



## *The Straight Scoop*

Department Newsletter of the  
Marine Corps League  
Department of West Virginia  
P.O. Box 11828  
Charleston, WV 25339



### Volume 3, Issue 6, June 2010

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### Department Financial Report

Marine Corps League, Department of West Virginia Hershel "Woody" Williams  
Scholarship Foundation:

22 April 2010 beginning balance: \$14,290.90; Deposits: \$455.00; Interest: \$3.38;  
Debits: \$3,000.00 ; check #142 has not cleared yet.

22 May 2010 ending balance: \$11,749.28

Please send all donations to John Nanny, P.O. Box 2121, Wheeling, WV 26003-0234.

Marine Corps League, Department of West Virginia General Account and Paymaster  
Report:

20 April 2010 statement beginning balance: \$5,650.23; Deposits: \$45.00;

Debits: \$338.00

20 May 2010 statement ending balance: \$5,357.23

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### National Headquarters Letters on Delinquent Membership

I had a very long conversation with the Executive Director this morning inquiring about the Delinquent Member List. I was told that for about four weeks after the initial appeal letters were sent the renewals came into National Headquarters by the bunch. It seems now that the flow has stopped and the interest has waned a bit. We still have to get the delinquencies down by June 30<sup>th</sup>. Detachments voting strength will be affected if the numbers aren't increased.

I appeal to you to communicate with your detachments and provide them with whatever help you can muster to bring these Marines back on board. There has been some talk of a dues increase because of this shortfall and that should provide enough incentive to make some calls and work on this problem.

Marines, this is not going to go away unless we make it go away. I need your concerted effort to bring the numbers of the Delinquent Members down considerably by June 30<sup>th</sup>. Good Luck.

Vic Voltaggio, National Senior Vice Commandant Letter May 29, 2010

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Marines,

I have just been advised from our National Headquarters, that our unpaid member numbers are not going down. It appears that since the March Membership Summary was sent out, everyone quit working on contacting those unpaid members and getting those members reduced even further. The numbers since then have been flat. It seems that everyone quit working on the unpaid members.

Marines, we need your help. We have less than a month to get these numbers down even further. Please get with your detachments and let them know how important this is. They need to make one last push to get these members paid before June 30<sup>th</sup>. This is when our fiscal year ends. Please insure that each of your detachments makes a priority of contacting these unpaid members. Have them report their progress back to you weekly for the next 3 weeks, until the end of June.

I know that I can count on each of you to make this one last push and I thank you for your support in making this happen.

Semper Fi.

Jim Tuohy, National Jr Vice Commandant Letter June 1, 2010

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Detachment Commandants, Department of West Virginia,

As your Department Commandant, I ask each of you to get with your respective Detachment Jr Vice Commandants and Paymasters and look at your unpaid member list and see if you can encourage those members who have not paid their annual dues for whatever reason to continue paying their dues. Perhaps a personal phone call or visit to their home might make the difference. There are many reasons why some do not pay but it's important to take that extra step which might make the difference. Thank you for any effort you can make to keep your respective Detachments paid membership list current.  
Roger Ware

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**Keith Gwinn, Director West Virginia Division of Veterans Affairs  
Reports**

1. Donel Kinnard Memorial State Veterans Cemetery: We have received a recorded copy of the deed for 350 acres near Institute. The 100% completion drawings have been received in our office. The contract version has been sent to the federal VA Cemetery Grants Program for approval. Steam, Storm water and DEP permits applications have been submitted for approval. The construction sign has been approved. The cemetery now has an address: 130 Academy Drive, Dunbar WV 25064.

## **Department Legislative Chairman Woody Williams Reports**

I thought you advocates might be interested in what I learned today from a tele-conference with Meg Cianfrocca and Frank Salvous (hope that is correct) with the Cemetery Service in the USDVA, Wash. He is in charge of State Cemetery grants, etc. The purpose of the call was to confirm that funds are available for the construction of the Cemetery at Institute. During the call, Frank said there was 11 state cemeteries under construction or in planning, and West Virginia was one of them. He said that \$13.2 Million has been allocated for the Institute location. Architect drawings are being reviewed and bids for the work will be let soon. He assured me that in time, West Virginia will have a Veterans Cemetery This is the first real information I have received and I appreciate Meg arranging the call. They both said we could use this information to answer questions. If you have a question, I will volunteer Meg as a great source because of her deep interest in the project.

