



**FULFILLING OUR PROMISES**  
TO THE MEN AND WOMEN WHO SERVED

Disabled American Veterans, Department of Ohio

June, 2017 Newsletter

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**FROM THE DESK OF STATE COMMANDER DAVID BILINOVICH**

**EPILOGUE**



All good things come to an end. So it is with my tenure as your Commander. So after eleven previous issues of my lead articles in this newsletter, it is only fitting that I conclude with a summary or epilogue. Over the past year, I have tried to convey to you my goals for the year, some of the problems within our Department and the changes necessary to fix them, as well as my sense of optimism for our future. I titled my articles to match the themes of the month; “A New Responsible Way Forward” which dealt with our financial status, “This and That” which covered a myriad of DAV activities involving our members, “April Fools” that was about not being foolish and missing the Spring District meetings or the Department Convention, to most recently “Memorable May” which thanked our VAVS, reminded all about Armed Forces Day and also Memorial Day. I hope that you enjoyed reading these articles as much as I enjoyed writing them. More

importantly, I hope that you found the information useful.

This month is kind of melancholy for me. I am proud of the good work that we have accomplished together and yet I am sad that there are still some issues that my successor will need follow up on. I am exhilarated and tired at the same time. I can look every one of you in the eyes and say that I gave it my best. I am confident that our new Commander will pick up where I left off and he will also bring in some new ideas and goals for the next year. The new Commander will benefit from a great and in place Executive Committee, proven District Commanders, as well as the support of all the Past Department Commanders. So, there is every reason for optimism and a bright future for DAV Team Ohio.

Still, all of this requires that each of you do your part. Active membership is at an all-time low and therefore more of the burden is being placed on ever fewer participating members. Membership recruitment is always a critical factor, but paper members alone do not ease the burden of work for Forget-Me-Not drives, funeral honors, hospital volunteers or even just making quorum at the monthly Chapter meetings. Also, our Auxiliary needs our support to survive. Please encourage your non-veteran spouse, children and friends to join the DAVA and participate when they are able to.

On a personal note, I want to thank all of you whom supported me. My wife, Sherry, and I were always greeted and treated well whenever we visited a Chapter, VA Medical facility or DAV activity. I only wish that our finances would have allowed for me to visit more of you. Your kindness and hospitality meant so much to the both of us. I know that you will extend these courtesies to my successor.

I enjoyed being your Commander. I appreciate the trust and responsibilities that you put in me. I will always be grateful for that. Now I pledge my support to the new Commander and to a bright future. As in a Shakespeare sonnet, the epilogue usually ended in a poem or with a moral for the audience. So here is one of my favorites; “The King is dead. The King is dead. Long live the King.”

*David L. Bilinovich*  
Commander

## IMPORTANT NUMBERS

<b>National Headquarters</b>	(877) 426-2838
<b>NSO Office, Cleveland</b>	(216) 522-3507
<b>Washington D.C. Office, DAV</b>	(202) 554-3501
<b>Cincinnati DSO, Tom Kirstein</b>	(513) 475-6443
<i>Tuesday, Thursday</i>	
Lisa Wilson	(513) 475-6443
<i>Monday, Wednesday, Friday</i>	
<b>Chillicothe DSO, Charles Knipp</b>	(740) 773-1141
<i>Tuesday, Wednesday, Thursday</i>	Ext. 7916
<b>Dayton DSO, Nikki Cochran</b>	(937) 268-6511
<i>Tuesday, Wednesday, Thursday</i>	Ext. 2962
<b>Wade Park DSO, Walter Dryja</b>	(216) 791-3800
<i>Monday, Wednesday, Friday</i>	Ext. 3395
<b>Columbus DSO, Henry Snodgrass</b>	(614) 257-5487
<i>Tuesday, Wednesday, Thursday</i>	
<b>Parma DSO, Richard Healy</b>	(216) 739-7000
<i>Monday-Thursday</i>	Ext. 2405

