Catholic War Veterans of the USA
Father Vincent Capodanno Memorial Post
To Heal, Serve, Love, Listen

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Father Vincent Robert Capodanno, M.M.

MEETING NOTICE
NEXT MEETING IS WEDNESDAY
July 3rd AT 7:00 PM
At Our Lady of Mercy Country Home
2115 Maturana Dr.
Liberty MO 64068

DUES

Last call for all who have not paid there 2018-2019 membership dues. In July we will start collecting dues for the 2019-2020 membership year. As of this writing there are still five members who have yet to pay. Remember, dues are only $30.00

I will notify everyone when I receive the 2019-2020 membership cards.

Thank You

WHAT'S BEEN HAPPENING
June 5, 2019

Today the U.S. Department of Veterans Affairs (VA) announced the publication in the Federal Register of two final regulations as part of its new Veterans Community Care Program under the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018.

Signed into law on June 6, 2018, the MISSION Act strengthens VA's ability to deliver trusted, easy to access, high quality care at VA facilities, virtually through telehealth, and in Veterans' communities. The law makes several improvements to VA care that begin on June 6, 2019.

"President Trump promised to give Veterans greater choice. We are honoring that promise by making sure Veterans have access to timely, high-quality care,

whether from our VA facilities or our community providers," said VA Secretary Robert Wilkie.

A key component of the MISSION Act is a new urgent care benefit that provides eligible Veterans with greater choice and access to timely, high-quality care. With urgent care, Veterans have a new option for care for the treatment of minor injuries and illnesses, such as colds, sore throats and minor skin infections. The benefit is offered in addition to the opportunity to receive care from a VA provider, as VA also offers same-day services.

VA also published the final regulation for the Veterans Community Care Program governing how eligible Veterans receive necessary hospital care, medical services, and extended care services from non-VA entities or providers in the community. The new Veterans Community Care Program replaces the Veterans Choice Program, which expires June 6, 2019.

VA previously published an interim final rule for Veterans Care Agreements (VCA) on May 14, 2019. VA may use VCAs to order care when that care is not otherwise feasibly available through VA's contracted network. VCAs are intended to be used in limited situations. VA will purchase most community care for Veterans through its contracted network as part of its strong partnerships with third party administrators. Currently, these administrators are TriWest Healthcare Alliance and Optum Public.

VA is implementing improvements to its community care program as required by the VA MISSION Act. Veterans can find detailed information on urgent care eligibility, community care eligibility and MISSION Act implementation at www.missionact.va.gov

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A SAILOR YOU BE

Have you felt salt spray, upon your face?
Have you seen porpoise at the bow, keeping pace?
Have you viewed sea birds, above the wake in flight?
Have you fixed on a star, at sunset shining bright?
Has there been a time, to save a shipmate?

Has the roll of the deck, ever kept you awake?
Has the vastness of sea, left you feeling alone?
Has a foreign port, made you wish you were home?

If you have weighed anchor, from calm shelter
If you have crossed the equator, at noon time swelter
If you have stood your watch, on a pitching deck
If you have made landfall, on the horizon a speck

When you have secured the decks, for the night to tum in
When you have mustered at sunrise, seen a new day begin
When you have dogged down the hatches. in mountainous sea
When you have known all these things. a sailor you be

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Military Outreach Ministry

As you probably all know, we have been trying to start a Military Outreach Ministry in our diocese over the past several months. With the Easter Season celebrations and all, everyone, especially our priests and bishop have been extremely busy. Well, I believe we have one already up and running.

Thanks to our Bishop, Bishop Johnston, and Father Rowe, our Vicar General, we have been in contact with Catholic Charities of the Kansas City-St. Joseph Diocese and will be working closely with them. They already have a great program working and we will be partnered with them.

We will be meeting with Mr. Churchill the next week or so and present our ideas and also find out all the services they offer to veterans and their families

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I Want To Forget The Alamo
by
Shon Pernice

The first general order given when reporting to the U.S. Army Medical Department Course (68W), at Ft. Sam Houston, TX, is to leave the wildlife alone. Curious soldiers like to play with creatures that bite, scratch, inject, and sting. The Army wants to prevent needless injuries and illness as it produces quality medical personnel. The Texas landscape is rich with a variety of critters that can render a soldier useless if their habitat is disturbed.

During the fall of 2006, as part of my training, I am OP4 (a bad guy). My objective is to attack the medics protecting wounded in a small building. It is a scenario out of the movie Blackhawk Down (2001). I wanted the glory of showing these new medics what a noncommissioned officer, and prior U.S. Naval Inshore Undersea Warfare Operator, can do to their overconfidence. I was going to penetrate their defenses, conduct a surprise attack, and kill them all (simulated).