2. The contract to build the base for the Women's Statue on the capitol grounds will soon be put out for bid.

3. The Veterans Nursing Home in Clarksburg now has 73 patients and is still taking in 2 patients per week. We have hired a Alzheimer's Unit director to cover the 20-bed unit which be filled last.

4. The Veterans Home in Barboursville has had a rule change to allow West Virginia vets who have had less than one year now only have to have 30 days residency to be eligible for admission.

5. We have purchased 7 new vans which should be delivered in June to the VAMCs.

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### **Importance of DD-214**

Statement by Cheryl Gardner, member WMA about NOK without a copy of DD-214. For the second time since I have been a member of WMA I have witnessed a WWII WM being buried without a Marine honor guard because her next of kin did not have in his possession a copy of her DD-214 and Headquarters Marine Corps could not access the required information. Joyce Hartley, a life member of WMA and the Greater Nevada Detachment of the Marine Corps League, was buried today and thankfully the commandant of the League detachment, himself a Vietnam vet, and another League member, a Korean War vet, came to the viewing and I asked them to fold the flag for Joyce's son and they did so.

I cannot emphasize how important it is that someone who is close to you knows where your DD-214 is so that when your time comes, often unrepentantly, your family will witness how Marines take care of Marines. I would have loved to have seen two young, sharp, active duty Marines render honors to Joyce who more than deserved that honor for her years of past service in both the now defunct Sagebrush chapter and as a life member of WMA. To obtain DD-214 or discharge certificate, fill out Form SF-180 and mail to:

National Personnel Records Center, Military Personnel Records,  
9700 Page Avenue, St. Louis, MO 63132-5100

## **Chronic Post-Traumatic Stress Disorder (PTSD)**

A study shows that there may be a reason that those with chronic post-traumatic stress disorder (PTSD) deal with more physical health issues as they age: Their immune system has been compromised. The study is yet more evidence to support the idea that people with PTSD go through chemical changes after a psychological injury. Lead author Monica Uddin, a researcher with the Department of Epidemiology at the University of Michigan School of Public Health, and her colleagues began with the theory that the increase in physical health issues — such as heart disease — in those with PTSD may come from immune system problems. To that end, they used blood samples from 100 people in the Detroit Neighborhood Health Study. Of those, 23 had been diagnosed with chronic PTSD while 77 had not, though many had been diagnosed with other mental health issues, such as depression. By looking at genes in those blood samples, they found that the people with PTSD had three areas where genes had been methylated — turned on, essentially — at higher levels than those without PTSD. One of those areas was hearing. “Among the genes uniquely methylated in the PTSD-affected group, it is striking that the second-most enriched cluster — sensory perception of sound — directly reflects one of the three major symptom clusters that define the disorder,” Uddin wrote. That cluster is exaggerated startle response.

The researchers found that this response tends to develop over time, which raised questions about whether the chemical changes are immediate, or if they also develop over time. Or, do the differences in genes exist before people develop PTSD? The researchers also found that the people with PTSD were less likely to “turn on” immune-system genes. This “suggests a biologic model of PTSD etiology in which an externally experienced traumatic event induces downstream alterations in immune function by reducing methylation levels of immune-related genes,” the study stated.

The researchers said that may be because a person’s most necessary systems respond to danger, while everything else slows. Usually, when the danger is gone, everything goes back to normal. But some people stay at some level of that hyper-alert state. In addition to the lack of activation of immune system genes, the researchers looked at levels of antibodies to a normally latent herpes virus — cytomegalovirus — that usually remains symptom-less. But in those with a weakened immune system, it can cause anything from flu-like symptoms to visual impairment, inflammation of the brain, pneumonia, diarrhea and hepatitis.

They found that biomarkers of immune response to infection were “significantly higher” among those with PTSD, which may show their immune systems have been compromised. The researchers said further study would be important for service members and veterans with PTSD in terms of developing appropriate psychological and drug-based treatments, “particularly in the wake of an increasing number of military veterans returning home after recent wars worldwide.”

