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NEWSOM SIGNS SB 694 TO PROTECT CALIFORNIA VETERANS FROM 'CLAIM SHARKS' AND PREDATORY FEES

By Rikki Almanza
Staff Writer, and
Christian Southards
Digital Editor

In a seeming victory for California Veterans, Governor Gavin Newsom signed [Senate Bill 694](#) into law on Feb. 11, strengthening protections against excessive and predatory



Governor Gavin Newsom stands with Attorney General Rob Bonta (left) and Rep. Bob Archuleta (right). (Photo: Governor's Office)

private companies that help Veterans file federal benefits claims to obtain federal accreditation and prohibits them from charging unauthorized fees. Supporters say the measure targets so-called claim sharks, unaccredited businesses that sometimes charge thousands of dollars for services typically available for free through accredited organizations like [The American Legion](#).

CalVet Secretary Lindsey Sin addressed the issue at the signing ceremony.

“California will not tolerate claim sharks that target and exploit our Veterans and their families,” Sin said. “Some Veterans fall prey to unaccredited companies who are charging outrageous fees, something that is already prohibited by federal law.”

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fees charged to Veterans seeking their earned benefits.

The law is scheduled to take effect next January.

Leaders from multiple Veteran service organizations—including

The American Legion—stood together at the State Capitol for the bill signing, united in their commitment to protecting Veterans from financial exploitation.

California SB 694, or the Veteran Benefits

Protection Act, aims to increase transparency in the benefits assistance process, reinforce consumer protections, and ensure Veterans are safeguarded from unreasonable and excessive fees.

The new law requires

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Pentagon Continues to Threaten Ties with Scouting America Citing ‘Unacceptable’ Decisions

By Christian Southards
Associate Editor

Last fall, leaked documents suggested the Department of Defense, which recently re-adopted its former Department of War title, was considering [severing ties with Scouting America](#) after nearly 100 years as a major financial backer.

At the time, proposed changes included blocking Scout Troops from meeting on U.S. Military bases and facilities,

eliminating enlistment benefits for Eagle Scouts, and ending support for the annual Jamboree—the latter of which has long been considered an enlistment pipeline by the department.

While an official statement was never put on record by any Pentagon official, leaked internal memos suggested that Scouting America—formerly the Boy Scouts of America—was targeted by the department because of its recent commitment



A group of Scouts walks with a helicopter repairer on a U.S. Military base in Germany. (Photo: Sgt. Rebecca Hall, U.S. Army)

to accepting girls into its ranks. This followed a Trump Administration executive order to penalize or sever ties to any organization perceived to show

support for diversity, inclusion, and equity policies.

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MEN GET BREAST CANCER TOO

By **Jim Plowden**
Member, Post 177

When people hear “breast cancer,” they think of women.

That assumption nearly cost me precious time. In December 2021, after a routine physical, I casually mentioned to my doctor that my left nipple was itching, and I had noticed a lump. He immediately sent me to radiology.

The receptionist looked at my chart and asked, “You’re here for a mammogram?” I replied, “No, I’m here for a man-o-gram.” He laughed, saying he had never seen a male veteran scheduled for one.

In the waiting room, a nurse technician with a big smile and Southern accent asked, “What are you here for, honey?” Again, I said, “I’m here for a man-o-gram.” As she laughed, she grabbed my chest and joked, “Honey, you don’t have enough there for me to squeeze!”

After adjusting the machine, she completed the exam and handed me a pink gift bag with a pink mug, pink ribbon pin, and a pink mask.

That man-o-gram joke carried me through the months ahead. Humor became my shield, but the

reality was sobering: men get breast cancer too. And because it’s unexpected, diagnosis can be delayed, treatment options limited, and awareness dangerously low.

A DIAGNOSIS AT CHRISTMAS

Right before Christmas, my wife and I flew to Florida to visit our daughter. We still had no test results. As we landed, my phone rang—it was the VA. Amid the chaos of deplaning, I was told I had stage 2 breast cancer.

I chose not to tell my daughter during the holiday. But as calls from the VA continued, my wife and I slipped into another room to take them. Eventually, our children knew. It was a subdued Christmas.

Back in Los Angeles, the VA oncologist explained that while they performed many prostate surgeries, breast cancer surgeries were rare. Approval for outside care could take weeks. With Medicare as backup, I chose UCLA Medical Center. Within days, I was scheduled for scans and surgery.

TREATMENT AND HUMOR

Surgery was uneventful, but radiation was grueling:

five days a week for six weeks. My wife drove me daily. In the waiting room, people often assumed she was the patient. Their surprise when I explained I was the one receiving treatment always gave me a laugh.

Midway, my left arm swelled badly. The surgeon had removed all 12 lymph nodes from my armpit, not just the two cancerous ones, leaving me with chronic lymphedema.

In the final week, radiation intensified. To avoid damaging my heart, they X-rayed my chest before each session and mapped the target with lasers. One day, I taped a Target logo to my chest and quipped, “I’m saving you some time—here’s your target.” Humor, even in the darkest moments, kept me going.

