

Region 8 Veterans Committee Newsletter

August-September-October 2019



Veterans Officers

Tom Fisher

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Recording Secretary

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UAW REGION 8

Region 8 covers the Southeast, including **Tennessee, Kentucky, Virginia, West Virginia, North Carolina, South Carolina, Mississippi, Alabama, Georgia, and Florida**, the **District of Columbia, Maryland, Delaware** and four **Pennsylvania** counties: *Franklin, Cumberland, Adams, York*.

Region 8 members work in manufacturing, state governments, agriculture and office buildings. They build the Chevy Corvette, Ford Escape, Lincoln MKC, Lincoln Navigator, Ford Expedition, Ford F-250 and F-350 pickup trucks, Cadillac XT5, XT6, and GMC Acadia, Freightliner and Volvo heavy trucks and electronic communications equipment for various government agencies. Members build school and commercial buses and are bus drivers in school districts. They also package Planters Peanut products.

The membership of Region 8 is 50,000 strong, in almost 103 local unions across 12 states, including Volkswagen in Tennessee.



Daimler Trucks North America Marks the Production of 750,000th Vehicle at Cleveland, N.C. Manufacturing Facility Aug 26, 2019

CLEVELAND, N.C. – Aug. 26, 2019 – Daimler Trucks North America LLC (DTNA) today commemorated the production of the 750,000th vehicle built at its Cleveland, North Carolina truck manufacturing plant. Keys to the milestone vehicle – a Freightliner new Cascadia – were presented to representatives from United Parcel Service (UPS) during a ceremony at the facility.

“Over the past 30 years, our Cleveland plant has served as the foundation for our North American manufacturing operations and has been an integral part of our growth, innovation and leadership,” said Roger Nielsen, president and CEO, Daimler Trucks North America. “This production landmark demonstrates both customer acceptance of our solutions and the strength of our team. As we continue to evolve our product offerings and technologies, the Cleveland facility will remain a critical part of our strategy and success.”

“UPS celebrates this landmark achievement alongside DTNA as we accept the 750,000th truck produced by the Cleveland truck manufacturing plant,” says Carlton Rose, president of global fleet maintenance and engineering at UPS. “We applaud the efforts made by thousands of employees across UPS, DTNA, and Peach State Trucks Centers to bring this milestone to fruition. This accomplishment signifies our companies’ continued success as collaboration transforms technology and service defines the customer experience.”

Freightliner Trucks acquired the plant in 1989 and started producing the Freightliner Medium Conventional, a day cab truck model based on a Mercedes-Benz cabin mounted on an American chassis. Over the years, the product line-up at Cleveland has evolved as DTNA’s newest innovations entered the marketplace. Today, in addition to the marketing-leading Class 8 new Cascadia, the Cleveland plant also produces the Western Star 4700, 4900 and 5700XE truck models, and the Freightliner Coronado and Columbia for the right-hand drive Australian and New Zealand markets.

Since the first truck rolled off the line in Cleveland, DTNA has invested more than \$350 million in the facility, including a recent \$27 million investment to add a new logistics center with state-of-the-art technologies to support the company’s lean supply chain practices. More than 2,200 people are employed at the Cleveland facility, DTNA’s largest manufacturing plant in the U.S.

About Daimler Trucks North America

Daimler Trucks North America LLC, headquartered in Portland, Oregon, is the leading heavy-duty truck manufacturer in North America. Daimler Trucks North America produces and markets commercial vehicles under the Freightliner, Western Star and Thomas Built Buses nameplates. Daimler Trucks North America is a Daimler company, the world’s leading commercial vehicle manufacturer.



In March, Veterans Affairs officials said they may have a decision on adding four new diseases to the list of Agent Orange presumptive benefits eligibility by the start of the summer. Five months later, they still haven't moved ahead.

"They told us they were ready to go, and we haven't gone anywhere," said Rick Weidman, executive director for policy at Vietnam Veterans of America. "It feels like they just don't want to spend any money on this."

Vietnam veteran advocates feel a sense of urgency because the youngest who served there are in their early 60s.

Last November, researchers from the National Academies of Sciences, Engineering and Medicine announced they had compiled "sufficient evidence" linking hypertension, bladder cancer, hypothyroidism, and Parkinson's-like symptoms with exposure to Agent Orange and other defoliants used in Vietnam and surrounding countries in the 1960s and 1970s.

They recommended adding the conditions to VA's existing list of 14 presumptive diseases associated with Agent Orange exposure, a designation which allows veterans to more quickly and easily qualify for disability benefits.

Last March, VA's top acting health official — Dr. Richard Stone — told members of the Senate Veterans' Affairs Committee that he expected final action on the issue within 90 days. But this week, a department officials said that they have "no announcements on Agent Orange presumptive conditions at this time," providing no further details on delays in the process. Another senior administration official said VA is continuing to review the data and has not yet made any recommendations.

Almost two years ago, then-VA Secretary David Shulkin likewise suggested he was moving towards adding more illnesses to VA's presumptive conditions list for Agent Orange, but those changes also never materialized.

The delay is the latest frustration for Vietnam veteran advocates already unsettled by the department's decision earlier this summer to postpone payments related to "blue water" Navy veteran's cases until early 2020.

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VA leaders said using that extra time is responsible planning. Some advocates and lawmakers said they think the department could start processing some claims sooner and have urged them to move up the timeline.

Weidman said he isn't optimistic that the additional presumptive illnesses will be authorized before early next year.

