

## Inside This Issue

*Chapter/State News*  
*POW/MIA News*  
*At The Capitol*  
*On The Hill*  
*Veterans Affairs News*  
*50 Years Ago*  
*Flag Day*  
*Helping Hands for Our Veterans*  
*Hartford Vet Center*

## Meetings

The Chapter 120 membership meeting will be held on Thursday, June 7, 2018 at 7:00pm in the Machinists Union Hall, 357 Main St., East Hartford.

The Board of Directors will meet on Thursday, August 30 at 7:00pm. Call the Chapter office for any changes in schedule. Chapter members are welcomed to attend.

## Notice

If you have moved or changed your address, PLEASE notify us immediately. Call the Chapter office at (860) 568-9212, mail us at the address on the back of this newsletter or e-mail the Newsletter editor at [ctchapter120@aol.com](mailto:ctchapter120@aol.com).

**COPYRIGHT NOTICE:** In accordance with Title 17 of U. S. C. Section 107, any copyrighted work in this newsletter is distributed under fair use without profit or payment to those who have expressed a prior interest in receiving the included information for nonprofit research and educational purposes only.

*From Stars & Stripes*

## House panel supports Agent Orange coverage for 'Blue Water' Navy veterans



House lawmakers approved legislation on Tuesday, May 8, to extend Agent Orange benefits to approximately 90,000 sailors who served off the coast during the Vietnam War.

The House Committee on Veterans' Affairs voted unanimously to send a bill to the full House that would provide benefits to "Blue Water" Navy veterans, who were aboard aircraft carriers, cruisers, destroyers and other ships and potentially exposed to Agent Orange. The dioxin-laden herbicide has been

found to cause respiratory cancers, Parkinson's disease and heart disease, as well as other conditions.

After years of fighting, Tuesday marks the first instance that legislation providing benefits for Blue Water veterans has advanced past the committee level. Lawmakers and veteran advocates who were gathered in the committee room joined in a round of applause after the vote.

Increasing benefits for Blue Water veterans has been widely supported, and the bill sent to the House has more than 300 sponsors. Congress previously delayed progress on the issue because of cost concerns. Extending the benefits would cost \$1.1 billion for 10 years, the Congressional Budget Office estimated.

Lawmakers approved the measure Tuesday because they agreed on a method to pay for it.

The bill would increase fees for servicemembers and veterans who use the VA's home loan program. The increase would amount to \$2.95 each month for homeowners who made no down payment. The increase would average \$2.82 each month for people who made a 5 percent down payment and \$2.14 each month for people who put 10 percent down.

The several lawmakers who spoke Tuesday in favor of the bill all made a similar remark – it was a measure "long overdue."

"I've been contacted routinely by Blue Water Navy veterans suffering from diseases associated with Agent Orange," said Rep. Phil Roe, R-Tenn., the committee chairman. "In a few years, there will be very few Vietnam veterans remaining. They should not have to wait any longer."

**CHAPTER 120 OFFICE 568-9212**

**Board of Directors**

Paul Barry 569-3530  
 Bob Burgess 646-0205  
 William Chiodo 688-2518  
 Peter Galgano 828-1999  
 Frank Zizzamia 569-0705

**Executive Officers**

Frank J. Mello, Jr., President 604-3879  
 Phil Morneau, Vice President 930-2122  
 Roger Anderson, Treasurer 528-4338  
 Peter Lund, Secretary 644-9770

**VVA Service Representatives**

John Cutler 568-9212  
 E-Mail: VVA.Service.Rep@att.net

Gerald Fabry, MD 887-1755  
 E-Mail : gerfab@comcast.net

Gary Waterhouse 656-0430  
 E-Mail : gwaterhouse@cox.net

**Membership**

Frank J. Mello, Jr. 604-3879  
 E-Mail: Fmello336@yahoo.com

**Women Vietnam Veterans**

Patricia Dumin 620-4131

**Product Sales**

Ted Groenstein 688-5671

**Newsletter/Website**

John Cutler 282-7470  
 E-Mail: ctchapter120@aol.com

**Notary Public**

Gary Gazdzicki, Sr. 812-5703

**Vet Centers**

Hartford (Area Code 860) 563-8800  
 New Haven (Area Code 203) 932-9899  
 Norwich (Area Code 860) 887-1755  
 Danbury (Area Code 203) 790-4000

