



# L Z FRIENDLY

Never Again Will One Generation Of Veterans Abandon Another



**JANUARY-FEBRUARY-MARCH 2019**



**Bill Hodges**

## **PRESIDENT'S CORNER:**

The VVA Nat'l Board Meeting of last month saw some interesting things come out of it.

First, as of October 20, 2018, ALL VVA memberships will be LIFE.

The new rate is \$50; there no more 1, 3, or 5-year rates, and those who are currently in the 3- and 5-year plans will be **automatically** upgraded to Life Membership.

What this accomplishes is the cutting back on the Membership Department of VVA Nat'l, and saving a good bit of money, as the head of it was retiring, so there will be a lesser need for a multitude of people to handle things.

Second, is that AVVA (Associates of Vietnam Veterans of America) has now added a new designation of "Dual-Membership." This is **ONLY** for the current VVA members, and the cost of Life Membership in AVVA is reduced to only \$50.

The intent is to entice more VVA members to become part of AVVA so that we (VVA members) will have a greater say in what AVVA does in the future.

Explanation: Somewhere down the road, probably between 10-15 years, VVA will be shutting down, and who better to carry on our "legacy" to help current and future Veterans keep up with lobbying for and making sure that they get their **earned** rights/privileges, than AVVA?

Another way to look at it is that we, the VVA members, will be helping AVVA in their goal to assist us.

And in closing, there is one more thing I want to address, as follow.

VVA's motto is, "**Never again will one generation of Veterans abandon another.**" However, we are always vigilant for watching out for our own generation, also.

Witness the devastating fire up in the Paradise area in Butte County. This is (was) the home of dozens of Vietnam Veterans and their VVA Chapters.

Right away, Chapter 400 purchased 20 \$25 Visa Gift Cards and sent them to the daughter of one of the VVA members, who is acting as a collection point to render assistance.

Chapter 53 from down south followed up by matching our contribution, while Ernie Bergman's Marin County VVA Chapter sent \$2,000, and there are many other chapters who are helping out.

John Rowan, VVA President, has approved the transfer of \$5,000 to CSC for dispersal to the Chico VVA Chapter. CSC is also sending \$1,000 in gift cards.

Our Northern California District Director, Butch Frederickson, was among those who lost his home but is taking things in stride, and is extremely awed and thankful for the outpouring of support, both financial and emotional.

As I've often said.....If we don't watch out for each other, who will?

In Service To America!  
Bill

**Chapter 400**  
Meets on the 3rd Tuesday of the month at 1830 (6:30pm).  
The meetings are at the Alameda Veterans Memorial Bldg.  
2203 Central Avenue  
Alameda CA 94501

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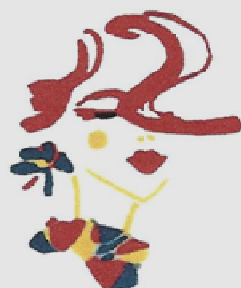
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**CLOSED ON MONDAYS**



**VICE PRESIDENT'S CORNER:**

It has been a very busy time since our first e-mail (late February 2018, when I fractured my L4 Lumbar Vertebral (not knowing of it then) and the last e-mail sent. All of it has been for the improvement of my condition. What condition am I talking about?

In March 2018, when I saw the VA

**Sgt. R. A. Rocha** Chiropractor at the Martinez Outpatient Clinic and explained to him I tripped in the garage at home but prevented the fall by twisting my upper body. It took about a week before mild symptoms showed up and now the high intensive pain felt at the lower back, more so at the waist area, and at times not being able to walk or move due to the pain, he had me lay in the supine position and he started to work down the spine. However, when he got to the middle of the back, he stopped and recommended an MRI. It came back the affirmation I had fractured the L4. It was not the only thing found at that time. It also brought up some questionable shadows at the left kidney, L2, Thorax T2, and T12, right hip and a spot at the 4<sup>th</sup> right rib. It sug-

gested the possibility of the big "C." Yes, we are talking about CANCER.

The first thing on the list was to manage the pain so I could have a more comfortable period of living before moving forward. The second thing on the list was to determine what the MRI suggested was cancer, and a PET/CT scan was ordered and done. The review did not provide good news. Things looked blue and dim, as now a biopsy was needed to determine the type and set the treatment course.