## 2016-2017 STATE OFFICERS

State Commander:	David Bilinovich
Sr. Vice Commander:	James Bailey
1 <sup>st</sup> Jr. Vice Commander:	John Parker
2 <sup>nd</sup> Jr. Vice Commander:	John Plahovinsak
Executive Committee:	David Weeks, Timothy Dibble
PDC (2015-2016):	Phillip Alexander

## DATES TO REMEMBER

June 3, 2017	"Help Us, Help Our Heroes!" Annual 5k Walk/Run, Huron County Ch. #62.
June 3-4, 2017	Forget-Me-Not, Van Wert Ch. #54, Walmart, 301 Town Center Blvd., Van Wert, OH.
June 17, 2017	Forget-Me-Not, Alliance Ch. #50, Carnation Mall, Alliance, OH
June 22-25, 2017	96 <sup>th</sup> Department of Ohio Convention, Columbus Marriott Northwest, Dublin, Ohio.
July 29-Aug. 1, 2017	National Convention, New Orleans, LA.
August 9-10, 2017	Forget-Me-Not, Champaign County Ch. #31, Champaign County Fair.
September 30, 2017	<i>Chapter Financial Reports are due!</i>
October 6-7, 2017	Forget-Me-Not, Darke County Ch. #57, Eikenberries South Grocery Store, Ace Hardware, Marsh's Union City, John's IGA Versailles & Marathon Greenville, 8 a.m.-4 p.m.
October 8, 2017	<i>3<sup>rd</sup> District Meeting</i> , American Legion, 1245 4 <sup>th</sup> Ave., Sidney, OH at 2 p.m.
October 21, 2017	<i>8<sup>th</sup> District Meeting</i> , Pioneer City Ch. #52, 835 DAV Rd., Whipple, OH with lunch at 11 a.m. & Meeting at 12 noon.
October 24, 2017	<i>5<sup>th</sup> District Meeting</i> , Huron County Ch. #62, 1544 US Hwy 20, Norwalk, OH.
November 3-5, 2017	Fall Conference, Columbus Marriott Northwest, Dublin, OH.
November 10-12, 2017	Forget-Me-Not, Dayton Ch. #9, Wright Patterson Air Force Base.
November 11, 2017	DAV 5k – Run/Walk to Honor Veterans, Cincinnati, OH
November 13, 2017	Golden Corral, Military Appreciation Monday.
February 25-28, 2018	Mid-Winter Conference, Arlington, VA.
June 7-10, 2018	97 <sup>th</sup> Department of Ohio Convention, Columbus Marriott North, Dublin, Ohio.

## DEPARTMENT OF OHIO MEMBERSHIP

As of *May 24, 2017*, the Department Membership Report stands at 32,445 members. The Department is 99.40% of goal and 177 members below the yearly goal of 29,571. Total full life membership is 29,394.

## NOTES FROM THE STATE ADJUTANT KENNETH MARCUM

### LISTEN TO WOMEN VETERANS TELL THEIR STORIES OF SERVICE

Women today make up over 18% of America's military. More than 67,542 women veterans of all eras reside in Ohio. They have served with distinction in every war in a variety of capacities, mainly support or medical roles, and became casualties or prisoners of war.

Beginning in the 1980's, military specialties previously closed to women were opened, putting them much closer to direct combat, and their roles expanded during the 1991 Persian Gulf War. Today, women serve as pilots and in combat support units that have led to them being directly engaged in the fighting in Iraq and Afghanistan. This involvement has led recently to the opening of all military occupations and positions to women.

**Ruby Gilliam, a World War II veteran**, served in the WAVES during World War II in 1945 and served until 1946. She went to boot camp at Hunter College in New York. Ruby was stationed in Washington, D.C., and ran computers for the Bureau of Medicine and Surgery as a Seaman First Class.

