



Vol. 28, No. 8  
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# The Communicator

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The COMMUNICATOR is the official publication of the California Association of County Veterans Service Officers (CACVSO). Opinions expressed are those of contributing writers and do not necessarily reflect opinions or policies of CACVSO officers, members, or the editorial staff. The newsletter reserves the right to edit, amend, or reject any contribution submitted for publication.

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*President's message*  
(Solano CVSO Ted Puntillo, President)

Summer is almost over and we have seen many changes in the last three months. Some of the biggest are the Decision Ready Claims (DRC) process just now rolling out to several CVSO's. Also the 360 upload process, that sends your claim information right into VBMS via email. It happens quickly and we are seeing claims established in MAPD and VBMS two to three days after the upload. You use no paper and no mail. Hopefully we will have more about this and some training in Riverside. You just open Vet Pro inside of the VBMS environment and download your claims. It is a very simple process. Chris Bingham was the first CVSO to start that, and it is catching on and spreading quickly. Chris will be leaving us this month after a stellar career in Sonoma. We will miss his very intelligent approach to all matters and his automation expertise. I think he will miss us and want to come back as a consultant eventually.

We also set a record for having all of our subvention reports in on time. All information was in before August 15 and we did not have to send any letters to your board. This is a first, and we should all be proud that we have come together and were able to do this.

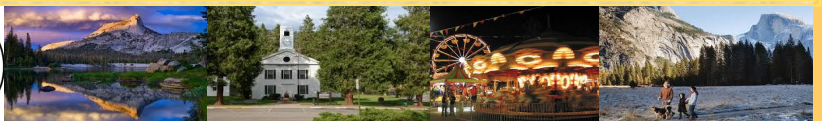
The new GI Bill information is also out and describes a life time benefit with no cutoff at 10 years like it used to be for the Montgomery GI Bill and 15 years after discharge for the 9/11 GI Bill. With Chris leaving, Executive Director Tom Splitgerber had to go back to last known President of our association to head up the nominations committee. Pat jolly was that person since Charles and Chris are no longer here. He will be asking for nominations for President, 1<sup>st</sup> & 2<sup>nd</sup> Vice President, Sgt. at Arms and trustees. Please contact Pat if you have any ideas about putting forth a nomination for these jobs, or know someone who would be good at any of these very important jobs. Tom Splitgerber is also heading up the mentoring program and will be asking for offices that would like to have a mentor come out to their office to contact him. All mentoring will be confidential and no reports will be made of anything that happens. Some offices would probably like to be shown how to do the direct upload in 360. These types of things are what we would like to show each other. Also Vet Pro has a lot of capabilities that some CVSO's might not know about. The same is true for VBMS, SHARE & MPD. There is a great deal of knowledge out there and we need to spread it around. Our next strategic planning meeting is tentatively scheduled for Sept 19 at Cal Vet. Further information will be coming out about that soon. Let me or Tom know about topics that you would like to see addressed at this meeting.

I am going on vacation to Europe for 3 weeks starting on August 22<sup>nd</sup>. Please communicate with Tom Splitgerber in my absence. Ciao.

Ted

## This Month's Featured County

**Mariposa County** is a county in the U.S. state of California. As of the 2010 census, the population was 18,251. The county seat is Mariposa. It is located in the western foothills of the Sierra Nevada mountains, north of Fresno, east of Merced, and southeast of Stockton. The county's eastern section is the central portion of Yosemite National Park. There are no incorporated cities in Mariposa County; however, there are communities recognized as census-designated places for statistical purposes. It also has the distinction of having no permanent traffic lights anywhere in the county.