**All Telephone Numbers are Area Code 860 unless otherwise noted**

*Chapter/State News*

**Andover veterans on cross-country ride to press for legislation to help victims of Agent Orange**



Gerry Wright realized in 1980 that his time in Vietnam with the Army had left him with permanent medical complications. Wright, a 69-year-old Andover Connecticut resident, was one of millions exposed to the herbicide and defoliant Agent Orange.

Wright sold his Bolton business, Bolton Notch RV Storage, in 2015, three years earlier than he had planned because medical problems made it impossible for him to continue running it.

Now, he's working to change the legislation that has prevented him from receiving disability compensation for some of his medical issues.

Wright, alongside fellow veteran and Andover resident Ed Fortin, left on a 10,000 to 12,000-mile cross-country motorcycle ride promoting legislative changes related to veterans exposed to

Agent Orange.

Under current legislation, there are three Agent Orange-related issues that must be diagnosed within one year of exposure in order for a veteran to qualify for disability compensation: neuropathy, chloracne — an acne-like rash — and porphyria cutanea tarda, which most often manifests in skin issues such as blistering and increased hair growth.

There are 12 additional recognized diseases that do not need to be diagnosed within one year of exposure.

Fortin said it's only recently that he's been able to talk about his time in the service. When he ran across one of Wright's petitions, he felt he had to get in touch.

"It just pulled me in," Fortin said. "Then when I found out (Wright) was going around the country on a motorcycle to promote it, too many pieces just fit."

Wright and Fortin plan to be back in Andover by July 4 — just in time for Wright to renew his license, which expires July 7. By then, they hope to have 20,000 signatures on their petition.

Following the trip, Wright and Fortin plan to continue gathering signatures until October, when they will begin to arrange a trip to Congress to present their case.

Wright — a Life member of VVA Chapter 120 — and Fortin are updating their progress through their Facebook page, *Sprayed & Betrayed AO*.

**Birthday Wishes**

Birthday wishes go to our members born in June. May you have many more!

*Moe Armstrong Dorothy Barry  
 Peter J. Beley Jerome Blum  
 Bo J. De Alba Robert Dowding  
 Gary M. Gazdzicki Sr. Joseph S. Hachey  
 Halsey F. Hesse Donald Kelly  
 Harry Kiernan Leland E. Moulton  
 Jeff Nielsen James M. Parent  
 Ronald Pariseau Dean R. Saucier  
 Arthur N. Steben, Jr. Robert Stepanian  
 George W. Washington*

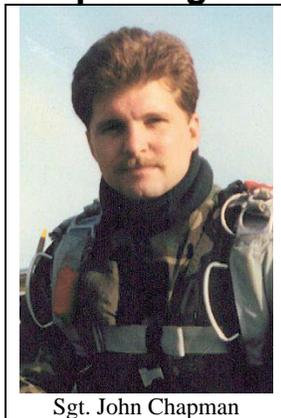
**Happy Birthday!**

**Receive "The Connection" by E-Mail**

The monthly Chapter 120 newsletter, The Connection, is available by e-mail. Currently, 99 members receive the newsletter by e-mail, saving the Chapter over \$600 in postal fees annually. The newsletter is available in Adobe format (.pdf), attached to your e-mail. If you wish to receive the newsletter via e-mail, please e-mail the newsletter editor at ctchapter120@aol.com

From Task & Purpose

## Medal of Honor Nominee John Chapman getting a Film about His Life



Sgt. John Chapman

In 2002, John Chapman survived alone on top of Roberts Ridge through a cold Afghan night, fending off assaults by the Taliban single-handedly. He sacrificed his life to provide cover for a Chinook full of Rangers who were about to set down inside of a Taliban killbox.