And, brother, it turned out to be a tumor crowning on top of the left kidney, which never penetrated it and kept itself hidden for an unknown period. Therefore, it was classified as RENAL CANCER spread into the areas with troubled spots shown by the MRI and PET/CT scan. The silver lining here is the fracture of the L4, which opened the door on my health and what had to be done to keep or improve the quality of life.

The good news, my primary Physician began to form a support team and work on a plan to improve my quality of life. There is a team to manage the pain, which I will have to live with for the remainder of my life. Oncologist teams to monitor prescribe and schedule treatments as needed.

Cont'd on page 4


**YOUR CALENDAR OF EVENTS FOR THIS QUARTER**

| JANUARY 2019 |           |  | FEBRUARY 2019 |    |  | MARCH 2019 |    |  |
|--------------|-----------|--|---------------|----|--|------------|----|--|
| T            | 1         | NEW YEAR'S DAY   | Th            | 14 | VALENTINE'S DAY  | S          | 10 | DAYLIGHT SAVINGS TIME<br>MOVE CLOCKS @ MIDNIGHT ON<br>SATURDAY AHEAD 1 HOUR                |
| T            | 15        | 6:30pm Chapter Meeting   | M             | 18 | PRESIDENT'S DAY A Fed., State and<br>Local government offices closed                       | M          | 18 | 10am Veterans Affairs Commission<br>Meeting @ the<br>San Leandro Main Library              |
| M            | 21        | MARATIN LUTHER, Jr. DAY A Fed.,<br>State and Local government offices<br>closed            | T             | 19 | 6:30pm Chapter Meeting   | T          | 19 | 6:30pm Chapter Meeting   |
| W            | 23        | 10am Veterans Employment<br>Committee Meeting @ the<br>San Leandro Veterans Memorial Bldg. | M             | 25 | 10am Veterans Affairs Commission<br>Meeting @ the<br>San Leandro Main Library              | W          | 27 | 10am Veterans Employment<br>Committee Meeting @ the<br>San Leandro Veterans Memorial Bldg. |
| F            | 25-<br>27 | VVA CSC QTR MTG FRESNO   | M             | 27 | 10am Veterans Employment<br>Committee Meeting @ the<br>San Leandro Veterans Memorial Bldg. | T          | 25 | CHRISTMAS DAY Fed., State and Local<br>government offices closed                           |
| M            | 28        | 10am Veterans Affairs Commission<br>Meeting @ the<br>San Leandro Main Library              |               |    |  |            |    |  |

**Open your wallet and if moths fly out or there are cobwebs in it means it is time to consider making a donation to your VVA Chapter 400.**

**Just write a check payable to "VVA Chapter 400 " for \$20...\$40...\$60 or ...\$**

**That wasn't so hard to do after all or was it? Support Your Ch400 ... !!**



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**WRITE INS ... ?**

Do you have any comments or want to air out some issues? Please feel free to e-mail or write to us . See at the top of this page for the information to get in touch with Chapter 400.

**NOTE:** Submission should not be any longer than 300 words w/picture or 440 words with out it. Space is limited.

***We reserve the right to edit content!***

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**REMINDER ... ! REMINDER ... !**

We still have monthly meetings on the third (3rd) Tuesday of the month at 1830 (6:30p.m.) at the

**Alameda Veterans Memorial Building**

2203 Central Avenue Alameda CA 94501-4421

**ATTENTION** **CLOSED ON MONDAYS** **Board**  
**Members.** **Call or**



## Soldiers test Army's newest transport telemedicine technology



Soldiers test MEDHUB during an exercise at Camp Atterbury, Indianapolis.

(U.S. Army photo by Greg Pugh)

7/20/2018 By: [Ellen Crown](#)

### Recommended Content:

The 44th Medical Brigade and Womack Army Medical Center at Fort Bragg, North Carolina, have already signed up to user test Medical Hands-free Unified Broadcast, or MEDHUB. MEDHUB leverages wearable sensors, accelerometers and other technology cleared by the U.S. Food and Drug Administration to improve the communication flow between patients, medics and receiving field hospitals.