## VA Presumptive Vietnam Veteran Diseases

VA has recognized certain cancers and other health problems as associated with exposure to Agent Orange and other herbicides or as associated with military service. Veterans suffering from the following conditions may be eligible for disability compensation and health care benefits:

- Acute and Subacute Peripheral Neuropathy - A nervous system condition that causes numbness, tingling, and motor weakness. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange and resolve within 2 years after the date it began.
- AL Amyloidosis - A rare disease caused when an abnormal protein, amyloid, enters tissues or organs.
- Chloracne (or Similar Acneform Disease) - A skin condition that occurs soon after exposure to chemicals and looks like common forms of acne seen in teenagers. Under VA's rating regulations, chloracne (or other acneform disease similar to chloracne) must be at least 10% disabling within 1 year of exposure to Agent Orange.
- All chronic B-cell leukemias including, but not limited to, hairy-cell leukemia and chronic lymphocytic leukemia. - A type of cancer which affects white blood cells.
- Diabetes Mellitus (Type 2) - A disease characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.
- Hodgkin's disease - A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.
- Ischemic Heart Disease including, but not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina - A disease characterized by a reduced supply of blood to the heart that leads to chest pain.
- Multiple Myeloma - A disorder which causes an overproduction of certain proteins from white blood cells.
- Non-Hodgkin's Lymphoma - A group of cancers that affect the lymph glands and other lymphatic tissue.
- Parkinson's disease - A motor system condition with symptoms that include a trembling of the hands, imbalance, and loss of facial expression.
- Porphyria Cutanea Tarda - A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange.
- Prostate Cancer - Cancer of the prostate; one of the most common cancers among men.
- Respiratory Cancers - Cancers of the lung, larynx, trachea, and bronchus.
- Soft Tissue Sarcoma (other than Osteosarcoma, Chondrosarcoma, Kaposi's sarcoma, or Mesothelioma) - A group of different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues.

VA has recognized the following birth defects associated with exposure to Agent Orange or service in Vietnam:

- Spina Bifida (except Spina Bifida Occulta) - A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus

during early pregnancy.

- Birth Defects in Children of Women Vietnam Veterans - Covered birth defects include a wide range of conditions associated with women veterans' service in Vietnam.

Additionally, VA has recognized Amyotrophic Lateral Sclerosis (ALS) diagnosed in Veterans with 90 days or more of continuously active service in the military was caused by their military service.

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## **VA Braces for Flood of Agent Orange Claims**

The Department of Veterans Affairs expects that over the next two years about 200,000 Vietnam veterans will file disability compensation claims under an expansion of three new presumptive illnesses announced last year. In preparation, the VA has announced a new initiative to solicit private sector input on a proposed automated claims process for service connected presumptive illnesses due to Agent Orange (AO) exposure during the Vietnam War.

“While the VA is gearing up for an anticipated increase in claims, so has the DAV,” said Washington headquarters Executive Director David W. Gorman. “Our National Service Officers (NSO) have the skills and tools they need to handle the situation. In addition to their extensive training and expertise in all aspects of the claims process, our NSOs have at their disposal a state-of-art case management system that enables them to track the history of all actions on behalf of our clients, including forms and documentation essential to veterans’ claims.”

Secretary of Veterans Affairs Eric K. Shinseki called the VA’s initiative “a new way of doing business and a major step forward” in the way it processes the presumptive claims. “With the latest, fastest and most reliable technology, VA hopes to migrate the manual processing of these claims to an automated process that meets the needs of today’s veterans in a more timely manner.”

In practical terms, veterans who served in Vietnam and have one of the illnesses covered by presumption of service connection don’t have to prove an association between their medical problems and military service. This makes it easier for Vietnam veterans to obtain disability compensation. With the addition of Parkinson’s disease, ischemic heart disease and B-cell leukemia last year, the VA now recognizes 15 forms of cancer and other health problems as associated with exposure to AO and another herbicides. Under this new initiative to deal with an expected influx of AO claims, the VA is asking private-sector corporations to propose automated solutions for the parts of the claims process that takes the longest amount of time.

