siphoned away, the VA's ability to function deteriorates — creating a self-fulfilling prophecy in which weakened performance is used to justify further destruction of the department," said Nee, a Marine Corps veteran with service-connected disabilities.

Rep. Chris Pappas, D-N.H., said he appreciated DAV's focus on strengthening the VA.

"I share your deep concerns about VA not being there for future generations and efforts to dismantle the workforce — and carry out reorganization — without significant feedback from veterans and other stakeholders," Pappas said.

Nee said the VA has struggled to adapt to the evolving needs of modern veterans, which include addressing coverage gaps in rural areas and meeting demands from the growing population of female veterans, who more frequently use community care.

Rep. Nancy Mace, R-S.C., acting chairwoman of the House Veterans' Affairs Committee, asked about DAV support for private health care in remote communities where veterans live a considerable distance from a VA clinic or hospital.

Mace was filling in for Rep. Mike Bost, R-Ill., the committee chairman, who was absent due to travel delays from snowstorms blanketing swaths of the nation.

Jon Retzer, DAV's national legislative director, said the organization supports an integrated community network of private providers that more closely aligns with the practices within the VA health care system.

The DAV, for example, favors competency standards for private providers authorized to receive reimbursements to care for veterans, Retzer said. The competency standards should be the same that VA doctors and nurses must meet, he said.

Nee also urged lawmakers to better fortify VA hospitals and clinics through targeted investments in an era of downsizing

government services.

He pointed to the need to decrease wait times for appointments, update aging medical facilities and fill critical vacancies for medical staff.

"On one path lies the dismantling, fragmentation and gradual erosion of a system built to serve veterans. On the other lies a principled effort to modernize and strengthen and safeguard" the VA health care system, he said.

Retzer emphasized the importance of a digitized system for patient records that can be shared between the VA, Defense Department and authorized non-VA community providers.

Rep. Kimberlyn King-Hinds, a Republican representing the Northern Mariana Islands, asked what is the one thing that Congress can do over the next five years to ensure the long-term viability of the VA system.

"We need mandatory funding to keep it strong and healthy," Retzer said.

Core VA medical care has historically been funded through annual congressional appropriations, which are discretionary, though the PACT Act mandates spending on benefits for toxic-exposed veterans.

(Source: <https://www.stripes.com/veterans/2026-02-24/va-services-erodes-private-sector-grows-20864660.html>)

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A samaritan sees a stranger laying on the floor in a bar, obviously inebriated. He helps him to his feet and asks where he lives. While escorting him to his car, the man stumbles several times. From the car to the front door of his home, the man stumbles three more times. At the door, the man's wife greets them, "Thanks for bringing him home, but where's his wheelchair?"

VA releases annual Veteran suicide prevention report, updated with 2023 data

VA recently released the [National Veteran Suicide Prevention Annual Report](#), which analyzes Veteran suicide from 2001 to 2023, the most recent year for which data is available.

The report shows there were 6,398 suicides among Veterans in 2023, down from 6,442 in 2022. The average number of Veteran suicides per day fell slightly, to 17.5 in 2023 from 17.6 in 2022.

Other key findings from the report include:

61% of Veterans who died by suicide in 2023 were not receiving VA health care in the last year of their life.

The suicide rate per 100,000 Veterans rose for both male and female Veterans in 2023. For women, the rate rose from 13.7 to 13.9, and for men, it rose from 37.3 to 37.8.

Suicide rates are elevated for Veterans aged 18 to 34 years, and those with certain risk characteristics, including homelessness, health problems and pain. Among Veterans who died by suicide from 2021 to 2023 and whose deaths were reported by VA suicide prevention teams, the most frequently identified risk factor was pain.

Suicide prevention is VA's top clinical priority, and all VA health care facilities provide Veterans same-day emergency mental health care access if they need it. Under President Trump and Secretary Collins, VA is conducting a review of its suicide prevention programs to better measure their impact, expand on efforts that are delivering results and refine programs that need improvement.

This approach has already resulted in several improvements in the first year of the Trump Administration, including many aimed at helping Veterans at risk of suicide:

Since January 2025, VA has conducted a new outreach campaign that has led more than 33,000 unenrolled Veterans to sign up for VA care.