I start by surveillance of their position and observe their routine. Next I stalk them by low crawling to an area of high grass, inch by inch, until I discovered a vantage point next to a log. I was 25 meters from the building and ready to set my assault into motion: run to the window as the sentry rounds the corner, shoot the medic in the window, toss a grenade in, and kill the survivors.

As I prepared to initiate the attack, my body felt like hot lava was dumped on my torso. The sensation was similar to when I'd fry bacon and the hot grease would pop and hit my arm. But this was 10 times that and all over my body. I jumped to my feet screaming-exposing my position. The initial thought of the medics was that I was creating a diversion for a larger attack as they lit me up with simulator bullets. It was when I was stripping off my uniform like a madman that the medics and cadre realized that there was an issue. As I tore off my uniform, without regard for my female classmates, I see an army of red ants all over my body. I began to swat, brush, and smash those fiery beasts against my skin. As I am down to only my gray boxer briefs, in a remote area of training, with the hot south Texan sun beating on my pale body, I can only feel intense pain. Dozens of red welts begin to form on my chest, arms, legs, back, and stomach·. My heartbeat and respirations spike as this was a shock to my body's system. Being surrounded by medics in training, that want to prove themselves in battle, you can only assume what's next: SGT Pernice is our casualty so let's save his life! One medic nailed my right upper arm with a syringe of epinephrine for anaphylaxis and another darted my butt cheek with a shot of Benadryl. Then came a small, portable oxygen tank with a mask placed over my nose and mouth. This was not in my battle plan.

Two days later, while still suffering from the embarrassment of my butt being kicked by ants, their bites turned into nasty yellowish puss filled pimples. I had to keep popping them to drain out the fluid. That issue lasted about two weeks before I was completely bite free. But my pride suffered the rest of our training. It was an important lesson learned for situational awareness and a great training evolution for those that were being primed to preserve and save lives.

Summary of the Mission Act of 2018

Earlier this year Congress approve and the President signed the Mission Act. Here is the summary of that act. Keep in mind that the summary was probably written by a congressional aide, so it is somewhat long.

The House Amendment to S. 2372 strengthens and improves the Department of Veterans Affairs (VA) healthcare system for the benefit of the nation's veterans. The bill consolidates VA's multiple community care programs and authorities and provides further funding for the Choice Program. It would establish an Asset and Infrastructure Review (AIR) process to recommend actions to modernize and realign VA's massive medical infrastructure and also expands VA's Family Caregiver Program to pre-9/11 veterans and increases VA's internal capacity to care for veteran patients in VA medical facilities through improvements to various recruitment and retention programs. Specifically, the bill:

Title I: Caring for our Veterans

Title I of the bill establishes a robust, consolidated VA community care program, referred to as the Veterans Community Care Program (the Program). Through the Program, veterans who are enrolled in the VA healthcare system or otherwise entitled to VA care would be granted access to care in the community. Access to community care would be required under the Program if VA does not offer the care or services the veteran requires, if VA does not operate a full-service medical facility in the state in which a given veteran resides, if a given veteran was eligible for care in the community under the Choice 40-mile rule and meets certain other criteria, or if a given veteran and the referring clinician agree that furnishing care in the community is in the best medical interest of the veteran after considering certain criteria. Access to community care would also be required if VA is not able to furnish care within designated access standards developed by VA after consultation with certain other entities and published in the Federal Register and on VA's website. Care may be authorized in the community if a given medical service line within a VA facility fails to meet certain VA quality standards developed by VA or if veterans in need of an organ or bone marrow transplant have a medically compelling reason to travel outside the region of the Organ Procurement and Transplantation Network. Additionally, eligible veterans will be authorized two visits per calendar year at participating walk-in or Federally-qualified health care clinics.. walk-in care.

To resolve disputes regarding eligibility for care in the community under the Program, title I of the bill would require VA to provide veterans with a clinical appeal process to review community care eligibility determinations but prohibit such appeals from being appealed to the Board of Veterans Appeals. Title 1 of the bill would also require VA to develop and administer a number of training programs to ensure that veterans, VA employees, and community providers are fully aware of and educated on the Program, the VA healthcare system, and mental and physical health conditions that are common among veterans.

To carry out the Program, VA would be required to enter into a contract or contracts to establish a network of community care providers and authorized to establish tiered networks pursuant to such contract or contracts but would be prohibited from prioritizing providers in one tier over another in a manner that limits a veteran's choice of providers. Title I of the bill would authorize VA to pay for services not subject to a contract or agreement but deemed necessary by VA nevertheless. In such cases, VA would be required to take reasonable efforts to enter into a formal agreement, contract, or other legal arrangement to ensure that future care and services provided by the provider in question are covered.