After much infighting and investigation, it appears that Chappy may finally be awarded the Medal of Honor. His medal citation

is based on drone footage that was analyzed by forensics investigators, making it the first Medal of Honor awarded without eyewitness proof of his heroic deeds. Now his heartbreaking and incredible story is being turned into a feature film.

A book being written about Chapman's exploits, "The Controller: Medal of Honor Recipient John Chapman and the World's Deadliest Special Operations Force" by Dan Shilling and Lori Longfritz has been optioned by ThruLine entertainment.

"We are honored to be the trustees of John Chapman's story," producer Ron West said. "His life as a husband and father was as touching as his valor in combat. Dan and Lori are providing us with incredible architecture from which to create this film and I can't think of a better screenwriter than Michael [Gunn] to bring his story to life."

The writer of the upcoming book, Dan Shilling, was like Chapman, an Air Force Combat Controller. Shilling was on the ground during the Battle of Mogadishu, the source of the acclaimed book and film of the same title "Black Hawk Down." He went on to write the "The Battle of Mogadishu: Firsthand Accounts From the Men of Task Force Ranger" in 2005.

As Chapman's heroic actions on that cold mountain in Afghanistan continue to come to light, it seems that his story will not be forgotten or buried. No matter how much some may want to.

### Newsletter articles/stories/photos

Any articles, stories and/or photos submitted for the newsletter must be received by the "cut off" date for any given month. Photos must be accompanied by text which describes the event, names, dates and any other pertinent facts so our readers understand the story behind the photo(s). The newsletter editor will announce the "cut off" dates at each Chapter meeting. The "cut off" date for our July/August newsletter is 13 July 2018. Due to space availability, the editor reserves the right to include or not include photos for a given month.

### POW/MIA News



## Rolling Thunder still a roaring voice for POWs, MIAs after 31 years

Thirty one years ago, Vietnam vets Artie Muller and Ray Manzo agreed they were plenty disturbed by news reports that suggested Americans were still being held as prisoners of war. They also agreed it was time to draw attention

to the issue, and to "never forget" POWs, those who never made it home and fellow veterans who were struggling to adjust to civilian life.

"We were ordinary men who understood that they had a right to have their voices heard," said Mr. Muller in his own description of that moment in 1987 which led to the creation of Rolling Thunder, named for the fierce bombing campaigns over North Vietnam.



U.S. Army Sgt. Artie Muller, founder and national executive director of Rolling Thunder, Inc.

The pair called for a demonstration in the nation's capital to draw attention to those issues — and one so loud that even politicians would hear it. In an era before social media and the internet, their message was too powerful to be ignored. Close to 3,000 motorcyclists showed up for the first Rolling Thunder "Ride for

Freedom."

The event now draws 750,000 riders from every state in the union and a dozen foreign nations. It is the world's largest gathering of motorcycles — and one fueled by their cause and a political calling which has not lost its intensity.

"What is our government doing to recover remains from crash sites and battlefields? When is someone going to take action and put the live POW/MIA issue out front at a meeting with all foreign countries involved in past wars?" asked Mr. Muller. "We must never give up and let our government forget about the issue. American troops will always face the enemy in foreign wars, for the freedom of others."

This year's ride began on Sunday May 27 at noon on a route that took the riders along the Potomac River from the Pentagon to the Vietnam Memorial, in a dedicated horde so vast that it takes six hours to assemble them all in formation.



## At The Capitol



## Compromise for Veterans' Hospital

As the 2018 Connecticut General Assembly session wound down on May 9<sup>th</sup>, legislators managed to incorporate a compromise for the Veterans' Hospital issue in the State budget. Instead of maintaining the Veterans' Hospital as a full chronic disease hospital, a dual licensure (chronic disease hospital and skilled nursing facility) was agreed upon in Section 18 of the Budget Bill.

**Senate Bill No. 543 - AN ACT CONCERNING REVISIONS TO THE STATE BUDGET FOR FISCAL YEAR 2019 AND DEFICIENCY APPROPRIATIONS FOR FISCAL YEAR 2018.**

**Sec. 18.** (Effective July 1, 2018) The sum of \$2,000,000 appropriated in section 1 of public act 17-2 of the June special session, as amended by section 16 of public act 17-4 of the June special session, section 1 of public act 17-1 of the January special session and section 1 of this act, to the Department of Veterans Affairs, for Personal Services, for the fiscal year ending June 30, 2019, shall be for the purpose of achieving dual licensure for the Connecticut Veterans Home and Hospital as a chronic disease hospital and a skilled nursing facility no later than January 1, 2021.