**Claudia Westover, a Korean War Ear veteran**, served in the U.S. Air Force attended boot camp in Cheyenne, Wyo., for teletype. She was stationed in San Antonio, Texas, from June 1952 to December 1954 as an Airmen Second Class.

**Roberta Mershon, a Vietnam veteran**, attended Marian College and graduated from St. Vincent's School of Nursing in Indianapolis in 1968. After her graduation, Bobbi received a commission as a Lieutenant in the U.S. Army Nurse Corps. Her duty stations included the 93<sup>rd</sup> Evacuation Hospital, Long Binh, Vietnam. During her tour there she worked in Ward 3, a surgical intensive care and burn unit.

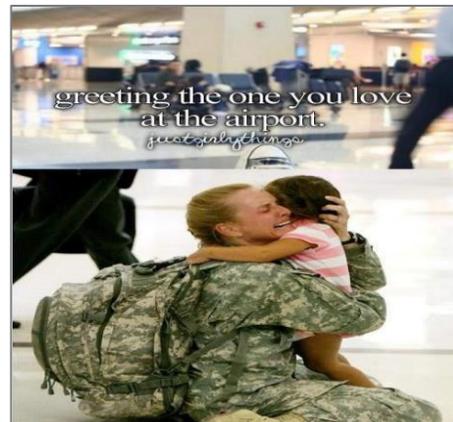
**Elva Pounders, a Vietnam Era veteran**, enlisted in the U.S. Marine Corps in May 1960 and attended boot camp at Parris Island (S.C.). Her first duty station was Camp Lejeune (N.C.) and she worked in supply. She re-enlisted for Marine Corps Recruit Depot in San Diego and was transferred to Iwakuni, Japan. Ms. Pounders was with the first group of women Marines to be stationed in Japan from 1967 to 1968 and made two trips into Vietnam to drop off supplies. She transferred back to the states and served in South Carolina, North Carolina, Philadelphia, Georgia and California and retired as a First Sergeant in 1990.

**Angela Beltz, a Desert Shield/Desert Storm veteran**, enlisted in the North Dakota Army National Guard in 1986, attending basic training at Fort Dix, (N.J.) then went to Fort Lee (Va.) to be trained as a Petroleum Supply Specialist. She was deployed for Desert Shield/Desert Storm from September 1990 until March 1991. Upon returning home from Desert Storm, Angela, as a member of the Spirit Lake Nation (Sioux), was honored by her Tribal Elders as a Warrior (Akicita) and was given two Indian Names. Kowaka-Pi-Sni Wiyan (I am Not Afraid Woman) and Tasunka-Na-Khan (She Rides Her Horse). She moved to Athens, Ohio, and transferred to the Ohio Army National Guard in August 1991 and reclassified as a 71L Clerk Typist with the 5694<sup>th</sup> Engineer Detachment (Firefighters) in Shreve, Ohio. Ms. Beltz served in several Army National Guard Units until she retired as a Sergeant First Class with 21 years of service in 2008. She is the current chairwoman of the Ohio Department of Veterans Services Advisory Committee on Women Veterans.

**KJ Russ, a veteran of the Global War on Terrorism**, served in the U.S. Navy from 2007-2009 and Navy Reserve from 2010-2011. She worked as an Aviation Maintenance Administrator. KJ was assigned to the Naval Helicopter Squadron, HS-2 Golden Falcons in NAS North Island of San Diego. She deployed with the WESPAC 2008 Strike Group onboard the USS Abraham Lincoln Aircraft Carrier. She received honorable discharge from the Navy in 2009.

**Tamara Gonzales is the current Senior Master Sergeant with the 121<sup>st</sup> Air Refueling Wing and a veteran of the Global War on Terrorism.** She served in the U.S. Army Reserve as a full-time technician as a Material Control and Accounting Specialist for five years. She transferred to the Ohio Air National Guard. She is the Wing First Sergeant for the 121<sup>st</sup> Air Refueling Wing, in Columbus. SMSgt Gonzales is responsible for the morale, welfare, and conduct of all the enlisted members in the Air Refueling Wing. She has had numerous deployments throughout her military career, including service in Turkey, Egypt, Qatar and most recently, Guam.