LIVING WITH LYMPHEDEMA

Though declared cancer-free, I now live with chronic lymphedema. Compression sleeves, lymphedema pumps, and weekly therapy help, but none are permanent solutions. As a precaution, after treatments, I wear a lymphedema compression sleeve and glove daily.

It’s a reminder that cancer’s impact does not end with surgery or radiation.

Survivorship comes with its own challenges.

WHY AWARENESS MATTERS

Breast cancer in men is rare, but it happens. According to the American Cancer Society, about 2,800 men in the U.S. are diagnosed each year. Many delay seeking help because they don’t think breast cancer applies to them. That delay can be deadly.

My story is proof. A casual remark to my doctor led to early detection and treatment. Without it, the outcome could have been far worse.

We need greater awareness, better screening protocols, and more support for male patients. Clinics should not be labeled “Women’s Radiology” when men are also treated there. Receptionists should not be surprised when a man walks in for a mammogram. Awareness saves lives.

A CALL TO ACTION

If you’re a man and notice a lump, itch, or change in your chest—speak up. Do not dismiss it. Do not wait.

If you are a healthcare provider, remember: breast cancer does not discriminate by gender.



(Photo: Jim Plowden)

And if you are a policy-maker or advocate, push for broader education and resources. Men deserve the same awareness, dignity, and support as women in this fight.

CLOSING THOUGHT

I still joke about my “man-o-gram.” Humor helps. But beneath the laughter lies a serious truth: men get breast cancer too. My hope is that by sharing my journey, more men will recognize the signs, seek help early, and live to tell their own stories of resilience.

About Jim Plowden

Originally from Florida; now living in Los Angeles.

U.S. Air Force 1961-1965, Tactical Air Command, 822 TMS, Nuclear Weapons Specialist on Missile Launch Crew

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VA RESEARCH EXPLORES TREATMENT OPTIONS FOR GASTRIC CANCER, KIDNEY DISEASE, AND MS

By Rikki Almanza
Staff Writer

The VA Office of Research and Development has released three new research briefs covering progress in cancer treatment, chronic kidney disease care, and multiple sclerosis detection.

The studies, conducted by VA researchers across the country, focus on improving outcomes for Veterans through targeted therapies, patient-centered care, and earlier diagnosis. One study from VA San Diego researchers points to a possible new treatment option for gastric cancer, which remains one of the leading causes of cancer-related deaths worldwide. The research team identified a gene called PSMB8 that appears at high levels in patients with gastric cancer. This gene plays a role in the immunoproteasome, a protein complex linked to cancer severity.

Researchers tested carfilzomib, a drug currently



(Photo: Edward Jenner)

approved to treat multiple myeloma, to see whether it could block PSMB8 activity. In mouse models implanted with human gastric cancer cells, carfilzomib slowed tumor growth, reduced cancer cell proliferation, and triggered cancer cell death. The findings suggest that targeting PSMB8 may lead to future treatment options for patients with gastric cancer, particularly those with high expression of the

gene.

Another VA study examined the dietary challenges faced by Veterans living with chronic kidney disease. Researchers from the Seattle Denver Center of Innovation conducted interviews with 32 Veterans diagnosed with moderate to advanced CKD. The study found that strict and often conflicting dietary guidelines, combined with long-standing

military habits, made it difficult for many Veterans to follow recommended nutrition plans.

Chronic kidney disease affects more than half a million Veterans, a rate significantly higher than among non-Veterans. While medications and diet can slow disease progression, researchers found that rigid food rules often discouraged adherence. The team recommended

more personalized and flexible dietary approaches that consider military culture and social support to improve engagement and long-term success.

A third study explored the potential role of the mouth microbiome in understanding multiple sclerosis. Researchers from the Iowa City VA and the University of Iowa compared saliva samples from patients with relapsing remitting MS to those from individuals without the disease. They discovered differences in oral bacteria, including lower levels of early colonizing bacteria and higher levels of species linked to inflammation.

The researchers also identified changes in saliva metabolites, including reduced hypotaurine levels in MS patients. These findings suggest that saliva-based testing could one day support earlier detection of MS and provide insight into disease progression.



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Department of Veterans Affairs Headquarters (Photo: Jason Miller)

NEW VETERAN LAWS EXPAND HOUSING, JOB OVERSIGHT, VA SUPPORT

By **Rikki Almanza**
Staff Writer

New legislation signed into law on Jan. 20 brings several policy changes that affect how Veterans access housing assistance, employment support, and VA funding oversight. The measures include the Disabled Veterans Housing Support Act, the VA Budget Shortfall Accountability Act, and the Focused Assistance and Skills Training for Veterans' Employment and Transition Success Act, known as the FAST VETS Act. All three bills received bipartisan approval in Congress before becoming law.

The Disabled Veterans Housing Support Act changes how income is calculated when Veterans apply for certain housing assistance programs. Service-connected disability compensation will no longer count toward income limits used to determine eligibility for some federal housing benefits. In the past, those payments sometimes pushed Disabled Veterans above income thresholds even when their disabilities limited steady employment. Removing that compensation from eligibility calculations is expected to open more doors to public housing and

other affordable housing programs.