A contract is expected to be awarded in the spring, with implementation of the solution expected later this year. Claims development involves determining what information is needed to adjudicate the claim, such as military and private medical records and the scheduling of medical examinations.

With this new automated veterans' claims process, the VA expects to shorten the time it takes to gather evidence, which now averages more than 90 days. Once the claim is fully developed and all pertinent information is gathered, the VA will be able to more quickly decide the claim and process the award, if granted.

“Vietnam veterans with any of the presumptive illnesses related to Agent Orange exposure are encouraged to contact their nearest DAV NSO for assistance with submitting their claims as soon as possible to begin the process of seeking disability compensation,” said National Service Director Randy Reese. Additional information about AO and the VA’s services and programs for veterans exposed are available [www.publichealth.va.gov/exposures/agentorange](http://www.publichealth.va.gov/exposures/agentorange).

(Information from the May/June DAV magazine)

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## **New “Presumptive” illnesses Proposal for Iraq, Afghanistan Veterans**

In a long overdue decision affecting veterans of the wars in Iraq and Afghanistan, the Department of Veterans Affairs has moved to grant presumptive service connection for nine illnesses, making it much easier for those veterans to obtain health care and disability compensation. “We congratulate VA Secretary Eric K. Shinseki for making the right decision to help the millions of veterans who served and fought in Iraq and Afghanistan, only to be disabled by illness,” said National Adjutant Arthur H. Wilson. “No longer will these veterans suffer without VA medical care and disability compensation.”

“These presumptive service connections are part of a much larger picture of illnesses that affect our veterans of Iraq and Afghanistan.” said national Service Director Randy Reese. “This decision affects more than a million veterans who served in Iraq since 1990 to date, and all who served in Afghanistan since 2001.” The national Academy of Sciences (NAS) Gulf War and health report recommended in October 2006 that the VA establish new presumptions of service connection for brucellosis, campylobacter jejuni, coxiella burnetti (Q fever), malaria, mycobacterium tuberculosis, nontyphoid salmonella, shigella, visceral leishmaniasis and West Nile virus.

The proposed federal rule authorizing the presumptions covers the nine diseases associated with military service in Southwest Asia during the Gulf War, or in Afghanistan on or after Sept. 19, 2001. It includes all veterans of Iraq since Operation Desert Shield/Desert Storm in 1990. The presumption means that if a veteran served in Iraq or Afghanistan and is diagnosed with any of the nine chronic illnesses it may make the veteran eligible for VA health care and disability compensation much sooner. For non-presumptive conditions, a veteran is required to provide medical evidence that can be used to establish an actual connection between military service in Southwest Asia or Afghanistan and a specific disease. The VA decided that the 2006 NAS report, which differed from four previous reports, justified presumptive service connection because it reviewed the long-term health effects of certain diseases found to be related to veterans of the Gulf War and Afghanistan.

The VA proposed regulation applying to presumptive service connection acknowledges there is an association between service by veterans of the wars in Iraq and Afghanistan and certain diseases. Because the Gulf War has never officially ended, veterans serving in the current Iraq war are eligible for VA's new presumptions. Afghanistan war veterans were included because the NAS found the nine diseases are widespread in that country as well. "We recognize the frustrations that many Gulf War and Afghanistan veterans and their families experience on a daily basis as they looked for answers to health questions and sought benefits from the VA," said Shinseki. "The decision to grant presumptive service connection for these veterans is long overdue," said Reese. "They are repairing a problem that has existed for nearly 20 years and this should be the first of several steps to recognize the service and sacrifice of the veterans who have served and continue to service in Iraq and Afghanistan. "We're delighted Secretary Shinseki has taken this bold step on behalf of our nation's disabled veterans and their families," he said. "But this is one of the first steps. Additional steps need to be taken to finally and completely service-connect the multiple illnesses and disabilities that these veterans suffer from every day." (Information from the May/June DAV magazine)

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## **VA Makes Filing Claims Easier and Faster for Veterans**

As part of Secretary of Veterans Affairs Eric K. Shinseki's effort to break the back of the backlog, the Department of Veterans Affairs (VA) is reducing the paperwork and expediting the process for Veterans seeking compensation for disabilities related to their military service. "These reductions in paperwork, along with other improvements to simplify and speed the claims process, symbolize changes underway to make VA more responsive to Veterans and their families," said Secretary Shinseki.