VA teamed with several large civilian health care providers in February 2025 to launch the Veterans Interoperability Pledge to identify at-risk Veterans and help them get the care they've earned at VA. This effort has helped VA identify and contact 140,000 at-risk Veterans, 40% of whom had not recently been to VA.

In May 2025, VA and the Department of War signed a memorandum of understanding committing both agencies to improving the transition process for Veterans exiting the military.

For the first time in history, VA is now tracking how effective its staff and partners are at getting Veterans into VA care, so we can see what's working and where we need to improve.

In the meantime, VA is pursuing a host of other suicide prevention efforts across the country:

In fiscal year 2025, VA offered 1.3 million calls, chats and texts to Veterans in need through the Veterans Crisis Line, a 39% increase over the prior year, with a Veteran satisfaction rate of 97%.

VA continues to expand suicide prevention training with health care professionals both at VA and in the community.

In 2018, the first Trump Administration launched RISK ID, a comprehensive suicide risk evaluation screening that helps VA flag and care for at-risk Veterans. In calendar year 2025, VA completed more than 5.3 million suicide risk screenings, approximately 200,000 more Veterans screened than in calendar year 2024.

VA administers the Staff Sergeant Parker Gordon Fox Suicide Prevention Grants Program, which has provided grants to 95 community organizations across the country since 2022.

Together, these organizations have made more than 24,400 referrals for suicide prevention supports, including life-saving emergency service connections for 854 Veterans at high risk for suicide.

In May 2025, VA [announced the availability](#) of another \$52 million in grants under this program.

In November, VA announced it housed the [largest number of homeless Veterans](#) in seven years, a critical improvement as homelessness looms as a major factor in Veteran suicide.

"Veteran suicide has been a scourge on our nation for far too long," said VA Secretary Doug Collins. "Most Veterans who die by suicide were not in recent VA care, so making it easier for those who have worn the uniform to access the VA benefits they have earned is key. Under President Trump, we are totally revamping the department's approach to suicide prevention, with new leadership, a fresh focus on reaching those who need our help and—for the first time in VA history—a serious effort to track the efficacy of the hundreds of millions the department spends per year in this area to ensure we have real solutions, not just rhetoric."

If you're a Veteran in crisis or concerned about one, contact the Veterans Crisis Line to receive 24/7 confidential support. To reach responders, dial 988 then press 1. You don't have to be enrolled in VA benefits or health care to call.

(Source: <https://news.va.gov/145131/va-veteran-suicide-prevention-report-2023-data/>)

A statue of a man and a statue of a woman stood looking at each other for hundreds of years out in a park. One day a wizard, feeling sorry for the statues, brought them to life for 30 minutes. Right away, the two of them ran into some nearby bushes and you could hear all kinds of strange sounds and moans from there. After a while they came back out, giggling. The wizard told them "You have another 15 minutes left, if you want to have another go." The statues looked at each other and the male statue answered "Fine, but this time you hold the pigeon and I'll crap on it."

Vietnam lessons dovetailed with the World War II lessons he had learned at home. He even believed his father should have resigned to protest President Lyndon Johnson's insufficient aggression. "John gets that appeasement doesn't work with our enemies," says Orson Swindle, a fellow POW who later served in the Reagan Administration. "They have to know that if they slap us, we're going to knock the hell out of them." [Source: James Carney and Michael Grunwald, Time, August 28, 2008]

Ron Moreau wrote in Newsweek, "Just about everyone in Vietnam knows who McCain is, and no one seems to hold a grudge about the 23 bombing missions he flew against targets in and around Hanoi. That goes for ordinary Vietnamese, senior bureaucrats, and people who met him during his captivity—the district nurse who may have saved his life after he was shot down and the hard-line military officer who was his chief jailer for more than five years at the Plantation and the notorious Hanoi Hilton. They like the way McCain pushed Washington to normalize relations in the 1990s...He's returned to Vietnam at least 10 times since the war ended. His aide, Mark Salter, recalls a dinner with Vietnamese officials, where one of them approached Salter and gestured to another man seated nearby, saying that the man claimed to have been one of McCain's prison guards. Unsure how his boss would react, Salter hesitated before whispering the news in McCain's ear. Salter says the senator looked over and studied the man. "Don't recognize him," McCain said, returning to his meal. [Source: Ron Moreau, Newsweek, July 11, 2008]

Ms Thanh told The Times, "As a nurse, I had to help him. As a Vietnamese, I just wanted to kill him. Everyone around me wanted him dead, too, but we had to follow the Ho Chi Minh ideology. As I walked home from the nurse station, people were furious – screaming at me for saving his life."