Housing advocates say the adjustment helps address a long-standing issue where Veterans receiving disability compensation could still struggle financially yet remain ineligible for assistance. The change is especially relevant for Veterans whose service-related injuries or illnesses restrict earning potential or make consistent employment difficult. Supporters believe it will help more Veterans secure stable housing while they manage long-term health challenges.

The FAST VETS Act focuses on employment preparation through the VA's Veterans Readiness and Employment program. This program connects Disabled Veterans with job training, education resources, career counseling, workplace accommodations, and interview preparation. The new law clarifies when individualized vocational rehabilitation plans must be reviewed and updated, particularly when changes in a Veteran's health or disability affect career goals.

Participation in the employment program has increased in recent years,

partly because expanded eligibility recognized additional service-related health conditions. That growth created longer wait times for counseling and training services. Updated requirements are intended to help counselors respond more quickly so Veterans can adjust their career plans and continue working toward employment goals without unnecessary delays.

The VA Budget Shortfall Accountability Act addresses financial oversight at the VA. The law requires detailed reporting on funding gaps and spending practices, along with multi-year audits by the Government Accountability Office. Annual reports will review budget projections, spending changes, and transfers of funds across VA programs.

The increased oversight is intended to provide clearer insight into how funds are allocated and spent across healthcare, disability compensation, education benefits, and other services. Officials say improved transparency can help maintain consistent support for Veterans while reducing the likelihood of unexpected funding shortfalls that could affect access to care or benefits over time.

Pentagon Continues to Threaten Ties with Scouting America

PENTAGON CONTINUES TO THREATEN TIES WITH SCOUTING AMERICA
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The Pentagon appeared to renew this stance earlier this month, with spokesperson Sean Parnell issuing a statement on X.

“We have made it very clear: No more DEI at (DOW). As a result, over the past several months, the Department of War has been reviewing its relationship with Scouting America... a great organization that has, in many ways—lost its way.”

Parnell also noted that Scouting America has made decisions “that embrace DEI and other social justice, gender-fluid ideological stances” that run against the Trump Administration. The spokesperson otherwise seemed to suggest that the

department was close to an agreement provided Scouting America “implements the common-sense, core value reforms.”

Parnell did not elaborate on said reforms.

A statement issued by Scouting America seemed to imply that an agreement was indeed close:

“For nearly 116 years Scouting has stood as a cornerstone of American ideals, good citizenship, service, and adventure for American youth. We are encouraged by tonight’s social media post by the Pentagon, and we look forward to providing more details as we move ahead.”

As of this article’s publication, no new agreement or policy change has been announced.

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Newsom Signs SB 694 to Protect California Veterans

NEWSOM SIGNS SB 694
page 1

“Veterans should never have to sacrifice their financial future to receive the benefits they already earned defending ours.”

David Brambila, State Commander of The American Legion Department of California also issued a statement of support:

“Today California made it clear—we stand with Veterans, not with those who exploit them.

I was honored to stand alongside fellow Veteran service organizations as SB 694 was signed into law. In some cases, Veterans have been charged up to \$30,000 simply for assistance accessing the benefits they earned through service and sacrifice. That is not advocacy. That is exploitation.

This law draws a firm line. It protects Veterans from predatory costs, strengthens oversight, and ensures accountability for those who put profit over patriotism. Veterans should never have to sacrifice their financial future to receive the benefits they already earned defending ours.

When Veterans are threatened, we unite. Today was proof that California’s Veteran community stands together to defend our own.”

SB 694 builds on California consumer protection law by limiting who may charge fees—except where allowed by

the federal government—for assistance with federal Veterans benefits claims while also expanding the state’s enforcement tools.

The law also provides additional privacy that prevent companies from requesting login credentials, accessing government systems under another person’s credentials, or requiring Veterans to provide sensitive PIN information connected to Common Access Cards.

Governor Newsom described the legislation as part of California’s continuing effort to protect Veterans’ financial security.

“We owe our Veteran community a debt of gratitude for their years of service and sacrifice,” he said. “By signing this bill into law, we are ensuring Veterans and Service Members get to keep more money in their pockets, and not line the coffers of predatory actors. We are closing this federal fraud loophole for good.”

The bill received strong backing from several lawmakers who said it addresses a large industry built around Veterans’ benefits claims. Sen. Bob Archuleta (D-30), a U.S. Army Veteran and the bill’s author, said the legislation reflects years of work to establish clearer guardrails protecting Veterans.

Asm. Pilar Schiavo (D-40) pointed to billions of dollars she believes have been diverted away from Veterans through excessive fees. She said Veterans who earned disability benefits through sacrifice should receive the full value without additional financial burdens.

Sen. Sabrina Cervantes (D-31) called the measure an important framework to prevent fraud and help

Veterans access their benefits safely.

Attorney General Rob Bonta also backed the law, stating, “claim sharks pose a financial risk to Veterans who need help with their benefits claims.” He also stated the new requirements are intended to deter predatory practices while increasing accountability.