"Civilian emergency departments and [emergency medical] crews are using similar technology via phone apps to alert of incoming patients," said Army Maj. Rosie Bennett, chief nurse at the Department of Emergency Medicine at WAMC. "We have such tight security with our networks that makes such apps not reasonable to use." MEDHUB's suite of technology autonomously collects, stores and transmits non-personally identifiable patient information from a device, such as a hand-held tablet, to the receiving field hospital via existing long-range Department of Defense communication systems. At the receiving hospital, the information sent from MEDHUB is displayed on a large screen so clinicians can see what is inbound, [Technology | Innovation](#)

FORT BRAGG, N.C. — Army Medicine is developing a technology to improve patient triage and communication during medical evacuations – and looking for units willing to test the system.

Including the number of patients and their vital statistics.

"MEDHUB is really about life-saving situational awareness," said Transport Telemedicine Product Manager Jay Wang. "The system is designed to give receiving medical teams more information so they can better prepare for incoming patients by gathering the necessary staff and supplies."

MEDHUB is being developed through a project with the U.S. Army Medical Materiel Agency and the U.S. Army Medical Materiel Development Activity, both subordinate organizations of the U.S. Army Medical Research and Materiel Command. According to Wang, the MEDHUB project began as a way to address issues reported from military medics who needed a better way to communicate. In an operational environment, medics are often caring for multiple patients and have limited bandwidth to radio ahead to hospitals and provide them with information about patients en route.

**YOUR CALL...**When was the last time you attended a Chapter's meeting? If you can't remember it's not due to dementia or the other mental diseases. It's most likely memory lost, as it has been a very long time. There must be several reasons why you don't attend. Could it be you just joined to make your buddy feel good? Or did you do it just to get a mouth full of saying "I am a member for the Vietnam Veterans of America?"

It's time to take inventory by jotting down in two columns, PROS & CONS, the real reason for not attending and what are you missing by it. We would say some of the positive (PROS) for attending is the knowledge you acquire; the opportunity to vent your frustrations within the VA system or other entity. On the other side of the coin (CONS) it is not participating at different events the Chapter is involved with, which assure people are aware we are Vietnam Veterans and are here to help others. And not attending the California State Council quarterly meetings, where a lot of beneficial information you can use for yourself and other Veterans.

PENCIL your calendar with the Chapter's meeting dates so you wouldn't forget to attend...!

"Imagine you are a medic on the battlefield and you pick up six of your wounded battle buddies for a casualty evacuation. You are busy trying to save their lives and get them to the next level of care, which is a nearby field hospital that has no idea how many patients you are bringing or their conditions," said Wang. "The goal is to keep the medic focused for performing life-saving tasks for multiple patients and remain unencumbered from documentation and reporting."

Retired Army flight paramedic Jeff Jones said he doesn't have to imagine that kind of scenario; he has lived it.

"I just think about every time I was in the back of a helicopter, and I could not call and didn't have time to call the hospital," said Jones. "I was just too busy taking care of humans."

Jones retired from active duty in 2017 and now teaches at the School of Army Aviation Medicine in Huntsville, Alabama. To keep his medic skills sharp, he also volunteers in his community as an emergency medical care provider.

"I could see MEDHUB having a civilian application," Jones said. "Even though flight paramedics and civilian EMS don't necessarily face the same issues, they both struggle with getting communication to the receiving facility and patient care documentation. MEDHUB could help solve some of those problems."

Wang and his team have been traveling the globe to demonstrate MEDHUB to military leadership, potential end-users and private industry. Most recently the team demonstrated MEDHUB at the Biotechnology Industry Organization Conference June 5-7, in Boston, Massachusetts. BIO is the largest biotech conference in the U.S., attracting approximately 17,000 participants this year.

"When we first started telling people about the MEDHUB system a year or so ago, some people didn't think it was real or even possible in an operational environment," said Wang. "When we go out now and show people that MEDHUB works, we generate greater synergy around advancing transport telemedicine and the importance of efficient, effective communication during medical evacuation."

Wang said the team would continue testing the system with users and are on track for wider Department of Defense use by late 2019.



Cont'd from page 2 ...Update

It also serves as the Palliative support team, to help me deal with the side effects of the illness and treatments. I do have a Urologist if there is a need for further evaluation of the kidney if there are any complications. A Neurosurgeon team is on standby in case I do need emergency surgery. The need will be if I lose my balance and fall on my buttocks, as the L4 would crack and, either put pressure on the spinal cord or paralysis. In either case, results would not be favorable.