# TIME & PLACE COMMITTEE

*(Kern County—CVSO Dick Taylor, Chair)*

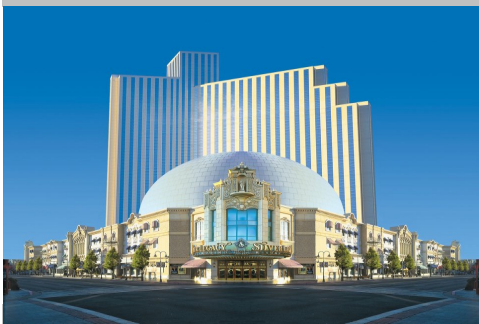
## Dates & Locations of Upcoming Conferences



**October 8—13, 2017**  
*Marriott Convention Center  
Riverside, CA*



**February 25—March 2, 2018**  
*Holiday Inn Capitol Plaza, Sacramento, CA*



**June 2 — June 8, 2018**  
*Silver Legacy Hotel, Reno, NV*

# NewsLetter DEADLINE

***Last Thursday of the Month  
Unless Notified Otherwise!***



## Musings of the Executive Director



I want to take a few minutes of your time to bring you an update on my position as the CACVSO Executive Director. It has been a year since I started working for the California Association of County Veterans Service Officers. Having retired a little over three years ago as the San Diego County Veterans Service Officer I was overjoyed to have been selected to work for CACVSO as their part time Executive Director. I have enjoyed it immensely as I feel like I have returned home.

My first meeting was in Santa Rosa in Oct of 2016 when I presented the Salary Survey to the group. The first reading of the CACVSO Bylaws were presented and read to the membership. Working with your Bylaws committee I took their comments and completely rewrote the Bylaws which were adopted at the Sacramento meeting. I was assigned projects to do by President Ted Puntillo. The first projects I did were two MoU's with the California Council of Chapters of the Military Officers Association of America (CalMOAA) for veteran's services to CalMOAA members and Bergman & Moore for case referral of Board of Veterans appeals decisions. I was the CACVSO liaison to work with San Diego County on the NACVSO training conference in San Diego. This was a ten-month project of meetings and developing the Presidents Reception and social events during the conference. I also attended and contributed at two strategic planning sessions held at CalVet with CACVSO. I was tasked with working with the Time & Place chair, Dick Taylor on selecting and arranging CACVSO training conferences. Presently I am developing "Hosting a CACVSO Training Conference" guidelines which will be released at Riverside. I am receiving inputs from several members who have held conferences and putting their ideas and thoughts into the guidelines. This will help CVSO's who would like to host a conference in the future. Presently I am working on compiling the CACVSO Best Practices Manual. I am given all the inputs that are coming to the Association and compiling them into a manual that will be available for all members. I want to thank all of those who have already contributed and looking forward to receiving more information in the future. This will be an ongoing project.

A draft of the Best Practices Manual will be presented at the Riverside Conference. I also want to thank the Counties who responded to the Survey Monkey from CalVet on the statistics needed for the Annual Report to the Legislature. To those who I had to query about their statistics thank you for responding in a timely manner. Again, I want to thank the members for welcoming me back to the Association and I am here to serve you. It has been an honor and privilege to have served the California Association of County Veterans Service Officers for the past year and hopefully for more years to come.

Tom Splitgerber  
CACVSO Executive director  
tsplitgerber@san.rr.com

# LEGISLATIVE ADVOCATE REPORT

*(By Pete Conaty and Dana Nichol, Legislative Advocates)*

CACVSO

Communicator

Legislative Advocate's article

September 2017

By Pete Conaty

The Governor signed SB 725-Jackson; pre-trial diversion. SB 725; authored by Senator Hannah-Beth Jackson (D-Santa Barbara) and supported by broad coalition of veterans' groups, legal organizations, and behavioral health groups; was one of the top veterans priorities this year.

This new law, which took effect immediately, clarifies that active duty military (and veterans) who suffer from military related traumatic mental health conditions and are before the court charged with violations of Vehicle Code sections 23152 and 23153 dealing with DUIs, are and have always been eligible for military diversion under Penal Code section 1001.80. This legislation is to correct an oversight in the statutory language to avoid a prolonged period of confusion while differing opinions of Court of Appeal divisions work through the appeals process to the California Supreme Court, which could take approximately 18 months. Currently, courts around the state are experiencing requests for military diversion from veterans charged with misdemeanor violations of Vehicle Code sections 23152 and 23153 in significantly high numbers.