SB 694 FACED NOTABLE OPPOSITION

Despite broad general support, SB 694 had sparked debate among some lawmakers, Veterans, and private companies.

Critics argue that while stronger protections are needed, limiting fee-based assistance could reduce choice for Veterans dealing with long wait times or administrative backlogs in the federal benefits system.

Asm. Jeff Gonzalez (R-36), the only current Veteran serving in the State Assembly, tried unsuccessfully to remove his name as a co-author after amendments expanded the bill’s scope. He noted some Veterans rely on private assistance after struggling to get timely help through official channels.

Opponents also warned that removing certain private services could increase delays or reduce options for Veterans navigating complex disability claims. Some private firms argued Veterans turn to them because of perceived inefficiencies in the system and believe reform should focus on improving government processing times rather than restricting outside assistance.

Supporters counter that free accredited



Sen. Bob Archuleta speaking at a California National Guard event in 2019. (Photo: Senior Airman Crystal Housman, U.S. Air National Guard)

help remains widely available through County Veteran Service Officers and Veteran service organizations such as [The American Legion](#). California reports that CVSOs filed 316,000 claims in the 2024-2025 period, securing an estimated \$687 million in new or increased federal benefits for Veterans and their dependents.

Nearly one million Veterans and family members received assistance through those offices during the same timeframe.

OTHER RECENT BENEFITS FOR CALIFORNIA VETERANS

SB 694 connects with several other initiatives California has advanced for Veterans and Military Families over the past year.

These include a state income tax exclusion allowing up to \$20,000 in military retirement pay to be excluded annually, expanded education benefits for military-connected students, workforce programs translating military training into civilian credentials, and housing initiatives aimed at reducing Veteran homelessness.

California has also invested billions in behavioral health services,

housing development, and homelessness prevention programs that specifically include Veterans.

State officials say these combined efforts continue efforts to support the nearly 1.5 million Veterans living in California, along with about 160,000 active-duty Service Members stationed locally. Workforce initiatives tied to defense industries, economic development programs, and expanded family support services are also part of that ongoing work.

For organizations like The American Legion Department of California, SB 694 continues advocacy efforts focused on protecting Veterans’ finances and improving access to earned benefits without exploitation.

Legion leaders say monitoring implementation will remain important as January 2027 approaches.

Supporters believe the law will reduce predatory practices and strengthen accountability. Critics will be watching closely to see how access to assistance is affected. What remains clear is that the issue of protecting Veterans’ benefits continues to draw strong attention across California’s Veteran community and state leadership.



(Photo: U.S. Army Sgt. Alexis Washburn-Jasinski)

CALVET SURVEY DETAILS PRIORITIES AND CHALLENGES FACING CALIFORNIA WOMEN VETERANS

By **Rikki Almanza**
Staff Writer

Nearly 3,000 Women Veterans across all 58 California counties participated in the [California Department of Veterans Affairs 2025 Women Veterans Survey](#).

The results provide one of the most detailed snapshots in more than a decade of how women who served are navigating life after the military. The findings identify ongoing challenges as well as emerging priorities that are shaping how the state approaches Veteran services.

Women Veterans make up approximately 11 percent of California's Veteran population, representing nearly 150,000 individuals. The survey provides insight to guide federal, state, and local efforts focused on improving access to healthcare, housing, benefits, and supportive services.

Respondents represented a more diverse population than in previous surveys, with higher participation

among women identifying as two or more races, American Indian or Alaska Native, and Pacific Islander. Approximately 16 percent identified as LGBTQIA+, consistent with prior surveys but now supported by a much larger sample size. Nearly half of the respondents were age 61 or older, while younger Post-9/11 Veterans also showed increased participation.

Outreach through email campaigns, social media, and community partnerships resulted in more than 2,700 qualified responses, nearly tripling participation compared to earlier surveys conducted between 2009 and 2013. For the first time, responses were received from every county in California, capturing perspectives from urban, suburban, and rural communities.

The survey showed that healthcare access remains a central issue. Sixty-six percent of respondents reported currently receiving care through the Department of Veterans Affairs, up from 47

percent in 2013. Overall, three-quarters have used VA healthcare at some point, with most rating their local VA facility as accessible. Awareness of County Veterans Service Offices was also high, with 60 percent of respondents reporting familiarity with their local office.

Mental and behavioral health emerged as one of the most pressing concerns. About 70 percent of respondents who answered mental health questions reported experiencing symptoms or receiving a diagnosis related to mental health conditions, with PTSD, anxiety, depression, and musculoskeletal disorders among the most common. Many linked these challenges directly to their military service, including experiences of Military Sexual Trauma.

Housing instability continues to affect a significant portion of Women Veterans. While five percent reported current homelessness or housing insecurity, nearly one-third said they had experienced it at some point in their lives. Many relied on informal

arrangements such as staying with friends or family, a pattern that often leads to underreported housing instability, especially among women with caregiving responsibilities.

Disability compensation also remains a complex area. Most respondents reported filing a service-connected disability claim, with many receiving high disability ratings. However, experiences with the claims process were mixed, citing difficulties with documentation, understanding requirements, and navigating appeals, particularly for claims involving mental health or trauma-related conditions.