Title I of the bill requires VA, to the extent practicable, to reimburse community care providers under the Program at Medicare rates, authorizes VA to pay higher rates in highly rural areas, and requires VA to incorporate value-based reimbursement models to the extent practicable to promote high-quality care. The VA is required to reimburse community care providers in a timely manner, and is authorized to contract our claims processing to a third party.

Title I of the bill authorizes VA to enter into provider agreements called Veterans Care Agreements (VCAs). VCAs would not be subject to competition or other requirements associated with federal contracts and the same affirmative action moratorium that applies to TRICARE contractors and subcontractors pursuant to OFCCP Directive 2014–01 would apply to VCA contractors and subcontractors. Veteran eligibility for care under VCAs would be subject to the same terms as VA care itself and the rates paid under VCAs would, to the extent practicable, be in accordance with rates specified for the Program. Title I of the bill would also authorize VA to enter into VCAs with State Veterans Homes and eliminate competitive contracting actions and other requirements associated with federal contracts for State Veterans Homes.

Title I of the bill requires VA to perform market area assessments on a number of key factors at least once every four years. VA would be required to submit the assessments to Congress and to use them to determine the capacity of the Program's provider networks and access and quality standards. VA would also be required to submit a strategic plan to Congress, no later than one year after the date of enactment and at least every four years thereafter. The strategic plan would be required to specify the demand for care and the capacity to meet such demand both at each VA medical center and in the community. VA would be required to take a number of elements into consideration when developing the strategic plan and to identify emerging issues, challenges, and opportunities and recommendations to address them.

The title also addresses safe opioid prescribing practices by non-VA medical professionals, improved information sharing with community health care providers, and the participation of VA providers inthe national network of state-based prescription drug monitoring programs.

The title sunsets the Choice Program one year after enactment of the bill, which is the expected date the Program should be implemented. The title authorizes VA to use any unutilized Choice funding to sufficiently balance community care accounts.

Finally, Title I makes improvements to telemedicine efforts, embraces innovation for care and payments, improves access for veterans and live donors to transplant procedures, and expands the eligibility for the Family Caregiver Program to pre-9/11 veterans.

Title II: VA Asset and Infrastructure Review

Title II of the bill requires VA to establish a nine member Asset and Infrastructure Review (AIR) Commission. The AIR Commissioners would be appointed by the President, with the advice and consent of the Senate and in consultation with Congressional leaders and congressionally chartered, membership-based veterans service organizations. The Commission would be tasked with considering recommendations made by VA and submitting a report to the President on VHA facility modernization and realignment. The report would then be submitted to Congress and absent a joint resolution of disapproval the recommendation would become law. Title II of the bill includes additional authorities to allow VA to take action as may be necessary to carry out any recommended VHA facility modernization or realignment and to transfer or lease properties to historic preservation organizations.

The Commission must incorporate feedback from veteran service organizations, conduct meetings and hearings open to the public, and update information through online publication of any VA proposals.

Title II also calls for the improved training of construction personnel, a requirement to review enhanced use leases, and an assessment of VA health care provided throughout the US territories in the Pacific.

Title III: Improvements to Recruitment of Health Care Professionals

Title III provides scholarships to medical students in exchange for service to VA, increases the amount of education debt reduction available through Education Debt Repayment Program from $120,000 to $200,000 over five years and from $24,000 to $40,000 annually, establishes a specialty debt repayment program at the Department, and rolls back limitations on bonuses for recruitment, relocation, and retention.

Further, Title III establishes a pilot program for supporting four years of medical school education costs for two veterans at each of the five Teague-Cranston Schools and at four historically black colleges and universities. The covered medical schools would include Texas A&M College of Medicine, Quillen College of Medicine at East Tennessee State University, Boonshoft School of Medicine at Wright State University, Edwards School Medicine at Marshall University, the University of South Carolina School of Medicine, Drew University of Medicine and Science, Howard University of Medicine, Meharry Medical College, and Morehouse School of Medicine. The medical schools that opt to participate in the program would be required to reserve two seats each in the class of 2019.

Title IV: Health Care in Underserved Areas

The Department of Health and Human Services' Health Resources and Services Administration (HRSA) defines a medically underserved area as an area designated by HRSA as having too few primary care providers, a high infant mortality, a high poverty or a high elderly population.

Title IV of the bill requires VA to: (1) develop criteria to designate VA medical facilities as underserved facilities; (2) consider a number of factors with respect to such facilities, including the ratio of veterans to providers; the range of specialties covered; whether the local community is medically underserved; the type, number, and age of open consults; and whether the facility is meeting VA's wait time goals; (3) perform an analysis annually (if not more often) to determine which facilities qualify as underserved; and (4) submit a plan to Congress, within one year of enactment and not less frequently than annually thereafter, to address underserved facilities.