Votes:

Senate: 36-0

House: 142-8

## On The Hill



*From Government Executive*

## Big Changes Ahead for VA after Flurry of Action on Capitol Hill

The week leading up to Memorial Day was a busy one for lawmakers concerned about veterans' issues. Most significantly, the Senate on May 23 passed landmark legislation that would reform Veterans Affairs Department operations and create new openings for vets to receive private health care.

The previous week, the House had overwhelmingly passed the VA Mission Act (shorthand for Veterans Affairs Maintaining Internal Systems and

Strengthening Integrated Outside Networks), and President Trump was expected to sign it into law before Memorial Day.

The massive bill, introduced by House Veterans' Affairs Committee Chairman Rep. Phil Roe, R-Tenn., dealt with a number of issues that for years proved to be political landmines.

Thirty-seven veterans' service organizations and other stakeholders supported the legislation. Notably, the American Federation of Government Employees, which represents 230,000 VA workers, opposed the measure, saying it would endanger the department by shifting resources toward the private sector.

Among the changes ahead, veterans will have access to private sector care when the services they are seeking are not offered at VA, there is no full-service medical facility in their state, they previously were eligible for outside care under the Veterans Choice Program or VA cannot meet its own standards of care in serving an individual veteran. It would also allow a veteran and doctor to mutually agree that private care was in the patient's "best medical interest."

The Choice Program, which Congress established after the 2014 scandal involving department employees manipulating patient data to hide long wait times, is set to run out of funding by early June. The Mission Act would avoid that pending crisis by providing \$5.2 billion for the program before sunseting it permanently in one year. The bill overall would cost \$52 billion over five years, according to the Congressional Budget Office.

It also includes a provision to put VA through a process similar to the Defense Department's Base Realignment and Closure Commission. The VA secretary will have to assess the department's current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign. The secretary is to then pass those suggestions along to a presidentially-appointed, Senate-confirmed commission. That panel would submit its recommendations to the president, who would then have to approve of the plan in full, in part or reject it altogether. Congress would then have 45 days to vote down the plan or it would automatically go into effect.

The House also passed more than a dozen additional bills that would affect veterans. As described in a release from VA Committee Chairman Roe, those included:

**H.R. 1972:** VA Billing Accountability Act authorizes VA to waive copayment requirements when the veteran is not billed in a timely manner.

**H.R. 3642:** Military SAVE Act would require VA to carry out a pilot program to furnish community care to veterans who have experienced military sexual trauma.

**H.R. 3832:** Veterans Opioid Abuse Prevention Act would allow for the greater sharing of information between VA and State-based prescription drug monitoring programs.

**H.R. 4245:** Veterans' Electronic Health Record Modernization Oversight Act of 2017 would strengthen congressional oversight of VA's electronic health record modernization program.

**H.R. 4830:** SIT-REP Act would require that in order for a school or training program to be approved for GI Bill benefits they must adopt a policy that disallows the school or training program from imposing a late fee, denial of access to facilities or other penalty against the veteran or eligible dependent due to a late payment from VA. This would only apply if the payments have not been received within 90 days of the beginning of the term and the Secretary would have the authority to waive this requirement.

**H.R. 4958:** Veterans' Compensation Cost-of-Living Adjustment Act of 2018 would provide a cost-of-living adjustment for veterans' disability, additional compensation for dependents, dependency and indemnity, and clothing allowance for certain disabled veterans.

**H.R. 5044:** Service-Disabled Veterans Small Business Continuation Act would address a technical issue that has arisen from legislation that was passed last Congress related to rules for surviving spouses' ability to claim service disabled veteran owned small business (SDVOSB) status for the Vets First contracting program.