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Your Editor,

John Stewart

VA moves to speed delivery of survivors' benefits

VA recently announced a [new regulation](#) that will lead to faster decisions and quicker payments for certain types of survivors' claims.

Previously, VA was required to address claims for [Dependency and Indemnity Compensation](#) and [Survivors Pension](#) separately, resulting in a longer claims process, as a formal decision was required for both benefits.

With this change, effective Feb. 23, VA will pay the higher of the two benefits, which is generally DIC—without delaying the process to develop the lesser benefit.

"This commonsense change streamlines the survivors claims process, reduces administrative burdens and delivers quicker decisions to beneficiaries during challenging times," said VA Secretary Doug Collins.

DIC is a tax-free monthly monetary benefit paid to eligible surviving spouses, children and parents of a service member who died in the line of duty or Veterans who died from service-connected injuries or illnesses. Survivors Pension offers tax-free monthly payments to qualified surviving spouses and unmarried dependent children of wartime Veterans who meet certain income and net worth limits set by Congress.

In most instances, DIC provides a greater economic benefit than Survivors Pension. This is not the case if all the following conditions are met:

The claimant is the Veteran's surviving spouse,

Has no dependents,

Is residing in a nursing home,

Has applied for or is currently receiving Medicaid.

If all these criteria are met, Survivors Pension—rather than DIC—will be awarded, and the DIC claim will not be further developed.

For more information, contact the VA benefits hotline on 800-827-1000.

Andy & Julie Mays
OWNERS

455 South Main St., Amherst, VA 24521 434.946.5303
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Vasey. “I wrote many of the messages that went into Washington under his direction. He was not a bashful man. I would say, ‘Well, the State Department won’t like that, sir.’ He would puff on his cigar and say, ‘To hell with the State Department,’ ... He was not a pussycat, I’ll tell you. Straight talker.”

McCain’s Interrogators

Tran Trong Duyet was the director at the Hanoi Hilton. Leo Lewis wrote in *The Times*, “As the months of captivity in the Hanoi Hilton and Plantation rolled on, Mr Duyet wanted to examine those attitudes for himself. He describes a growing fascination with Mr McCain and the two regular discussions. “I wanted to deal with him. I wanted to talk about the war and discuss who was right and who was wrong. In the end, I don’t think either of our opinions has changed. Maybe after the war, or as he was leaving, he saw the destruction that had been done and saw he was wrong.” [Source: Leo Lewis, *The Times*, October 25, 2008.]



“Tran Trong Duyet first met Mr McCain a year after he had been shot down. He recalls a defiant rule-breaker, the patriotic son of an admiral, and a fervent believer in the war. What he does not recall, however, is a victim of torture or violence. “I never tortured or mistreated the POWs, and nor did my staff,” says Mr Duyet in contradiction of Mr McCain’s account and those of other prisoners. “The Americans were dropping bombs on military and civilian targets – so it’s not as if they had important information we needed to extract.” McCain did eventually sign a confession to his supposed crimes against the Vietnamese people and holds that it was only extracted after weeks of pain inflicted by his tormentors. In a recent interview, Mr McCain explained that signing the confession was his failure.

“Nguyen Tien Tran, another of the directors at the prison, confirms his colleague’s story: “We had a clear code of taking care of the injured. We did our best to patch McCain up, and he was treated well by a good doctor. Why would he say that he was tortured?” Mr. Tran recalls Mr. McCain’s persistent rule-breaking and even remembers an angry threat to deny him medication if the defiance continued. He also denies that there was any ill-treatment of the prisoners and even remembers sleeping next door to Mr. McCain in the hospital to protect him from anyone trying to kill the “crown prince.”

Jon Meacham wrote in *Newsweek* that Tran Trong Duyet “bristles at any mention of the graphic accounts given by McCain and other POWs of the abusive, humiliating, and cruel treatment they endured in North Vietnamese prisons. “I totally refute any accusation of abuse or torture of the prisoners,” Duyet told *Newsweek*. There was “no hatred and only camaraderie... I

entirely reject Mr. McCain’s and others’ accusations that we mistreated or tortured them. No other people have ever treated prisoners better than we did.” [Source: Jon Meacham, *Newsweek*, September 8, 2008.]