## **SB 725 will:**

- 1.) Provide that a trial court can grant diversion on a misdemeanor charge of DUI or of DUI causing injury, to a veteran or current member of the military who is suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of his or her military service.
- 2) State that participation in the military diversion program does not limit the Department of Motor Vehicles' ability to take administrative sanctions against the person's driver's license.

This case will have an immediate effect on the over 30 pending court cases in San Diego alone.

This new law was made possible by Senator Jackson and her dedicated staff; Judith Litzenberger, Executive Director of the California Veterans Legal Task Force (<http://www.cvltf.org/about-ushtml>), AMVETS-Department of California who were co-sponsors of the bill. The California Association of County Veterans Service Officers was an official supporter of the bill. This bill was very complicated and involved many, many hours of work and negotiation as well as the involvement of many others behind the scenes who lent their expertise and experience.

## **This legislation was supported by most major veterans organizations:**

- American G.I. Forum of California
- American Legion-Department of California
- California Association of County Veterans Service Officers
- California State Commanders Veterans Council
- Disabled American Veterans
- Military Officers Association of America-California Council of Chapters
- National Guard Association of California
- Association of the U.S. Army, [SGM Jon R. Cavaiani Chapter](#)
- Jewish War Veterans of the United States, Department of California
- Military Officers Association of America, Department of California
- Reserve Officers Association of America, Chapter of the Golden West



Veterans Services Office of the Health and Human Services Agency (HHS) as a:

## **VETERANS SERVICES REPRESENTATIVE**

As a Veterans Services Representative, you will counsel, advise, and provide advocacy and representation services to the County's veteran population and their dependents on federal, state and local veterans benefits and rights to which they are entitled by law. Candidates should have knowledge of CFR Title 38 (Federal regulations governing Veterans Affairs), skills in interviewing, counseling, presenting, and the ability to prepare medical, legal and personnel records to transmit claims to the Department of Veterans Affairs.

For a complete listing of the **Veterans Services Representative** job duties and responsibilities, including minimum requirements, please click here. **Education and Experience:**

1. Accreditation granted by U.S. Department of Veterans Affairs to assist claimants in the preparation, presentation, and prosecution of claims for benefits; OR,
2. A bachelor's degree from an accredited U.S. college or university, or a certified foreign studies equivalency in counseling, psychology, sociology, public administration, business administration, or related field; AND one (1) year of professional full-time veteran's services experience with the following establishments: U.S. Department of Veterans Affairs, a government veteran's services office, or a nationally chartered organization; OR,
3. Five (5) years of professional full-time veteran's services experience as described above.

**Note:** If using accreditation or education to meet minimum qualifications, a copy of your certification, degree, transcripts, and/or certificate of foreign equivalency must be provided at time of application.

Access a listing of nationally chartered Veterans Service Organizations.

**The ideal candidate will have:** Ability to work independently and under supervision when necessary; Interviewing and counseling skills; Ability to compile medical, legal, and personnel records to develop and submit a claim to Veterans Affairs for adjudication; Ability to read and analyze material; Effective written and verbal communication skills; Ability to present to others in a coherent, effective manner; Ability to deal with elderly and/or disabled veterans and their families; Willingness to work weekends or evenings when needed; Knowledge of computer databases, word processing, and PowerPoint; and a good driving record with a valid driver's license.

APPLICATIONS MAY BE FILED ONLINE AT: <http://www.sdcounty.ca.gov/hr>

## **Persian Gulf War Veterans Still Suffering Serious Health Problems**

This year marks the 25th anniversary of the Persian Gulf War.

It was fought in late 1990 through early 1991 by a U.S.-led coalition of 34 countries against Iraq in response to Saddam Hussein's invasion of Kuwait.

It also was the first U.S. war to be waged after the advent of the 24-hour cable television news cycle.

The conflict was accompanied by memorably intense and round-the-clock coverage on CNN.

But there've been few recognitions of the war's 25-year milestone on the cable news networks, let alone in broadcast or print media.

For David Winnett, a Gulf War combat veteran who climbed the ranks from private to captain during his 20-year career in the U.S. Marines, it's just the latest in a succession of insults to the men and women who served in this largely forgotten war.