**H.R. 5215:** Veterans Affairs Purchase Card Misuse Mitigation Act would strengthen controls over government purchase card misuse.

**H.R. 5418:** Veterans Affairs Medical-Surgical Purchasing Stabilization Act would reform the VA Medical Surgical Prime Vendor (MSPV) purchase program.

**H.R. 4334:** Improving Oversight of Women Veterans' Care Act of 2017 would require VA to submit reports on access to gender-specific care in the community and environment of care standards for women veterans.

**H.R. 4451:** Homeless Veterans' Reintegration Programs Reauthorization Act of 2018 would reauthorize the Homeless Veterans Reintegration Program (HVRP) as well as the Homeless Women Veterans and Homeless Veterans With Children Reintegration Grant Program (HVRP-W) for five years. The bill would also clarify eligibility for both programs to include incarcerated veterans and veterans using a HUD-VASH voucher.

## Membership Renewals

Is your membership renewal about to become due? Please renew today so you can continue to receive the Chapter newsletter, as well as the VVA Veteran! And as you renew, please consider joining the other 221 members who have chosen Life membership for \$100. You must submit a copy of your DD214 to qualify for Life membership.



## Veterans Affairs News



### VA announces Paul Lawrence as new Under Secretary for Benefits

VA announced that Paul R. Lawrence has assumed office Tuesday, May 15, as the department's new Under

Secretary for Benefits.

Lawrence is a former Army captain and airborne school graduate, and has served in a number of key positions in the accounting industry, focusing primarily in the area of federal government practices.



Paul R. Lawrence

Most recently, Lawrence was a Public Sector Vice President with Kaiser Associates. Previously, he held leadership positions with Ernst & Young, Accenture, the MITRE Corporation, IBM Business Consulting Services, and PricewaterhouseCoopers. Lawrence has a Master of Arts and Ph.D. in Economics from Virginia Tech, as well as a Bachelor of Arts degree in Economics from the University of

Massachusetts, Amherst.

Acting Secretary Robert Wilkie said, "VA is excited to have Paul Lawrence join our team in this important role for Veterans. His decades of leadership in the accounting industry will serve him well as he continues the progress VBA is making on a number of fronts. VA now has two of three Under Secretaries in place, with both assuming office more than a year before their counterparts in the previous administration."

VA also announced that Thomas J. Murphy, currently the Executive in Charge of the Veterans Benefits Administration (VBA), will become the new VBA Midwest Area Director, in St. Louis, Mo. Prior to serving in the temporary position of Executive in Charge, Murphy was Principal Deputy Under Secretary for Benefits in VBA.

Additionally, Margarita Devlin will become Principal Deputy Under Secretary for Benefits in VBA. Until recently she served as the Executive Director of VA's Benefits Assistance Service (BAS). Devlin has served as executive director of Navigation, Advocacy and Community Engagement; executive director of Interagency Care and Benefits Coordination, and other positions in VA since 2003. She holds a master's degree from the University of South Florida.



From Government Executive

## Trump's Pick to Lead VA Is a Surprise to Many, Including the Nominee



Robert Wilkie

President Trump on Friday May 18 announced that he intends to nominate Robert Wilkie to lead the Veterans Affairs Department. Wilkie, formerly the Defense Department undersecretary for personnel and readiness, has been serving as the acting VA secretary since Trump fired David Shulkin from the post earlier this year.

Trump made the announcement before a White House event on prison reform where Wilkie was in attendance. "He doesn't know this yet," Trump reportedly said. "I'm sorry that I ruined the surprise."

According to a Washington Post report, "As the crowd applauded the announcement, Wilkie stood to shake the president's hand, nodding his head as he did so. Wilkie then received a standing ovation."

Leadership turmoil and a high number of key vacancies at the department have roiled VA at a critical time. This week the House passed sweeping legislation that would overhaul veterans' health care, expand vets' access to private sector care on the government's dime, and close some of its federally run facilities. The legislation is expected to pass the Senate next week and the president has said he wants to sign it into law before Memorial Day.

Trump's first nominee for the job after firing Shulkin, White House physician Ronny Jackson, withdrew from consideration following multiple reports of poor leadership and mismanagement.