The other good news is that I don't have months to live, but do have many years ahead of me. How many? Not less than 5 or 6 and after that, who knows.

For sure, every step I take forward does make a difference as all systems are getting the GREEN LIGHT (positive results). The kidney tumor has had a significant reduction in comparing the last PET/CT 3rd scan (10/2018) and the first scan (03/2018). There was an improvement too at the 2<sup>nd</sup> scan (06/2018). All these thanks to the 2 LASER/RADIATION (05/2018 and 10/2018 treatments at Travis Grant Medical Center Airforce Base, Fairfield, CA. On the first treatment, Travis treated the L4 and right hip with one blast on each of the 5-day treatment. At the second treatment, the area was the T2, due to its development and location, where if it the tumor would start to grow significantly, it could damage the spinal cord and paralysis from there down would be the result of the growth.

Not all of the credit goes to the LASER/RADIATION treatments. My CHEMOTHERAPY is another of the high contributor to my improvement. I take one pill a day to attack the kidney tumor and an injection every three months to help control the tumor within the bone marrow. A bonus is to keep active by exercising at the gym, walking and having 4 or 5 small meals during the day. And, yes, I am allowed to have some hard liquor with a lot of moderation.

Another good news to mention is directly addressed to the medical support as a whole. My primary physician will call me as late as 6 pm to give any good news, and the oncologist is not that far behind in doing the same.

Cont'd on page 6

## LZ QUARTERLY BREAKING NEWS . . . !!

### Access to Health Care VA Video Connect

#### Expands Veterans'

*With a few clicks, more Veterans are meeting with their providers in virtual medical rooms*

**WASHINGTON** — More and more Veterans are receiving health-care treatment virtually, thanks to efforts by the U.S. Department of Veterans Affairs (VA) to expand telehealth.

One of the recent successes has been with VA Video Connect, which allows Veterans to connect with their health-care teams over live video from a computer, tablet or smartphone from the comfort of their homes, thereby increasing their access to VA health care and reducing travel times.

As part of that effort, remote clinicians used VA Video Connect and other video technologies to hold virtual health-care appointments with Veterans. VA teams have been coordinating since last year's hurricane season to prepare for how VA Video Connect can be used to mobilize clinical resources in the face of future emergencies and disasters. VA Video Connect can be used on almost any computer, tablet or mobile phone with an internet connection, a web camera, and a microphone. VA Video Connect uses encryption to ensure privacy in each session.

To learn more about VA Video Connect, visit the VA App Store at [mobile.va.gov/appstore](http://mobile.va.gov/appstore).

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# VETERANS CHOICE PROGRAM

## VCP Frequently Asked Questions

### VCP Eligibility:

#### **How do I know if I am eligible for the Veterans Choice Program (VCP)?**

To find out if you are eligible for the VCP, call 866-606-8198 for more information.

#### **What happens once I am determined as eligible?**

If you are a distance-eligible Veteran, call the VCP call center at 866-606-8198 to set up an appointment. If you are a wait list-eligible Veteran, you will receive a phone call from a VA partner (a non-VA phone number) to help set up your appointment.

#### **I live in Alaska/Hawaii. Am I automatically eligible for VCP?**

Yes. If you are a Veteran who is enrolled in VA health-care, you are eligible.

#### **I live in New Hampshire. Am I automatically eligible for VCP?**

Yes. If you live more than 20 miles driving distance from the White River Junction VA medical center, you are eligible. If you live less than 20 miles driving distance from the White River Junction VA medical center, you are not eligible, based on the distance criteria.

#### **How is the 40-mile calculation determined?**

This calculation is based on the distance from your permanent residence (or an active temporary address) to the closest VA medical facility, including community-based outpatient clinics. If you live more than 40 miles driving distance from the closest VA medical facility that has a full-time primary care physician, you are eligible for VCP.

### Getting Care and Reimbursement:

#### **Should I call my community care physician to make an appointment?**

No. VA must first authorize the care. Call the VCP call center at 866-606-8198. If VA does not authorize the care, VA cannot pay any costs associated with the treatment.

#### **If I receive care through VCP, can I be reimbursed for travel to appointments with a community provider?**

Yes. VA can pay for travel to a VCP provider for Veterans who are eligible for Beneficiary Travel.

#### **I didn't get my Choice Card. What should I do?**

You do not need your Choice Card to access VCP. If you didn't receive a Choice Card, call 866-606-8198 to confirm your eligibility.