These are just some of the brave Ohio women who served and made a difference by enlisting in the military. I was honored to meet the comrades in arms and hear their stories.



### **A NEW GENERATION OF VETERANS**

To better understand the choices facing today's veterans, it makes sense to look at just who these men and women are and what distinguishes them from their predecessors. In the case of wounded veterans, it is worth examining what types of injuries and conditions they are dealing with and how prevalent those conditions truly are – to gain a more complete understanding of the problem of "disability" that government policies and private charity must address.

First, the modern military is composed entirely of volunteers, and as a self-selected group, they are not a representative cross-section of society. As a statistical matter, they are more educated than the typical American: With very few exceptions, they are high-school graduates or have GEDs. Many even in the enlisted ranks have some college education. More than 80% of officers have bachelor's degrees, and many have graduate degrees. Moreover, because the military's current medical and physical-fitness standards are relatively rigorous, veterans of Iraq and Afghanistan are both physically and mentally healthier than the population at large. (For reference, consider that only 25% of the civilian population of suitable age can clear the mental and physical thresholds, as well as meet the requirement to be free of any serious criminal record, demanded for service in the armed forces.) It is also worth noting that the conflicts in Iraq and Afghanistan have involved record levels of Reserve and National Guard Forces, who are typically somewhat older and even more educated than the active force. These men and women are also more fully integrated into civilian life.

Second, the combat experience of today's veterans is markedly different from that of veterans of most previous wars. With a few exceptions – the initial invasion of Iraq, the first and second battles of Fallujah, Baghdad during the "surge," isolated pockets of the fighting in Afghanistan, and a few other episodes – today's veterans have faced conflicts characterized by chronic, low-to-moderate levels of violence rather than by dramatic, high-intensity battles. At the same time, they have operated chiefly in theaters with no front lines and where civilians have been mixed in with combatants. This means today's veterans have often been more exposed to civilian suffering and less sure of their adversaries, which has produced distinctive psychological effects.

Third, the social environment that has awaited veterans after their service is different today than it was for some previous generations of veterans. By and large, the civilian population is now accepting of veterans and thankful for their service. This "Sea of Goodwill," as former chairman of the Joint Chiefs of Staff Michael Mullen labeled it, encompasses employers, community leaders, government officials at all levels, academics, health-care professionals, and other grateful citizens. In contrast with the experience of Vietnam veterans, today's returning soldiers and recently discharged veterans have received a warm welcome home.

Fourth, although the number of veterans to be re-integrated is high, it is still dramatically lower than in previous wars. As of last year, fewer than 2.5 million troops had served in Iraq or Afghanistan since 9/11. This figure is significantly smaller

(especially as a percentage of the population) than the 3.4 million who served in the Vietnam theater, and is only a fraction of the 16 million American who served in the military during World War II.

Finally, returning troops also tend to be better off financially than their civilian peers. Both the earnings and overall incomes of veterans are higher than those of non-veterans. Among men in 2009, for instance, year-round workers averaged \$51,230 in earnings if they were veterans and \$45,811 if they were non-veterans. Among women, the advantage for veterans was even greater. When the measure is income – not only earnings, but also pensions and entitlements – veterans fare comparatively better still.

Thus, contrary to some conventional wisdom, most veterans are not “victims” or members of a problem class. Given their educational and health advantages, those returning from the wars in Iraq and Afghanistan are likely to be particularly valuable asset to America’s economy and society in the years ahead. It is therefore important, from a purely economic point of view, to ensure that as many of them as possible are working to their full capacity. This means targeting assistance to those veterans who are genuinely struggling with the transition back to civilian life, while avoiding giving more capable veterans reason to work below their potential (or to not work at all). And from a moral point of view, the argument for veterans’ full re-integration through employment is even stronger.