Even before Jackson announced his withdrawal, VA Press Secretary Curt Cashour said the "main goal" of the department while Wilkie was serving as acting secretary was to "restore regular order" at VA.

While Wilkie's nomination is likely to run more smoothly than Jackson's, the fact that he is currently the acting VA secretary complicates matters for the department. Under the Federal Vacancies Reform Act, Wilkie will have to step down from the position once his nomination is formally submitted to the Senate until he is confirmed.

From US Medicine

## Community Providers Unprepared to Serve Veterans under Choice Program

As the debate about increasing access for veterans to community-based provider heats up, a serious problem has emerged: Few providers outside the VA health system appear to be prepared to meet the unique challenges of the veteran population.

In New York State, for example, only 2% of providers have the preparation to provide prompt, quality care to veterans, according to a recent RAND Corporation study. The shortage is especially acute among mental health professionals. A lack of community care coordinators at the VA, exacerbated by continued funding difficulties, is likely to make preparing additional providers and expanding the network even more challenging. Then-VA Secretary David Shulkin testified in March that the Veterans Choice program could run out of money in late May. The program has lurched from temporary funding extension to financial crisis repeatedly since its inception in 2014 and has nearly run out of money three times in the past year.

In April, TriWest Healthcare Alliance, which arranges community care for veterans through the Choice program, told Congress that the continued funding issues threaten veteran access and physician participation. Without a resolution soon, "veterans will be denied access to the community provider network we have constructed to support VA, providers likely will experience substantial claims payment delays, and TriWest will be forced to reduce as much as 25 percent of our workforce just to survive, if that's even possible," wrote TriWest's President and CEO David McIntyre Jr.

Even if Congress addresses the funding issues, veterans already face barriers to quality care which will likely grow, if the number seeking services in their communities rises, even in areas with an abundance of healthcare providers.

The RAND researchers found that 92% of providers initially appear to be well positioned to accept new patients, including veterans, in a survey of 746 physicians, nurse practitioners, physician assistants, mental health therapists and physical and occupational therapists.

Rates dropped quickly, however, when the researchers "asked a series of questions designed to understand aspects of the availability of care in their settings, their perceived preparedness to manage patients with a range of conditions (those known to be common among veterans), the frequency with which they implemented screenings, the types of accommodations for individuals with disabilities made in their office settings and their familiarity with military and veteran culture," said lead author Terri Tanielian, MA, a senior behavioral scientist at RAND.

The questions reflected issues previously identified in medical literature as critical to providing high-quality care to veterans. They also asked about providers' use of clinical practice guidelines and their perceptions of the VA and the VA Community Care program. The researchers considered providers ready to serve veterans if they met all seven criteria, a hurdle met by only 2.3% of respondents.

"As you layer on these dimensions of preparedness, the proportion of providers who meet our criteria declines," Tanielian told U.S. Medicine. Half of providers said they could see a new patient within two weeks. Just 19% asked patients about their military experience or veteran status, although nearly 80% said they treat veterans, servicemembers or military

families. Only 13% had participated in any formal training on veteran culture, even though the VA offers extensive resources for providers to learn about military and veteran culture and healthcare conditions common among former servicemembers, she said.

Not asking about military history or understanding veteran culture might cause providers to “miss important opportunities to develop a therapeutic alliance with their veteran patients, and [they] may not ask appropriate screening questions about their health-related concerns and conditions,” Tanielian said.

**Overlooking Problems**

That could lead clinicians to overlook problems common among veterans but less frequently seen among individuals who have never served in the armed forces, such as traumatic brain injury, post-traumatic stress disorder, chronic multisymptom illness (formerly called Gulf War Syndrome), occupational exposures such as Agent Orange or burn pits and spinal injuries. The oversight could result in worsening conditions and poorer health outcomes, she noted.

Only 5% of providers surveyed participate in Veterans Choice or other VA community care programs. Two-thirds of providers were unaware of the programs, and 1 in 8 expressed concerns about the reimbursement rates and paperwork associated with working with the VA.