“I never had the POWs interrogated,” Duyet asserts. “We already knew their targets and tactics from the maps, pictures, and other documents we captured from their aircraft.” His liaison officers were in daily contact with the prisoners—not to browbeat them, but to relay the POWs’ difficulties and requests to him. In Duyet’s telling, he and McCain were practically a debating society. “We had strong discussions,” Duyet says. “He didn’t agree with my assertion that U.S. intervention was wrong and infringed on our internal affairs. But I didn’t try to impose my contrary ideas on him.” Duyet says he came to like McCain. “He had a very determined character, held strongly conservative ideas, and was very loyal to the military and government of his country,” the jailer says. McCain and his aides declined to comment on the stories told by Duyet and other Vietnamese who say they met him during the war.

Lewis wrote: “Of all the Vietnamese who knew Mr McCain, Nguyen Tien Tran, the director at The Plantation between 1965 and the release of the POWs in 1973, believes that he has the deepest insights into the man’s character. “He’s not [morally] good enough, not enough to call himself a ‘good man’ after everything he did, with the bombing and the destruction and the thousands he killed. He has done good things for Vietnam-US relations, but none is enough for him to call himself a good man.” Mr Tran believes that during one of their regular conversations, Mr McCain first mooted the idea of becoming a politician. “I once asked him, ‘What will you do when you get home?’ I asked him because of his injuries – I could see he wouldn’t remain a pilot for much longer. He paused, thought about it, and told me he would become a politician.”

Impact of the Prison Years on McCain and Vietnam

James Carney and Michael Grunwald wrote in *Time*: “In books with names like “Faith of My Fathers,” “Character Is Destiny” and “Why Courage Matters,” McCain has said his captivity was a personal turning point that opened his eyes to causes larger than himself, transforming a vain jet jockey into a servant of his country. It was also a political turning point that forged his views on foreign affairs. McCain saw Vietnam as an honorable and winnable war botched by spineless politicians who tied the hands of American soldiers and betrayed their South Vietnamese allies, dishonoring the U.S. and emboldening its enemies. And those were not just knee-jerk reactions to his own traumas; McCain spent a year after his release studying Vietnam and its history at the National War College. McCain’s

VA Disability Benefits: Agency Has Taken Steps, but Challenges Remain with Managing and Modernizing Its Program

GAO testified before the Senate Committee on Veterans’ Affairs on longstanding challenges the Department of Veterans Affairs faces in managing reforms and ensuring quality decisions in its disability compensation program. It is based primarily on the following reports:

VA Disability Benefits: Compensation Program Could Be Strengthened by Consistently Following Leading Reform Practices

VA Disability Benefits: Veterans Benefits Administration Could Enhance Management of Claims Processor Training

VA Disability Compensation: Actions Needed to Address Hurdles Facing Program Modernization

Our prior work has shown that VA leaders and managers not fully using leading management practices underpins many of these challenges. We’ve made recommendations and offered policy options related to these issues.

What GAO Found

Over the past 2 decades, the Department of Veterans Affairs (VA) has taken various steps to improve and address challenges related to its disability compensation program, such as reforming its appeals process. However, GAO’s prior work has shown that VA’s efforts to reform its disability compensation program have not consistently achieved the desired improvements. Underpinning many of the challenges are VA leaders and managers not fully using leading management practices. For example:

Reform initiatives. GAO’s 2022 report found VA undertook 23 initiatives to reform the disability program from fiscal years 2017 through 2020. GAO’s closer look at five of them found VA did not consistently follow leading practices for effective reforms, such as establishing goals and involving key stakeholders. To address these shortfalls, GAO made eight recommendations (VA agreed or agreed in principle).

As of October 2025, VA has addressed six recommendations and partially addressed the remaining two. One of these recommendations, which GAO deems a high priority for implementation, is for VA to develop and implement a policy describing the leading practices that VA officials should follow when undertaking initiatives to reform the program.

Disability exams and training. High-quality disability exams and claims processor training play key roles in accurately determining eligibility and preventing fraud, costly rework, and processing delays. However, GAO’s prior work has identified challenges VA faces in these areas.