The survey added expanded questions on caregiving and LGBTQIA+ experiences: 26 percent of respondents reported serving as caregivers for adult family members or friends, often without access to respite care. Among LGBTQIA+ respondents, some reported discrimination or harassment during service, pointing to continued needs for culturally responsive and affirming

care.

The findings point to the importance of coordinated, trauma-informed, and inclusive systems of care. CalVet officials referenced the role of partnerships with community organizations, County Veterans Service Offices, and statewide initiatives focused on mental health, housing, and benefits navigation.

For the first time, respondents were able to request follow-up assistance from CalVet, allowing the survey to serve both as a research tool and a direct connection to services.

CalVet leaders say the results outline priorities for future policy and program development. As California's women Veterans population continues to evolve, the survey reinforces the need for systems that align with the diversity, complexity, and lived experiences of those who served. The full report is available on [CalVet's Women Veterans hub](#).



American Legion National Commander Dan K. Wiley stood alongside President Donald Trump in the Oval Office (Photo: American Legion Headquarters)

FDA CANNABIS RECLASSIFICATION OPENS DOOR TO EXPANDED RESEARCH FOR VETERANS

By **Rikki Almanza**
Staff Writer

American Legion National Commander Dan K. Wiley joined President Donald Trump in the Oval Office on Dec. 18 as the president signed an executive order directing federal agencies to expedite the reclassification of cannabis, a move that would lower barriers to medical research and allow the FDA to conduct large-scale studies into its therapeutic value for Veterans.

“This is a really important executive order, and The American Legion has long advocated for this change,” Wiley said in the White House. “Cannabis being classified Schedule I blocks large-scale, randomized clinical trials examining cannabis’ impact on PTSD, TBI, sleep disruption, anxiety, depression, and chronic pain... conditions

strongly associated with Veteran suicide.”

Cannabis is currently classified as a Schedule I substance under the Controlled Substances Act, placing it in the same category as heroin and LSD and severely restricting federally approved research. The executive order directs the attorney general to expedite the rulemaking process to reconsider marijuana as a Schedule III drug, a classification that recognizes medical value and legitimate medical use and places cannabis in the same category as medications such as Tylenol with codeine.

The American Legion has pushed for this change for nearly a decade. In 2016, the organization passed a resolution calling for cannabis to be reclassified “as a drug with

potential medical value.” Wiley emphasized that the Legion’s position remains focused on research, not recreational legalization.

“Reclassification is not legalization and does not mandate use,” Wiley said. “It simply removes federal barriers to research and informed decision-making. It promotes transparency, clinician oversight, informed consent, and honest patient-provider discussions – reducing unsafe self-medication. Supporting reclassification demonstrates the Legion’s commitment to science, oversight, and saving lives through evidence-based public health policy.”

In a letter addressed to American Legion Family members and friends, Wiley described the executive order as the culmination of years of advocacy. He stated that

the change lifts restrictions on large-scale clinical trials that could benefit Veterans, first responders, and others coping with PTSD, traumatic brain injury, sleep disruption, anxiety, depression, and chronic pain.

President Trump cited Veterans specifically during the signing ceremony, pointing to the potential of cannabis as an alternative to opioid painkillers, which carry heightened risks of addiction and overdose.

“This action has been requested by American patients suffering from extreme pain, incurable diseases, aggressive cancers, seizure disorders, neurological problems, and more — including numerous Veterans with service-related injuries and older Americans who live with chronic medical problems that severely degrade

their quality of life,” Trump said.

Veterans groups praised the executive order for supporting evidence-based research. The VFW called the decision an acknowledgment of what Veterans and doctors have argued for years. Data referenced in the executive order states that 20 percent of Veterans experiencing chronic pain reported using fewer opioids after using medical marijuana.

Wiley said the potential impact aligns directly with The American Legion’s Be the One mission to prevent Veteran suicide. He added that even a single clinical trial yielding a life-saving solution would make the effort worthwhile, reinforcing the organization’s long-standing commitment to science-driven policy and Veteran well-being.

NEW VA REPORT FINDS VETERAN SUICIDE CRISIS CONTINUES

By **Rikki Almanza**
Staff Writer

The latest [National Veteran Suicide Prevention Annual Report](#) from the VA: While slightly fewer Veterans died by suicide in 2023 compared with the previous year, the overall rate continued to rise.

According to the most recent data, 6,398 Veterans died by suicide in 2023. That figure is 44 fewer than in 2022, when 6,442 Veterans lost their lives. The daily average changed only slightly, from 17.6 deaths per day in 2022 to 17.5 in 2023.

Although the total number of deaths dipped modestly, the overall suicide rate increased. In 2023, the rate rose to 35.2 per 100,000 Veterans, compared with 34.7 per 100,000 the previous year. The rate among non-Veteran U.S. adults was 16.9 per 100,000, meaning Veterans continue to die by suicide at more than twice the rate of the general adult population.