Title IV of the bill also requires VA to carry out a three-year pilot program to furnish mobile deployment teams of medical personnel to underserved facilities and to consider the medical positions of greatest need at such facilities and the size and composition of teams to be deployed. It would also require VA to establish a pilot program to establish medical residency programs at covered facilities, including VA facilities, a facility operated by an Indian tribe or tribal organization, an Indian Health Service facility, a Federally-qualified health center, or a DOD facility.

Title V: Other Matters

Title V requires a report on bonuses to high-level employees of the Department, allows podiatrists to be named to a supervisory position in the Department the same manner as a physician can be, and alters the definition of a major medical facility project from projects that exceed $10 million to projects that exceed $20 million.

Further, Title V promotes the use and integration of mental health, substance use disorder, and behavioral health services in a primary care setting by placing peer specialists in care teams and establishes a medical scribe pilot program to increase the use of medical scribes in emergency department and specialty care settings at 10 VA medical centers.

Finally, Title V extends the current funding fee rates for mortgages closed on or after September 30, 2027, through September 30, 2028, extends the reduction in an amount of pensions furnished by Department of Veterans Affairs for certain veterans covered by Medicaid plans for services furnished by nursing facilities, and authorizes $5.2 billion for the Choice Program.

Convention

In August CWV will be holding our national convention in San Antonio, Texas. We will be represented by Ann Marie Puck (Roberts), our service officer. When more information is received, I will pass it along to you. We now have a commander for our region, so we should receive information from him as to the finer points and results of various votes.

WE WON

FILE - In this Feb. 13, 2019 file photo, visitors walk around the 40-foot Maryland Peace Cross dedicated to World War I soldiers in Bladensburg, Md. The Supreme Court says the World War I memorial in the shape of a 40-foot-tall cross can continue to stand on public land in Maryland. The high court on Thursday rejected a challenge to the nearly 100-year-old memorial. The justices ruled that its presence on public land doesn't violate the First Amendment's establishment clause. That clause prohibits the government from favoring one religion over others.(AP Photo/Kevin Wolf)

WASHINGTON (AP) — A World War I memorial in the shape of a 40-foot-tall cross can continue to stand on public land in Maryland, the Supreme Court ruled Thursday in an important decision about the use of religious symbols in American life.

The justices, ruling 7-2 in favor of the cross' backers, said preserving a long-standing religious monument is very different from allowing the building of a new one. The court concluded that the nearly 100-year-old memorial's presence on a grassy highway median doesn't violate the First Amendment's establishment clause, which prohibits the government from favoring one religion over others.

The case had been closely watched for its potential impact on other monuments. Defenders of the cross in Bladensburg, a suburb of the nation's capital, had argued that a ruling against them could doom of hundreds of war memorials that use crosses to commemorate soldiers who died.

"The cross is undoubtedly a Christian symbol, but that fact should not blind us to everything else that the Bladensburg Cross has come to represent," Justice Samuel Alito wrote.

"For some, that monument is a symbolic resting place for ancestors who never returned home. For others, it is a place for the community to gather and honor all veterans and their sacrifices to our Nation. For others still, it is a historical landmark. For many of these people, destroying or defacing the Cross that has stood undisturbed for nearly a century would not be neutral and would not further the ideals of respect and tolerance embodied in the First Amendment. For all these reasons, the Cross does not offend the Constitution," he wrote.

Two of the court's liberal justices, Stephen Breyer and Elena Kagan, both of whom are Jewish, joined their conservative colleagues in ruling for the cross.

Justices Sonia Sotomayor and Ruth Bader Ginsburg, who is also Jewish, dissented, with Ginsburg writing that "the principal symbol of Christianity around the world should not loom over public thoroughfares, suggesting official recognition of that religion's paramountcy." In all, seven of the nine justices wrote to explain their views in opinions that totaled over 80 pages.

The cross' challengers included three area residents and the District of Columbia-based American Humanist Association, which includes atheists and agnostics. They argued that the cross, in a suburb near the nation's capital, should be moved to private property or modified into a nonreligious monument such as a slab or obelisk.

Defenders included the American Legion, which raised money to build the monument honoring area residents who died in World War I. Other backers included the Trump administration and Maryland officials who took over maintenance of the cross nearly 60 years ago to preserve it and address traffic safety concerns.

Maryland officials had argued that the cross, sometimes called the "Peace Cross," doesn't violate the Constitution because it has a secular purpose and meaning.

In the past, similar monuments have met with a mixed fate at the high court.

On the same day in 2005, for example, the court upheld a Ten Commandments monument on the grounds of the Texas Capitol while striking down Ten Commandments displays in Kentucky courthouses.

After those rulings and others the Supreme Court has been criticized for being less than clear in explaining how to analyze so-called passive displays such as Maryland's cross, that are challenged as violating the Constitution's establishment clause.