Specifically, GAO’s 2024 and 2025 reports identified opportunities to strengthen VA’s oversight of the quality of exams provided by contracted medical providers (called examiners). For example, GAO found incorrect

financial incentive payments to contractors. To address this and other shortfalls, GAO made five recommendations. All five remain open as of October 2025. VA has partially addressed one and described plans to address the others.

GAO’s 2021 report highlighted shortfalls in VA’s management of training for claims processors, such as whether VA assessed training results. To address these shortfalls, GAO made 10 recommendations, with four remaining open as of October 2025.

Program modernization. GAO’s prior work has identified various policy options proposed by others for modernizing VA’s existing disability benefits structure to reflect changing views about disability. For example, in 2012 GAO examined the opportunities and challenges of several policy options, such as providing integrated vocational services with transitional cash assistance. VA’s disability compensation program’s parameters are set forth in federal law. This statutory framework restricts the extent to which VA can reform its disability program, as there are certain actions VA cannot take without Congress amending the relevant laws.

Addressing each of these longstanding challenges requires sustained leadership and would help ensure veterans receive accurate decisions and timely access to disability compensation.

Why GAO Did This Study

Veterans with injuries or illnesses incurred during their military service may receive monthly disability payments from VA. Veterans found eligible for disability compensation are entitled to cash benefits regardless of employment status or amount of income earned. In fiscal year 2024, VA provided over \$163 billion in compensation to over 6.5 million veterans and their families.

GAO’s prior work has highlighted longstanding challenges VA has faced, ranging from grappling with large numbers of claims and appeals to reexamining the existing disability benefits structure.

These challenges can affect VA’s current efforts to provide veterans with accurate decisions and timely access to disability compensation. They can also affect its capacity to modernize disability compensation to best meet the needs of veterans with disabilities in the 21st century. As a result of these and other challenges, VA’s management of disability compensation claims has remained on GAO’s High-Risk List since 2003.

This statement focuses on (1) VA’s longstanding challenges with managing changes to the disability compensation program, (2) challenges to ensuring the quality of decisions in the existing disability compensation program, and (3) policy approaches that disability commissions and others have raised for modernizing VA’s disability benefits structure. It is based on findings from prior reports from 2012 to 2025.

For more information, contact Elizabeth H. Curda at curdae@gao.gov.

John McCain: POW

Arizona Republican Senator John McCain was imprisoned for 5½ years in Hanoi after his A-4 Navy plane, which was on a bombing run over Hanoi, was shot down in North Vietnam by a missile that knocked the wing off his plane. Imprisoned from 1967 to 1973, he endured torture until he blacked out and witnessed the death of his friends. He tried to kill himself twice—by attempting to hang himself with his shirt—and refused an offer of early release because the same offer was not given to other POWs—and was tortured for that. “The first time I saw him, I thought he’d be dead by morning,” recalls his cellmate, retired Air Force Colonel George (Bud) Day. “He’d been beaten, bayoneted, and starved. He weighed maybe 95 lb. He just willed himself to live.”



James Carney and Michael Grunwald wrote in *Time*, “In the Hanoi Hilton, McCain’s family tradition of honor and his instinct for rebellion meshed into an inspiring example for his fellow prisoners. He was the camp troublemaker, cursing out guards despite the constant threat of torture and defying rules barring communication to tell his comrades vulgar jokes. He refused several offers of freedom because the military code of conduct required all prisoners to be freed to be captured, and he knew that an admiral’s son accepting early release would be a propaganda victory for North Vietnam as well as a devastating blow to camp morale. The one time his captors brutalized McCain into a sham confession, he considered suicide. “He could not avoid the conclusion that he had dishonored his country, family, and himself,” wrote his biographer Robert Timberg. [Source: James Carney and Michael Grunwald, *Time*, August 28, 2008]

McCain’s father, Jack, was commander in chief of the Pacific Command (or CINCPAC, in the Navy’s vernacular)—one of the top naval officers dealing with Vietnam during the war. *Newsweek* reported: “When his parents heard he was missing, they were in London, dressing for an evening at the Iranian Embassy; they kept their engagement, saying nothing about their son, setting a pattern of dignified reticence they would maintain for the next five years.