"It's no surprise that many people could easily forget 'our war.' It was far too fast by any historical measure," Winnett told Healthline. "Perhaps things would be different had we continued our advance all the way to Baghdad, but the fact is, we didn't. So regardless of whether or not we think our war has been unfairly set aside in the history books, it is what it is."



## Toxic Aftermath

While ground combat in the Persian Gulf War only lasted days, Winnett said, the toxic legacy of the war has been just as devastating for the postwar health of Gulf War veterans as the defoliant Agent Orange has been for those who served in Vietnam.

Winnett is just one of hundreds of thousands of Gulf War vets who suffer from Gulf War Illness (GWI), also known as Gulf War Syndrome, the panoply of chronic and often debilitating symptoms reported by veterans of that conflict.

The acute symptoms, which for many veterans never go away, include extreme fatigue, neurological issues, insomnia, migraines, joint pain, persistent coughing, gastrointestinal issues such as diarrhea and constipation, skin problems, dizziness, respiratory disorders, and memory problems.

The [National Academy of Sciences](#) estimates that as many as 250,000 of the 700,000 U.S. troops who served in the Persian Gulf War have been affected by GWI, which [studies](#) have shown is the result of a litany of toxic exposures that troops like Winnett endured while serving.

Troops were exposed to toxic smoke from the fires of thousands of military burn pits in the war zone. The fires involved tires and other things that contain harmful chemicals.

There was also sarin and other toxic chemicals dropped on U.S. troops.

Two peer reviewed scientific [research studies](#) released in 2012 concluded that weather patterns carried massive toxic chemical cloud that fell on U.S. troops. The cloud was created by the U.S. bombing of Iraqi chemical weapon storage facilities.

The first study concluded that nerve and blister agents, which were supplied to Iraq by the U.S. before the Gulf War when Hussein was an uncomfortable ally, were bombed by U.S. forces. The toxic substances were swept into the atmosphere and subsequently dropped on U.S. troops.

The second study confirmed the number of GWI reports was in fact higher at the places where the sarin fell.

“Our peer reviewed scientific findings bring us full circle by confirming what most soldiers believed when they heard the nerve gas alarms. The alarms were caused by sarin fallout from our bombing of Iraqi weapons sites,” James Tuite, who led the first study, said in a statement.

## The VA's Position

Despite the scientific evidence and a mandate from Congress that Department of Veterans Affairs (VA) recognize several of the symptoms as connected to service in the Gulf War, the VA maintains that there are no definitive scientific studies that link symptoms and diseases associated with GWI to toxic exposures during the war.

According to a [2015 report](#), about 80 percent of Gulf War veterans who file disability claims citing presumptive chronic multisymptom illnesses connected to toxic exposures are denied by the VA.

A written statement from the VA's Post-Deployment Health Services team to Healthline stated that in the past few years the VA has "ramped up educational efforts to VA providers on Gulf War Illness." However, the statement read, "there are times when referral to a psychiatrist is indicated due to a co-morbid condition such as severe depression or another severe mental health condition."

In another email to Healthline, VA officials said a claim could be denied for a number of reasons, including the belief an ailment was caused by something other than military service or the ailment could be "less than 10 percent disabling."

Most often, say multiple sources for this story, veterans who say they have these symptoms are sent to the psychiatric departments of VA centers, where they are typically given psychotropic drugs that don't help them, and in many cases make things worse.

The VA acknowledges the following in a [statement](#) on its website: "Rockets filled with sarin and cyclosporine mixes were found at a munitions storage depot in Khamisiyah, Iraq, that had been demolished by U.S. service members following the 1991 Gulf War cease-fire. An undetermined amount of these chemicals was released into the atmosphere. The Department of Defense concluded about 100,000 Gulf War Veterans could have been exposed to low levels of these nerve agents."

The VA also adds that "research doesn't show long-term neurological problems from exposure to low levels of sarin. A low level of sarin is an amount that doesn't cause noticeable symptoms during the exposure."

Regarding the burn pits, a VA [statement](#) on its burn pits registry page reads, "At this time, research does not show evidence of long-term health problems from exposure to burn pits."