Rates increased for both male and female Veterans. For men, the rate climbed from 37.3 to 37.8 per 100,000. Among Women Veterans, it rose from 13.7 to 13.9 per 100,000. Younger Veterans between the ages of 18 and 34 remain at particularly high risk.

One of the most troubling findings is that about 61 percent of Veterans who died by suicide in 2023 were not receiving VA health care

in the year before their deaths. VA Secretary Doug Collins said that the disconnect must be addressed.

“Veteran suicide has been a scourge on our nation for far too long,” Collins said. “Most Veterans who die by suicide were not in recent VA care, so making it easier for those who have worn the uniform to access the VA benefits they have earned is key.”

Firearms remain the primary method of suicide among Veterans. In 2023, 73.3 percent of Veteran suicides involved a firearm, nearly identical to the previous year and significantly higher than the rate among non-Veterans.

The data also points to elevated risk among certain groups. Veterans with a recent diagnosis of traumatic brain injury had a suicide rate 94 percent higher than those without such a diagnosis. Veterans experiencing homelessness faced a rate 146 percent higher than their housed peers. More than half of the Veterans who died by suicide had documented issues with chronic pain or sleep disruption. Nearly a quarter had reported financial difficulties.

Nationwide, 47,711 U.S. adults died by suicide in 2023, including 41,313 non-Veterans and 2,498 Veterans affiliated with the Veterans Health Administration. Suicide was the 12th leading cause of death among Veterans.

While there has been some progress since the peak year of 2018, more than 6,000 Veterans have died by suicide each year since 2001. Advocacy organizations say the persistent numbers demand stronger action, including wider access to evidence-based treatments, better integration of mental health and pain management care, and expanded outreach beyond traditional VA settings.

The VA has invested heavily in prevention efforts, community partnerships, and outreach campaigns to connect more Veterans with care. Officials say they are reviewing programs to measure effectiveness and strengthen those that show positive outcomes.

The report makes clear that behind each statistic is a Veteran whose life was shaped by service, and a family left to cope with immeasurable loss. The challenge remains urgent and deeply personal for communities across the country.

The American Legion Be the One program offers free suicide prevention training at [BeTheOne.org](#). Veterans and family members in crisis can contact the Veterans Crisis Line by calling 988 and pressing 1, texting 838255, or visiting [VeteransCrisisLine.net](#).



(Photo: darwin.wins)

Veterans and Survivors See VA Benefit Increases

By **Rikki Almanza**
Staff Writer

Veterans and survivors will see a boost to their benefits in 2026 as cost-of-living adjustments take effect across several VA programs. The increase is tied to the Social Security Administration’s annual Cost of Living Adjustment, which was set at 2.8 percent for 2026. The adjustment is intended to help beneficiaries keep pace with rising everyday expenses.

VA benefit increases tied to COLA take effect Dec. 1 each year, meaning the higher payments are already reflected in 2026 benefit checks. The 2.8 percent adjustment follows a 2.5 percent increase in 2025 and a 3.2 percent increase in 2024.

One of the most widely received benefits impacted by the increase is VA disability compensation. These monthly payments are available to Veterans with service-connected physical or mental health conditions rated at 10 percent or higher. In 2026, monthly compensation ranges from \$180.42 for a Veteran with a 10 percent rating to \$4,671.47 for a Veteran rated at 100 percent with a spouse, child, and two dependent parents. Additional amounts are available for dependents and for spouses who require aid and attendance.

Veterans with severe service-connected injuries may also qualify for Special Monthly Compensation. This benefit applies to Veterans who have lost the use of limbs or certain organs as a result of their service. In 2026, Special Monthly Compensation payments range from \$4,584.77 to \$11,843.74 per month, depending on the level of

loss and care needs.

Low-income wartime Veterans may qualify for the VA Veterans Pension, even without a service-connected disability. To be eligible in 2026, a Veteran must be age 65 or older or permanently and totally disabled, have served during a wartime period, and meet income and asset limits. The asset threshold is set at \$163,699. For a single Veteran with no dependents, the annual income limit is \$17,441. Veterans who require aid and attendance and have one dependent may qualify for a higher income limit of \$34,488.

Survivors of wartime Veterans may also qualify for pension benefits. The Survivors’ Pension helps bridge the gap between a survivor’s income and a set annual limit. In 2026, the VA will pay the difference between income and \$11,699 for an unremarried surviving spouse or unmarried child. Survivors who require aid and attendance and have a dependent may qualify for up to \$22,304 annually.

Another key benefit for survivors is Dependency and Indemnity Compensation. DIC is paid to eligible survivors of Veterans whose deaths were connected to service-related conditions. In 2026, the base monthly rate for a surviving spouse is \$1,699.36, with additional amounts available for children, aid and attendance, and certain transitional provisions.

Together, these adjustments provide modest but meaningful financial relief for Veterans and their families as they navigate rising costs in 2026.

VA EXPANDS ACCESS TO GYNECOLOGY CARE FOR WOMEN VETERANS

By **Rikki Almanza**
Staff Writer

The VA announced on December 4 that Women Veterans can now schedule appointments directly with VA gynecology specialists without first obtaining a referral from a primary care provider. The change takes effect immediately and removes a step that often caused delays for those seeking women's health services.