[Source: Jon Meacham, *Newsweek*, September 8, 2008]

Book: “Faith of My Fathers” by John McCain (Gibson Square, 2008)

Shooting Down and Capture of John McCain

Leo Lewis wrote in *The Times*, “Back in 1967, what is now the small electricity sub-station by the lake was a sprawling plant that supplied power to much of the North Vietnamese capital. For the Americans, it was a hugely desirable target and what Mr McCain had been ordered to destroy that morning — his 24th bombing mission since the war began. Flying across the city in a wide sweep, Mr McCain’s A4 bomber turned for its final run but was hit by a missile launched 12 miles away. Now a ball of fire, the plane was screaming toward Earth as its pilot ejected [Source: Leo Lewis, *The Times*, October 25, 2008 //]”

“The man who shot McCain down was Major Nguyen Lan. “Mr. Lan points to the spot where his Russian-built surface-to-air missile unit was hidden and describes the joy of carefully second-guessing Mr. McCain’s flight path, giving the launch order at precisely the right moment, and then cheering with delight as the blip disappeared from the radar screen. “I was so angry with America then, but time has passed. Shooting down McCain is a happy memory from a terrible war.” Lan felt that McCain didn’t qualify as a hero. “In Vietnam, we are taught to honor the whole unit rather than the individual, but I know it is different in America. Even so, I don’t think McCain qualifies as a hero. The truth of that day is that he failed, and I succeeded. He failed to destroy what he was supposed to bomb and just killed some fish. That is not a hero.”



McCain broke his leg and both arms in his plunge to earth and was pulled from Truc Bach Lake, where he landed by an angry mob. Le Van Lua, a factory worker who was the first on the scene after the crash, swam out to retrieve the battered, politically valuable prize. He mimes, clutching Mr McCain’s hair in one hand and a kitchen knife in the other: “I didn’t care about the politics; I just saw a man who had killed so many Vietnamese that I longed to kill him. He was injured badly, and at the time, I was desperate to finish him off. We only stopped because we were told he was more valuable alive.” Mr Lua’s account of that day differs significantly from McCain’s record. Mr Lua speaks of quickly getting Mr McCain to the safety of a police station before any harm was done. Mr McCain writes of mob attacks on his shoulder, ankle, and groin with rifle-butt and bayonet.”

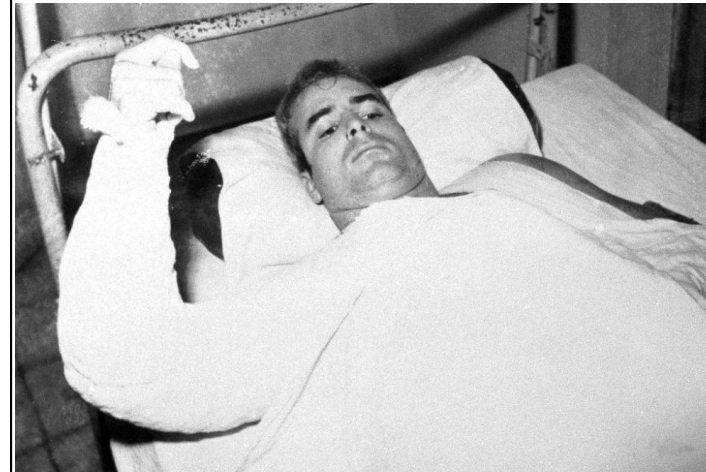
Ron Moreau wrote in *Newsweek*, “The wail of air-raid sirens and the thunder of anti-aircraft fire brought district nurse Nguyen Thi Thanh running. She expected to find casualties from another U.S. bombing run—but instead, she saw “the face of the enemy.” McCain mentions her in his book “Faith of My Fathers”—a woman “who began yelling at the crowd, and managed to dissuade them from further harming me” and then gave

him first aid. Thanh told the mob to back off, poured two spoonfuls of antibiotics into McCain’s mouth, and put bandages and bamboo splints on his right arm and shattered right knee (his left arm was also broken) before he was hauled away to the Hanoi Hilton. Like many other Vietnamese, she says McCain owes his life to his captors. “We shot him down but saved him, gave him clemency, released him, and reunited him with his family,” she says, adding, “Uncle Ho taught us to treat the enemy humanely.” [Source: Ron Moreau, *Newsweek*, July 11, 2008]

Ms Thanh told *The Times*, “As a nurse, I had to help him. As a Vietnamese, I just wanted to kill him. Everyone around me wanted him dead, too, but we had to follow the Ho Chi Minh ideology. As I walked home from the nurse station, people were furious – screaming at me for saving his life.”