Yet evidence suggests that our aid to veterans is overly broad, creating exactly the perverse incentives that encourage returning soldiers who are capable of work to instead have themselves classified as “disabled.” As noted above, 45% of Iraq and Afghanistan veterans are currently seeking compensation for service-connected disabilities, and about one-third of all new veterans are being granted some level of disability benefits. The number of disabling medical conditions claimed by the average applicant has soared – from one or two among World War II and Korean War veterans, to around three or four among Vietnam veterans, to more than eight medical conditions per claimant among veterans who served in Afghanistan and Iraq.

One reason for this dramatic increase is a happy one: Thanks to improved trauma care, some service members are collecting disability benefits for injuries that in past wars would have killed them. It should be noted, however, that this is a minor factor: Of the more than 2.4 million service members who have served in Iraq and Afghanistan, fewer than 15,000 were wounded in action seriously enough to merit evacuation from the theater.

A bigger reason for the increase is surely VA classification procedures. The definition of “disability” in the VA system is such that most of these veterans are not in fact “disabled” in the way that most Americans understand the term. It would be far more accurate to describe these veterans as simply “having a service-connected condition.”

What kinds of service-connected conditions are qualifying veterans as “disabled”? The most common condition for which veterans receive disability ratings is tinnitus, or ringing in the ears; the second most prevalent is partial hearing loss; other common conditions include afflictions like arthritis and lower-back strain. It is worth noting that, while all of these conditions can be associated with the rigors of military service, most are also caused by the normal progression of time and age. In any event, they are hardly the catastrophic injuries that capture the public’s attention.

One service-related condition that captures an enormous amount of public attention is post-traumatic stress disorder. PTSD encompasses a very wide range of complaint, including intrusive memories of the traumatic event (flashbacks and dreams), avoidance and emotional numbing, and anxiety and depression. Typically, in order to receive compensation for PTSD, a veteran must experience some level of social or occupational impairment (the most serious disability rating, of 100%, is reserved for total occupational and social impairment, persistent delusions, and symptoms of comparable severity).

Assessing the true prevalence of PTSD can be difficult, and the task has been made even more complicated by two changes implemented in 2010 to VA policies regarding diagnosis and treatment. First, the VA no longer requires proof that the veteran actually experienced a specific traumatic incident (because PTSD can arise from an accumulation of stress, particularly the persistent fear of enemy or terrorist activity that characterizes service in a combat zone). Second, rather than simply observing PTSD in patients who might have the condition, using public-awareness campaigns such as “PTSD Awareness Month” (June). One result of this change is that more veterans with legitimate diagnoses of PTSD are receiving the treatment they need; another is that the claims for PTSD-related benefits, and the figures for veteran disability, have skyrocketed. Among Iraq and Afghanistan veterans, the Department of Veteran Affairs reported 261,998 cases of diagnosed PTSD as of the first quarter of 2013 – a prevalence much greater than that among previous generations of combat veterans.

The Department of Veterans Affairs is also making it easier to qualify for benefits based on traumatic brain injury, or TBI. In December 2012, the agency unveiled new regulations that will allow thousands of veterans to receive benefits for five diseases not previously covered by the VA, basing the expansion on a 2008 Institute of Medicine study that found “limited or suggestive” evidence that these diseases may sometimes be linked to TBI. Incidentally, only small fraction of the 250,000 cases of TBI diagnosed among service members since 2000 are combat related: The vast majority stem from vehicle crashes, training accidents, or sports injuries.

Thankfully, relatively few of the conditions for which veterans seek compensation are caused by catastrophic injuries. Among post-9/11 veterans, fewer than 2,000 have undergone major amputations. Serious burns, spinal-cord injuries, and cases of complete blindness number in the hundreds.