## **Did the Gulf War Cause Cancer, Too?**

Benjamin Krause is a Gulf War veteran who went to law school after he retired from the military, and dedicates his practice to helping his fellow veterans.

He told Healthline that burn pit exposures are associated with an increasing number of diseases, including cancer.

“There’s growing evidence showing a link between burn pits and certain cancers like pancreatic cancer, for example,” Krause said. “VA is working to create a registry to help with service connection and health benefits for these veterans, but history has shown us that such initiatives take much longer to perfect while sick veterans die.”

Compounding the problem, Krause said, are non-VA healthcare providers who are simply unaware of the health risks of military service.

“They don’t ask the right questions and risk deadly misdiagnosis of symptoms because of a lack of awareness of the harms of burn pits, among other things,” Krause noted. “Veterans are getting sick and dying now. We need our VA to pick up the pace before more veterans get sick and die from burn pit exposure related illnesses.”

## **Congress Steps In**

Anthony Hardie, a staff sergeant in the Army who served in combat deployments in the Gulf War and Somalia, has worked for years to get laws passed that set the framework for Gulf War veterans’ healthcare, research, and disability benefits.

The director of Veterans for Common Sense and chair of the programmatic panel of directors for the Gulf War Illness Research Program, Hardie’s work with fellow veteran advocates on both sides of the aisle led to the passage of the Persian Gulf War Veterans Act of 1998 and the Veterans Programs Enhancement Act of 1998.

Hardie told Healthline that these laws gave Gulf War veterans hope for new treatments and recognition by the VA that their persistent symptoms were related to their service.

“But when veterans suffering from Gulf War Illness walk through the door at VA centers and clinics in 2016,” he said, “there are still no evidence-based treatments for them. And most of them are just shuffled off to psychiatric care.”

Winnett added that while Congress deemed three symptoms to be “presumptive” to service in the Gulf War, the VA continues to largely ignore that.

“The most widely reported symptoms of Gulf War Illness are profound fatigue, excruciating bodywide muscle pain, and chronic GI problems,” said Winnett. “The VA, despite its own regulations that are supposed to give the benefit of the doubt to veterans with symptoms considered ‘presumptive’ to service in the Persian Gulf War, instead continue as an organization to view Gulf War Illness as a psychosomatic illness.”

Winnett explained that if a veteran can’t get their symptoms rated as service-connected, “their chance of receiving medical care relative to their symptoms is slim to none. This is a national tragedy of the highest order.”



## Reasons for Optimism

Despite the frustrations, every veteran advocate interviewed for this story said there is reason for optimism.

For one thing, Congress recently decided to continue funding GWI treatment research at \$20 million for the next year.

“[This] is just what we asked for,” said Hardie. “It shows that Congress continues to take Gulf War veterans’ health issues far more seriously than the Department of Defense or the VA.” In addition to the two House hearings earlier this year, the Senate has also taken up the GWI issue.

Last month, Sen. Tammy Baldwin, a Democrat from Wisconsin, [announced](#) that reforms and investments she fought for to improve veterans’ care were passed by the Senate as a part of the fiscal year 2017 Military Construction and Veterans Affairs funding bill.

Among Baldwin’s priorities stated in the bill is “better treatment for veterans suffering from Gulf War Illness.”

Baldwin’s provisions, which have received virtually no media coverage, would “improve the approval rates of veterans’ disability claims; enhance ongoing studies and research into the causes of and treatments for Gulf War Illness; and strengthen the membership and work of the Research Advisory Committee, which oversees the government’s research agenda.”

A spokesperson for the VA told Healthline, “The Department of Veterans Affairs is currently working on responding directly to Senator Baldwin, and will include relevant post-deployment health information.”

## Promising New Science

The science surrounding GWI also continues to progress.

Two major, four-year, \$5 million treatment development research projects at Nova Southeastern University and Boston University are about halfway completed and are expected to break new ground for possible GWI treatment recommendations.

And while there are no evidence-based treatments yet for GWI, some natural supplements have been shown in studies to effectively lessen some of the symptoms.