#### **How do I fill my prescription if I use VCP?**

The community provider will issue a prescription with up to a 14-day supply of a National Formulary drug. You may have the 14-day supply prescription filled at any non-VA pharmacy of your choosing, and submit a request for reimbursement to VA. For prescriptions needed past 14 days, please follow standard procedures to fill a prescription at a VA pharmacy.

#### **If I use VCP does that affect my VA health care?**

No. You do not have to choose between the two—VCP

is designed to make it easier to access the care you need, close to home.

#### **Is emergency care covered by VCP?**

No. VA has other options for you if you require emergency care. Please contact your local VA medical facility for more information. Additional information about emergency care can be found on our website at [Emergency Medical Care](#).

#### **If I do not qualify for VCP, are there other options to access community care?**

Yes, there are other community care programs. Each program has its own eligibility requirements. Talk to your VA clinician.

#### **My physician is not part of VCP. Can he/she join?**

Yes. VA is expanding its network of community providers. Your provider can call 866-606-8198 to learn more about VCP and become an approved VCP provider. If your preferred provider is not available under the Program, we will recommend other physicians in your area. Your doctor can find more information on the [Fact Sheet: How to become a Veterans Choice Program and/or Patient-Centered Community Care Provider](#).

#### **Can I receive Hepatitis C Virus (HCV) treatment through VCP?**

Yes, you may be able to receive HCV treatment through VCP. You can obtain more information on the [Fact Sheet: HCV Treatment Care Coordination Plan for Veterans Choice Program, Frequently Asked Questions for VA Patients](#).

### Insurance and Copayments:

#### **Am I responsible for my private insurance deductible if I get care through VCP?**

No. VA is now the Primary Coordinator of Benefits for VCP.

#### **What about VA copayments? Will they be collected by the community provider?**

VA copayments will be billed by VA after the appointment. If you currently pay VA copayments you are subject to the same copayment requirements under VCP. Your VA copayment will be determined by VA after care is provided.

#### **What if I don't have a VA copayment?**

Veterans will be responsible for the same VA copayments for VCP that they are responsible for any other care VA provides. So, if a Veteran does not have a VA copayment, then they will not be responsible for a copayment under VCP.

Cont'd from page 4 ... For Your Peace

### Get your towing, accessible transportation and safety with Mobility Roadside Assistance

#### **What is Mobility Roadside Assistance?**

Members and their families get peace of mind through emergency roadside assistance from **Mobility Roadside Assistance™ (mobilityroadsideassistance.com)**. In addition to their roadside assistance services, they offer accessible transportation services for mobility challenged people, their passengers, vehicles, and equipment in the United States and Canada. Mobility Roadside Assistance™ also provides technical support for any issues with a chair, scooter, lift or ramp. Get the coverage you and your family need.





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Cont'd from page 4 ... Update

They want to assure me I am on the right track in keeping my quality of life and encourage us. And the VA has approved the Home Care Service to assist at home for at least 4hrs per week. Joyce can take that as her time. Not that is not a way when she goes to work the two or three times a week.

Oh, boy! For sure it has put a damper on things

for me (we-Joyce and I); we need to do on a personal nature. Have lunch or dinner with friends or ourselves. We do to some extent, but it needs to be more often than it is now.

And I hope I have not bored you with my lengthy update.

**Happy New Year in 2019!**

Joyce and Roberto Angel

**ASSISTING VETERANS AROUND THE HOUSE**

The Chapter is still searching within our field-of-membership if there are any Veterans with experience and are willing to help Veterans with their needs in **PLUMBING, ELECTRICITY, CARPENTRY, PAINTING, CAR MECHANICS** and/or other needs around their homes; actually our homes.

Just remember, we at times do need some help to assure we are doing the right thing at home or on the car in a safe mater.

It reminds me of the guy who thought it would be an easy job to change an old rusted water faucet in the laundry room, as he turned the wrench the faucet snapped and the water poured out. Not knowing how to stop it, he called a plumber and explained what happened. The plumber asked him if he had turned the main off. **WHAT MAIN?** Go outside and turn off the valve that connects the water to your home. By then he had about 2" of water on the first floor of the house.

Please contact us with your information by  
fax at 510-865-6372  
or e-mail to