Given the variety of service-connected conditions, there is a wide range in the extent to which veterans claiming benefits are considered “disabled.” The process of applying for disability is relatively straightforward: The veteran assembles, with the help of either the VA or a veterans’ service organization, a packet of medical and service records and a disability application. The claim is adjudicated by the claims staff at a VA processing center, and benefits are awarded, typically within

nine months or so. Disabilities in the VA system are rated in increments of 10%, from 0% to 100%. Of the nearly half-million post-9/11 veterans receiving disability compensation in 2011, 28% had between 0% and 20% disability, 26% had between 30% and 40% disability, 21% had between 50% and 60% disability, 17% had between 70% and 80% disability, and 8% had more than 80% disability (including 4% who were compensated for being 100% disabled).

It is thus crucial to recognize that many veterans classified as “disabled” are in fact largely capable of enjoying active lives and performing some remunerative work. While those veterans whose injuries permanently preclude a return to the labor force deserve whatever support they require, it is just as important to ensure that veterans who can provide for themselves are not robbed of their independence by policies that incentivize unemployment. Unfortunately, however, the way our system currently provides benefits is rooted in a flawed understanding of disability – one that keeps veterans unfairly trapped in a state of needless victimhood.

### **KEEPING OUR PLEDGE TO VETERANS**

Before joining the Armed Forces, every American service member is required to swear an oath to support and defend the United States Constitution, a pledge that our men and women in uniform met with courage, conviction and sacrifice. When active duty ends, we have an obligation to uphold our own pledge, a pledge to ensure that every veteran receives the care and benefits they deserve.

Continuing backlogs and long waitlists make it clear that we still haven’t fully lived up to our commitment. On March 24, the Department of Veterans Affairs (VA) adopted rule clarifications that expand veterans’ access to private care. These changes make improvements at the VA, but timely and excellent healthcare is still out of reach for many of our veterans. Put simply, our country can and must do better.

The rule revisions announced by the VA this March expand the Veterans Choice Program, which allows veterans to seek care from a private provider when a VA facility is too far from home or when local facilities are experiencing lengthy backlogs. Previously, veterans were allowed to seek private care if a VA facility was at least forty miles’ distance from their home, measured as the crow flies. America’s veterans can do many things, but they can’t fly. Thankfully, the VA will now measure those forty miles by driving distance, potentially doubling the number of veterans eligible for local, private care.

Remaining flaws in the VA’s forty-mile rule hit home in rural America, where many veterans live within forty miles of a VA facility, but not near one that provides specialized care. Right now, they are still locked out of the Veterans Choice Program, even when the care they need is not offered at the local VA clinic. For some veterans, that means a trip out-of-state to find a VA facility offering the right services. For others, it means an hours-long drive even though a non-VA hospital offers care near them. This very scenario is playing out right now for a number of veterans who live in Western Maryland.

During their service, men and women in our Armed Forces live by a common creed, promising never to leave a soldier behind. We should live by the same principle. When our veterans are asked to travel hundreds of miles for care that’s offered right next door, we simply aren’t living up to that standard and something has to change.

Improving care for our veterans should be a top national priority, and the VA’s rule revision this March built on progress made earlier this Congress improving mental health care. Over the past several years, suicides among veterans suffering from service-connected PTSD and depression have risen sharply, with an estimated 22 veterans taking their own lives each day. The struggle these veterans face receiving adequate care for PTSD and depression is a tragedy that needs to be addressed.

Today, the United States is home to more than 21 million veterans. Their service should never be forgotten, least of all when they’re in need of care. While the progress achieved by the VA’s revised rule and legislation like the Clay Hunt SAV Act takes a crucial step forward reforming access to care for our veterans, our work is far from over. When it comes to those who’ve served, our nation has made a promise — to remember those who’ve fallen and to care for those who served.

*Kenneth Marcum*  
State Adjutant

### **DAV VICTORIES FOR VETERANS**

Congratulations to Dayton Chapter #9 Junior Vice Commander and VAVS Representative Vincent Dec on winning the DAV Victories for Veterans Award! Mr. Dec has the opportunity to attend the Carolina Country Music Festival being held in Myrtle Beach, South Carolina.