More than one million women Veterans currently enrolled in VA care are expected to benefit from the new process. VA officials said this change supports the fastest-growing segment of the Veteran population. Today, more than 2.1 million Women Veterans live in the United States. By 2040, they are

projected to make up 18 percent of all Veterans, compared with 4 percent in 2000.

VA Secretary Doug Collins said the decision reinforces the department's focus on improving access and reducing hurdles for those seeking care.

"This is what it looks like when VA is focused on putting Veterans first. By relentlessly focusing on customer service and convenience, we are building a department that works better for the men and women we are charged with serving," he said.

This update arrives during an ongoing effort to improve efficiency and expand services under the second Trump Administration. The VA reports

that the backlog of Veterans waiting for benefits has dropped by 57 percent since early 2025. It also says it has cleared the backlog of Veteran Families who were waiting for health care.

The department processed a record three million disability claims this past fiscal year and has opened 20 new health care clinics across the country since January 2025. Over the same period, the VA expanded appointment availability beyond regular business hours, resulting in more than 1.4 million early morning, evening, and weekend visits.

Women Veterans continue to take part in major VA research programs, including the Million Veteran Program. More



(Photo: Gustavo Fring)

than 100,000 women are now enrolled in studies examining breast cancer, endometriosis, osteoarthritis, heart disease, and other conditions that affect women at higher rates. The VA plans to encourage additional participation from women and minority Veterans as it prepares future research efforts.

To support the latest policy change, the VA will continue outreach efforts to ensure Women Veterans are informed about

their options. Assistance remains available through the Women Veterans Call Center and dedicated coordinators at every VA medical center, who can help with health care guidance, benefits information, and appointment scheduling.

The new process is expected to increase access to gynecology care and reduce delays that discouraged some women from seeking treatment within the VA system.

VA HIRING 300 COUNSELORS AND SPECIALISTS FOR VR&E PROGRAM

By **Rikki Almanza**
Staff Writer

The VA is launching a nationwide hiring effort to strengthen employment support for former service members, even as the agency continues to scale back its overall workforce. The VA is seeking to hire more than 300 vocational rehabilitation counselors and specialists for its Veteran Readiness and Employment program.

Positions are open across the country, and applications are being accepted through March 17. The agency is encouraging professionals with experience in counseling, vocational rehabilitation, social work, and related fields to apply. Job listings are available under "[Find VRS/VRC Positions](#)" in the Featured Positions section of the federal employment website.

There are many open positions in the VA's Pacific District, which includes several offices in California: Oakland, Los Angeles, and the Greater San Diego Area. Additional VA facilities in the San Diego area. Alternatively, many of the positions listed on USA-Jobs.gov appear to be open to telework.

The hiring push comes at a time when the VA has been working to reduce staffing levels through retirements, resignations, and hiring freezes. While some offices have shrunk, officials say the agency has focused on protecting programs that directly affect Veterans' daily lives. VR&E is one of those programs, helping Veterans with service-connected disabilities find stable work, pursue education, and rebuild careers after military service.

"VA exists to help Veterans achieve the American Dream, and VR&E is one of our most powerful tools for making that happen," VA Secretary Doug Collins said. "This hiring push will make it easier than ever before for Veterans to get help from the department to navigate career transitions, pursue education or training, and build a sustainable future."

For many Veterans, the transition to civilian employment can be complicated. Injuries, health challenges, gaps in work history, and difficulty translating military experience into civilian credentials can all create obstacles. VR&E counselors help Veterans work through those challenges by creating personalized career and training plans based on individual goals and abilities.

These counselors spend much of their time meeting one-on-one with Veterans, reviewing skills and interests, arranging education or certification programs, and connecting participants with employers. They also work closely with colleges, trade schools, and community organizations to ensure Veterans receive the support they need to succeed.

In recent years, staffing shortages and growing caseloads have strained the program in some areas. Some Veterans have faced longer waits for appointments or plan approvals. The current hiring effort is designed to ease those pressures and improve access to services. Much of the recruitment is focused on replacing employees who have retired or left rather than expanding the agency overall. Officials say the department is

placing greater emphasis on frontline staff while streamlining administrative positions.

As industries across the country continue to look for skilled workers, VR&E remains an important bridge between military service and civilian careers. Veterans often bring leadership, technical skills, and discipline to the workforce, but may need additional training or support to make a smooth transition.

With the March 17 application deadline approaching, the VA is encouraging qualified professionals to consider joining the program. Agency leaders say strengthening VR&E staffing is key to helping Veterans move forward with confidence and build lasting careers after service.



(Photo: Mingao Welfarecar)

DISABLED VETERANS CAN NOW RECEIVE VA AUTO GRANTS EVERY 10 YEARS

By **Rikki Almanza**
Staff Writer

Per Military.com, Veterans with certain service-connected disabilities can now receive a VA automobile grant more than once following a new VA policy change that now recognizes that reliable transportation is an ongoing need.