Researchers at the University of California, San Diego, concluded a few years ago that 19 of the most common GWI symptoms improved after taking supplements.

“We found in our research that there was significant benefit to the veterans’ physical function,” Beatrice Golomb, professor of medicine at the school and principal investigator on the [study](#), told the Bergmann & Moore veterans law firm. “And that is a huge issue with these veterans, whose physical functions often decline. Some of them used to run 20 miles. Now they can’t jog a couple of blocks.”

About 80 percent of veterans with GWI who took coenzyme Q10 (CoQ10) saw improved physical function, and the improvement correlated to higher levels of CoQ10 found in the blood, according to research published in [Neural Computation](#).

“This is not a cure, but we think maybe if we give the veterans more of a mitochondrial cocktail they will see an even greater benefit,” Golomb said.

### **Forgotten After 9/11**

Winnett said he felt a “moral obligation” to help his fellow vets after making a 2008 trip to Washington for a VA hearing on Gulf War veterans’ health.

“I was taken aback by the physical condition of the veterans I saw there,” Winnett recalled. “I was older than most Gulf War veterans because I had 16 years of service under my belt when the war began. In Washington, I saw veterans in their 40s who couldn’t walk without assistance. Some were in wheelchairs.”

Winnett said that after 9/11, many people in America, including legislators, just forgot about the fact that many thousands of 1991 veterans were sick.

“We moved on as a country following 9/11 to more pressing matters,” he said. “I would guess that Korean War veterans experienced a similar phenomenon as the Vietnam War ramped up in the mid 1960s. There comes a time when you’re no longer the flavor of the day.”

Thomas Bandzul, an attorney and veterans advocate who’s testified numerous times before Congress on Gulf War health issues, said the American public to this day simply does not have a good understanding of the effects the Gulf War had on the troops.

“The VA has downplayed the significance of Gulf War Illness and has successfully delayed the research that help veterans with their physical ailments,” Bandzul said. “VA still refuses to treat or allow these veterans a disability claim. The unspecific term of ‘general illness’ is still applied to most Gulf War veterans, and their claims are usually denied. This callous and capricious manner in dealing with veterans is a shame.”

### **Veterans Have Each Other’s Backs**

But what stands out most among the Gulf War veterans who agreed to talk to Healthline for this piece is their relentless support of each other.

Last year, Larry Cockrell, a combat veteran who served with the 7th Marines in Task Force Ripper during the first Gulf War, was rated 100 percent disabled by the VA and retired from a successful career as an investigator for several Fortune 500 companies.

Cockrell has several serious health issues as a result of his service, but he’s dedicated his life to assisting his fellow combat veterans as well as their families on their ranch in Lake Mathews in Southern California.

“We assist combat veterans with file claims or file disagreements with VA,” he told Healthline. “Honestly, the Gulf War was forgotten when the parades ended. We fought the largest tank battles, birched the largest minefields, and injected our troops with experimental vaccines, all while fighting on the most contaminated battlefield in the history of warfare.”

Cockrell said “everyone dropped the ball” when Gulf War veterans came home and could not get the healthcare they needed. But he said he has gotten new strength and has never felt a stronger sense of purpose than he does now by helping his fellow veterans on his ranch.

“We love having the spouses and partners here enjoying the ambience and horses and giving their kids rides,” he said. “Ironically, I’ve only had a few veterans jump on a horse and ride. But as Winston Churchill once said, ‘the outside of a horse is good for the inside of a man.’ Just being around them assists veterans. It’s a given that our health issues are not going to get better as we get older. It’s time to give these combat veterans a 100 percent disability rating and a chance to manage their disabilities.”

*By Jamie Reno*

**DATES OF INTEREST**

**AUGUST 2017**

- 19 National Aviation Day
- 21 Senior Citizens Day
- 26 Women's Equality Day

**SEPTEMBER 2017**

- 10 Nat. Grandparents Day
- 11 Patriot Day
- 15 Nat. POW/MIA Recognition Day
- 18 Constitution & Citizenship Day
- 18 Air Force Birthday
- 22 Native American's Day
- 24 Gold Star Mother's Day