RAND worked with the New York State Health Foundation to evaluate the ability of that state’s healthcare providers to deliver high-quality care to veterans. “We know from earlier RAND research that about half of New York’s veterans prefer to get care in their own communities, rather than at the VA,” said David Sandman, president and CEO of the New York State Health Foundation. More than 800,000 veterans call the Empire State home.

“These findings reveal significant gaps and variations in the readiness of community-based healthcare providers to provide high-quality care to veterans,” Tanielian pointed out. “It appears that more work needs to be done to prepare the civilian healthcare workforce to care for the unique needs of veterans.”

Veterans may seek community-based care for a multitude of reasons. The Veterans Choice program will pay for veterans to seek outside care, if the nearest VA medical facility cannot see them within 30 days of the next clinically indicated date or lacks the needed service or if the veteran must travel more than 40 miles from home to see a primary care physician and in some other instances. Last year, 36% of VA appointments were made through the Veterans Choice program, the VA reported.

Other veterans might prefer to seek non-VA care to avoid having treatment documented in their record that could limit their ability to serve in the reserves or return to military service. Many veterans have insurance coverage through Medicare or employers and use the networks associated with those payers. Previous studies have shown that, on average, veterans who are eligible for VA healthcare only receive 30% of their care at the VA.



**50 Years Ago**

- June 7** - PHILL G. MCDONALD, MEDAL OF HONOR.
- June 9** - DISTINGUISHED FLYING CROSS AWARDED TO LIEUTENANT JACK C. RITTICHIER.
- June 13** - JOHN J. KEDENBURG, MEDAL OF HONOR.
- June 16** - FRIENDLY FIRE HITS U.S. CRUISER AND AUSTRALIAN DESTROYER. During the night of 15-16 June 1968, friendly fire from Air Force aircraft sinks PCF-19 and hits the cruiser Boston and the Australian guided missile destroyer Hobart, killing four Sailors and one Vietnamese interpreter on the Swift boat and three Sailors on the Australian warship.
- June 19** - CLYDE EVERETT LASSEN, MEDAL OF HONOR.
- June 28** - HECTOR SANTIAGO-COLON, MEDAL OF HONOR.
- June 29** - FRANK A. HERDA, MEDAL OF HONOR.



June 14, 2018

*I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.*

## Helping Hands for Our Fellow Veterans



### **Won't You Please Give a Helping Hand to a Brother or Sister Veteran?**

Several veterans have contacted Chapter 120 asking for help in paying the most basic of needs for themselves and their families. These veterans are those who do not qualify for regular federal, state or local assistance – they fall into that financial category where they make too much to qualify for assistance, but not enough to afford basic needs for their families, like food, fuel for heat, or clothing for their children.

Chapter 120 has decided to ask you – our members – to lend a helping hand to your fellow veterans and their families. Won't you please consider donating for this worthy cause? Even a small amount of \$5 can make a difference – or more if you can afford to help a fellow veteran and his or her family.

Please send your generous gift, made out to Connecticut Chapter 120, to:

Vietnam Veterans of America, Inc.  
 Connecticut Chapter 120  
 Attention: Helping Hands for Veterans  
 P.O. Box 4136  
 Hartford, CT 06145

Chapter 120 has established a separate line item in the budget to collect donations to assist these fellow veterans and their families in need. *And don't forget, your donations are tax deductible.*

## Hartford Vet Center



25 Elm Street, Suite A  
 Rocky Hill, CT 06067

Phone: (860)-563-8800  
 Fax: (860)-563-8805

We are the people in VA who welcome home war veterans with honor by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate Veterans' war experiences while assisting them and their family members toward a successful post-war adjustment in or near their community.

## Printing Donated by Konica Minolta Business Solutions



**KONICA MINOLTA**

550 Marshall Phelps Road  
 Windsor CT 06075  
 Email: [printshop@kmb.s.konicaminolta.us](mailto:printshop@kmb.s.konicaminolta.us)



**Vietnam Veterans of America, Inc.**  
**Greater Hartford Chapter 120**  
**P.O. Box 4136**  
**Hartford, CT 06145**