Originally signed into law in Jan. 2023, the Advancing Uniform Transportation Opportunities for Veterans Act, or AUTO Act, allowed eligible Veterans to apply for a VA automobile grant covering all or a large portion of accessible vehicle costs. Under the previous system, Veterans could only use the benefit once in their lifetime, regardless of how long the vehicle lasted or whether their needs changed. Now, eligible Veterans can apply for a new loan once every 10 years.

As of Oct. 2025, the grant amount is \$27,074.99. Veterans were able to receive additional support for adaptive equipment like wheelchair lifts or hand controls, but assistance toward the vehicle itself was limited to one initial grant. For Veterans who depend on modified vehicles to stay mobile and independent, that restriction often created major financial strain.

The cost of modified vehicles can be high. New vehicles typically range from \$20,000 to \$80,000, while used options can cost between \$21,000 and \$35,000. Many of these vehicles last just over a decade. Veterans who received their grant years ago often had no choice but to keep driving vehicles well past their normal lifespan or pay out of pocket for a replacement.

Under the new law, Veterans who have not received an automobile grant in 30 years can apply right away. After that, they may apply every 10 years. Veterans who have never used the benefit are immediately eligible and will follow the same 10-year cycle. Those who received a grant less than 30 years ago must wait until that threshold is reached before the recurring eligibility begins.

Eligibility requirements have not changed. Veterans and active duty Service Members may qualify if they have a service-connected disability involving the loss or permanent loss of use of one or both feet or hands, severe vision impairment in both eyes, certain severe burn injuries, amyotrophic lateral sclerosis, or specific joint conditions that qualify for adaptive equipment assistance. Disabilities caused

by VA medical care may also qualify under federal law.

The law also includes an exception for vehicles destroyed in natural disasters. In those cases, Veterans may qualify for another grant if the loss was not their fault and insurance did not cover the damage.

Another part of the update allows VA to pay for certain vehicle modifications as medical services. This includes items like van lifts, raised roofs, raised doors, air conditioning, and wheelchair tie downs. The change gives Veterans another way to access needed modifications through VA health care.

Veterans must apply and receive VA approval before purchasing a vehicle or adaptive equipment. Applications require VA Form 21 4502. Once approved, VA pays the seller directly.

Lawmakers estimate the change will cost \$43 million over 10 years. For Veterans who rely on accessible transportation, the impact goes far beyond the price tag. For those who used their one-time grant decades ago, the update provides long-overdue relief and acknowledges that mobility needs continue throughout a veteran's life.

Jury Awards \$6.8 Million to Army Veteran in LAPD Lawsuit

By **Rikki Almanza**
Staff Writer

A federal jury has awarded \$6.8 million in damages to Slade Douglas, a U.S. Army Veteran, following a lawsuit stemming from a 2019 encounter with Los Angeles police officers that began as a welfare check and ended with his forced hospitalization.

The verdict concludes a seven-year legal case involving the City of Los Angeles and officers Jeremy R. Wheeler and Jeffrey H. Yabana. Douglas alleged the officers unlawfully detained him, retaliated against him for asserting his rights, and subjected him to involuntary medical treatment without consent.

The incident occurred on Aug. 27, 2019, after Douglas contacted the VA to report what he described as racial discrimination during a phone call with a hotline operator. According to court records and testimony, Douglas allowed the officers into his home but later asked them to leave after they began searching without his consent. When the officers refused, Douglas called 911. Body-worn camera footage showed one officer telling Douglas that calling 911 in front of police was “the worst thing you can do.”

Douglas was then handcuffed and transported to PIH Good Samaritan Hospital. The lawsuit alleged that officers coordinated with medical staff to justify the detention by reporting

false medical concerns. Douglas was restrained, sedated, and subjected to toxicology testing despite repeatedly refusing consent. A catheter was also inserted as part of the testing, which Douglas testified caused injury.

Medical records later showed no drugs or alcohol in Douglas's system. He was released after approximately seven hours in custody.

The jury found that Douglas posed no threat and that officers lacked probable cause to detain or arrest him. Attorneys for Douglas argued the actions constituted retaliation for asserting his constitutional rights and calling 911. The jury rejected the city's claim that the officers acted in good faith during a welfare check.

Speaking on Roland Martin Unfiltered following the verdict, Douglas said the outcome reflected growing public frustration with abuses of authority. His attorney, Lauren McRae, said evidence presented at trial showed the city was aware of one officer's prior disciplinary and fitness for duty issues.

U.S. District Judge Maame Ewusi-Mensah Frimpong presided over the case. Douglas was represented by civil rights attorneys Peter Carr, Lauren McRae, and Na'Shaun Neal. The original lawsuit sought \$30 million in damages.

City officials have not yet announced whether they plan to appeal the verdict.



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DEPARTMENT EXECUTIVE COMMITTEE MEETING

The next in person Department Executive Committee Meeting will be March 13-15, 2026.

transportation to and from Sacramento International Airport and the hotel in Vacaville.

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549 Merchant Street
Vacaville, CA 95688

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