The CCMF and *Visit Myrtle Beach* have partnered with DAV to help recognize veterans during the concert. As part of the partnership, deserving veterans from 40 markets near Myrtle Beach are selected.



### **CHAPTER MEMBERSHIP GOAL DETERMINATION**

Several Department of Ohio Chapter officers are unclear of how Chapter membership goals are calculated for the year by the Membership Department of the National DAV. The purpose of this article is to explain the procedure utilized by the National DAV in establishing the yearly Chapter membership goals.

The Chapter membership goals are established by the National DAV for the time period of July 1st to June 30th of each year. According to Douglas K. Wells, Jr., the DAV National Membership Director, each Chapter's membership goal is calculated utilizing two (2) key factors: the number of Full-Life Members in a Chapter as of June 30th, and the number of Part-Life Members as of June 30th.

The National DAV uses a 55% factor in determining the membership goal for a Chapter," explained Director Douglas Wells, "and it is calculated via an exacting computer program."

The 55% is multiplied by the number of Part-Life Members in a Chapter on June 30th of the year. That result is then added to the number of Full-Life Members in the Chapter and that yields the membership goal for the year.

For example, Chapter #63 (Clermont County) had 34 part-Life Members and 474 full-Life Members on June 30, 2016. Fifty-five (55%) percent times 34 Part-Life Members is 18.70 or 19. The 19 statistic is added to the 474 Full-Life Members and the new membership goal for the Chapter during the year 2016-2017 is 493 Full-Life Members.

Goals are established on July 1st after the DAV has removed any deceased members and accounted for any transfers. Therefore, there is a fluctuation in the number of full and part- Life Members in the Chapters. For example, Chapter #63 had 481 Full-Life Members during 2015-2016, but only 474 Full-Life Members during the year 2016-2017. Inactive Part-Life Members are transferred to the Department of Ohio (At-Large Chapter) and then automatically transferred to the National (At-Large Chapter). They are not considered inactive until that occurs.

"To sustain the membership in DAV for the next fifty (50) years," concluded Director Wells, "it is important not only to sign up new DAV members, but to convert Part-Life Members to Full-Life Members. Making the membership goal is one way that Chapters can sustain the DAV organization in the future to serve our disabled veterans."

*John J. Plahovinsak*  
2<sup>nd</sup> Junior Vice Commander

### **REMINDER TO CHAPTERS**

Chapter Officer Reports must be completed and returned within 10 days after installation in compliance with Art. 8, Sec. 8.3, Art. 9, Sec. 9.2 and Art. 10, Sec. 10.2, of the DAV National Bylaws.

A copy must go to: 1) DAV National Headquarters, PO Box 145550, Cincinnati, OH 45250-5550 2) DAV Department Headquarters, PO Box 15099, Columbus, OH 43215-0099 3) DAV National Service Office, VARO, 1240 E. Ninth St., Room 1017-B, Cleveland, OH 44199-2002

### **DAV DISTRICT COMMANDER RECEIVES BRONZE STAR MEDAL**



District Ten (10) Commander and Vietnam Army Veteran James Kaster received his Bronze Star Medal and certificate from U.S. Senator Rob Portman, Warren Mayor Doug Franklin, and was accompanied by his daughter Morganne Kaster.

### **MEET & GREET WITH VICE PRESIDENT PENCE**

Saturday, May 20, 2017 Youngstown-Warren Regional Airport, I had the honor to meet Vice President Mike Pence and his lovely wife who were on their way to Grove City College. I welcomed him to the Valley and I gave him my DAV card, one of our DAV Chapter #2 coins, and I also had the chance to mention about the job that is being done in the VA system. He also gave us a tour of his plane. It was an honor of a lifetime.

*Leo Connelly*  
District 7 Commander