McCain in the Hanoi Hilton

On being tortured, John McCain wrote in his book “Faith of My Fathers”: “I was hauled into an empty room and kept there for four days. At intervals, the guards returned to administer beatings. One held me while the others pounded away. They cracked several of my ribs and broke a couple of teeth. Weakened by beatings and dysentery, with my right leg again almost useless, I found it impossible to stand. On the third night, I lay in my blood and waste, so tired and hurt that I could not move. Three guards lifted me to my feet and gave me the worst beating yet. They left me on the floor, moaning from the pain in my arm. Despairing of any relief from pain and further torture, I tried to take my life.” [Source: “Faith of My Fathers” by John McCain (Gibson Square, 2008)]



Jon Meacham wrote in *Newsweek*, “McCain was among the roughly 200 American POWs Bui Tin says he interviewed between 1964 and 1973 for Hanoi’s propaganda machine, and Tin says there was plenty of cruel treatment in Hanoi’s prisons. “If the pilots agreed to sign a confession that Hanoi was right and their [the pilots’] actions were wrong and criminal, then they could live together with other prisoners,” Tin says. “If not, they were solitary until they agreed to cooperate.” McCain spent two years in solitary confinement. Tin says Navy Cmdr. James Stockdale was one of the few who didn’t crack. He was held for months in a fetid latrine in which he could neither stand up nor lie down, Tin says. [Source: Jon Meacham, *Newsweek*, September 8, 2008]

“Still, Tin claims the abuse stopped short of systematic torture. “The prison authorities were authorized to slap [the POWs] around if they didn’t speak the truth under interrogation,” Tin says. “Slapping them hard was permitted, but no punching.”

Someone evidently forgot to tell McCain’s interrogators. His refusal to cooperate resulted in a series of beatings over several days in 1968, ending with two broken teeth, several cracked ribs, and his left arm broken again. He tried to hang himself, but the guards cut him down. Nevertheless, he says he was treated more leniently than other prisoners. “My captors were more careful not to permanently injure or disfigure me than they were with the other prisoners,” he writes. As the son of a U.S. admiral, he was considered too valuable a propaganda asset. He was finally freed along with his fellow POWs in 1973 under the Paris Peace Accords.

McCain’s Father as a Vietnam Commander While McCain Is In Prison

Jon Meacham wrote in *Newsweek* that the McCain family “was in an extraordinary position, with one son in Hanoi and the father, Jack, becoming commander in chief of the Pacific Command (or CINCPAC, in the Navy’s vernacular) in May 1968. “The communists have chosen to make Vietnam the testing ground for their so-called wars of national liberation,” Admiral McCain said. “If they can make this kind of aggression work there, we can expect to face more such wars elsewhere. We are there to prove to them it won’t work.” [Source: Jon Meacham, *Newsweek*, September 8, 2008.

“The admiral never mentioned what it was like to order bombings that might put his imprisoned son in danger. “When you’re a commander, it is hard to put your men in peril, it is hard to put your men in harm’s way, and John was in harm’s way, but that in no way dissuades you from doing what you need to do,” says Joe. “Whether he speculated on what John’s reaction to hearing bombs come down [was], I don’t know. I’m sure he worried about it ... but they’re two different areas—area of father and son, and area of commander.” During Vietnam, Admiral McCain rarely spoke about the fact that John was in prison. “I really can’t talk about the boy,” the admiral would say when asked. “I pray for him every day.” The admiral traveled to the 17th parallel between North and South Vietnam one Christmas. “Gentlemen, excuse me just a moment,” Admiral McCain said, and then he stood alone, gazing across the border for 10 or 15 minutes—gazing toward his son.



Rear Adm. Joe Vasey, who spent much of his career at the side of the ever-frustrated Jack McCain, told *Newsweek* of the constraints placed on Admiral McCain as he tried to command U.S. forces in the Pacific during Vietnam. “There were a lot of restrictions on what we could bomb in North Vietnam and what we couldn’t,” Vasey said. How did Admiral McCain react? “He was just frustrated and let go of an oath,” says