VA has shortened application forms to reduce paperwork for Veterans. The new forms, which are being made available on VA's Web site at [www.va.gov/vaforms](http://www.va.gov/vaforms) <<http://www.va.gov/vaforms/>> , include: A shortened VA Form 21-526 for veterans applying for the first-time to VA for disability compensation or pension benefits. This form has been cut in half -- from 23 to 10 pages. It is immediately available to veterans via Web download, and will be available through VA's online claim-filing process later this summer at <http://vabenefits.vba.va.gov/vonapp/main.asp>

VA Form 21-526b for veterans seeking increased benefits for conditions already determined by VA to be service-connected. This new form more clearly describes the information needed to support claims for increased benefits. To make the claims process faster, VA has also introduced two new forms for veterans participating in the Department's new fully developed claim (FDC) program, which is one of the fastest means to receive a claims decision. Gathering the information and evidence needed to support a veteran's disability claim often takes the largest portion of the processing time. If VA receives all of the available evidence when the claim is submitted, the remaining steps in the claims-decision process can be expedited without compromising quality.

To participate in the FDC program, veterans should complete and submit an FDC

Certification and VA Form 21-526EZ, "Fully Developed Claim (Compensation)," for a compensation claim, or a VA Form 21-527EZ, "Fully Developed Claim (Pension)," for a pension claim. The forms were designed specifically for the FDC program. These six-page application forms include notification to applicants of all information and evidence necessary to "fully develop" and substantiate their claims.

With this notification, veterans and their representatives can "fully develop" their claims before submission to VA for processing. Along with the application and certification, veterans must also submit all relevant and pertinent evidence to "fully develop" their claims. A claim submitted as "fully developed" may still require some additional evidence to be obtained by VA, to include certain federal records and a VA medical examination. VA provides compensation, pension, education, loan guaranty, vocational rehabilitation, employment, and insurance benefits to veterans and their families through 57 VA regional offices.

Disability compensation is a tax-free benefit paid to a veteran for disabilities that are a result of -- or made worse by -- injuries or diseases that happened while on active duty, active duty for training or inactive duty training. Pension is a benefit paid to wartime veterans with limited income, and who are permanently and totally disabled or age 65 or older.

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## Calendar of Events

2010 Mid East Division Conference 25-26 June, Westin Hotel and Resort, Virginia Beach Town Center, Virginia Beach, VA, hosted by Department of VA. Hotel reservations can be made at 1-800-937-8461 or (757) 557-0550 (mention MCL Conference). Rates are: \$94.00 with 13% taxes and \$1.00 city lodging tax. Parking is indoor multilevel parking garage and is included with room.

The primary hotel/resort for the 2010 Mideast Division Conference has booked all of the blocked rooms that were set aside for the Conference and here are some alternate hotels. The Westin Hotel and Resort has plenty of **FREE** parking available. If you reserved a room at one of these alternate hotels, or any other hotel, be assured that you will be able to drive from your hotel and park for **FREE** at the Westin Resort parking facility, which is connected directly to the Westin Resort, for easy access to the Conference.

### **Motel 6**

4760 Euclid Rd, Virginia Beach, VA 23462, 757-499-1935

2 bed room at \$75.00\* per night.

**\* Tell them that you found the hotel on the internet to get this rate.**

### **Hilton Garden Inn**

252 Town Center Dr., Virginia Beach, VA 23462, 757-326-6200

2-bed room at \$159.00 per night

2010 MCL National Convention Aug 6 -14, Koury Convention Center, Greensboro, NC, 1-800-242-6556. Rooms \$100.00 plus 12 3/4% tax. Reservations can be made now.

Department Quarterly meeting September 18, 10 a.m. at the VFW in Clarksburg. WV Pack Growl will immediately follow the meeting.

2011 MCL National Convention Jul 31-August 6 at Doubletree Riverside Hotel, Boise, Idaho. 1-800-222-TREE or 1-208-343-1871. Room rates are \$86.00 plus 13% tax. Hosted by Treasure Valley MCL Detachment 878, Boise, Idaho.

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