"Our best hope now is to get a bill introduced to push this forward," he said.

The addition of bladder cancer, hypothyroidism, and Parkinson's-like symptoms to the list would potentially benefit thousands of aging veterans, adding a significant but not enormous amount to VA's benefits expenses.

But adding hypertension — high blood pressure — as a presumed service-connected illness could affect tens of thousands of individuals, potentially creating billions in costs in coming years. The condition is also common in many older Americans, further complicating whether it should be labeled a conclusive result of military service.



[Lawmakers, lawsuit want VA to reconsider delays for 'blue water' veterans claims](#)

VA officials can wait until January to start paying out the claims, but advocates want action sooner.

By: Leo Shane III

August 16, 2019



UAW Local 862 President Todd Dunn pushed Ford and UAW leadership to make available to workers a device that helps ease withdrawal symptoms.

People are dying.

They're dying across the country — an average of more than 130 people a day amid the deadliest U.S. drug epidemic in the modern era. But the fast-spreading opioid crisis has taken an especially large toll in Kentucky, where Ford Motor Co. has nearly 14,000 workers at two of its biggest assembly plants.

It's just a matter of statistics, UAW Local 862 President Todd Dunn says, that the casualties include some of those workers and their families.

"When you look at the Kentucky Truck Plant, you basically have two aircraft carriers' worth of people," Dunn told *Automotive News*. "There's not one person that's not touched in some way or another from opioid use, opioid death, suicide or overdose."

More help preventing and treating opioid misuse is high on the UAW's agenda for this year's contract negotiations with the Detroit 3.

"The issue demands that we get involved, and it demands that we set an example of combating it in a positive way — the union and the company," UAW Vice President Rory Gamble, whose granddaughter died of an opioid overdose in January, told *Automotive News*. "We have to grab this thing and address it now."

"It's not a UAW problem; it's not a Ford problem. It's a nationwide community problem."

-- Todd Dunn, UAW Local 862 president

Dunn is certainly trying. An Army veteran, he started brainstorming with a consortium of former military members across the country about the opioid epidemic in early 2017. He learned of a medical device under development that could help ease withdrawal symptoms and flew to Michigan to convince Gamble and Bill Dirksen, Ford's vice president of labor affairs, that his members going through recovery should have access to it. They agreed. This summer, the UAW is working with the University of Louisville on a pilot program with the device to help more than 200 Ford workers and family members quit their addictions.

It's a step.

Negotiation priority

Auto plants are fertile ground for addiction, as the repetitive, physically demanding labor leads to frequent injuries and chronic pain. Generous medical plans then provide low-cost access to powerful drugs.

"I don't believe that the UAW and the automakers should have necessarily seen this coming, because I don't think a lot of other people did," said Jeremy Milloy, a postdoctoral fellow at Mount Allison University in New Brunswick, Canada, who has studied drug and alcohol use in North American workplaces over the last 50 years.

"But now that they are dealing with this situation, it's a really obvious time for them to say that policies based on surveillance and stigmatization have failed," Milloy said. "They can't work in a system where the No. 1 most-abused drug is a licit one being prescribed through company health plans."

The union is seeking an expansion of employer-funded, union-administered assistance programs aimed at preventing the use of prescription painkillers from turning into harmful, long-term dependence. It also wants to ensure that workers can seek help without fear of retribution by their employer so they would be less likely to hide an addiction to maintain their paycheck.

The UAW's goals include formalizing efforts started by the automakers since the current contract was signed in 2015. General Motors implemented a pharmacy program in the fall of 2017 to curb the quantity of short-acting opioids employees can receive after simple surgeries. The company also promotes safe opioid use and disposal through annual seminars and communications. Ford and Fiat Chrysler Automobiles say they have initiated similar programs.

GM, in a statement, said it "recognizes this is an issue that impacts communities and families nationwide" and that it is "dedicated to ensuring a culture of safety, both at home and in the workplace."

Campaign of Hope

The UAW and Ford in 2017 teamed to launch the Campaign of Hope, an education and awareness initiative to combat drug misuse among hourly and salaried workers.

The campaign, which now reaches all of Ford's U.S. plants, began in a state where the opioid epidemic has been particularly devastating: Ohio. In 2017, the most recent year with government data available, 5,111 people died of drug overdoses in Ohio, where Ford has four plants and more than 6,500 employees.

"Some of our rural cities don't have 3,000 people. Imagine losing a whole city," Jerry Carson, a UAW employee support representative at Ford, said on a community podcast. "That's what's happening throughout our country."

Ohio had the nation's second-highest rate of overdose deaths in 2017, with 46 per 100,000 people, according to the Centers for Disease Control and Prevention, coming in after neighboring West Virginia, which had 58 deaths per 100,000. Kentucky ranked fifth, with 37, vs. a national average of 22.

GM, FCA and Honda of America Manufacturing also have plants in Ohio. Toyota Motor Corp. operates plants in Kentucky and West Virginia.

MEDICAL COVERAGE FOR ADDICTION

Since the first UAW-Ford contract in 1941, the union and automaker have negotiated agreements 27 times. Here's how policies on prescription drugs, medical coverage, workplace substance use and drug testing have evolved over that time.

1948: Group insurance coverage for medical, disability, death and dismemberment is made available.

1967: Prescription drug plan is established, and hospital-surgical-medical plan coverage is improved and fully covered by the automaker. This was also the year of the largest nationwide strike due to a bargaining impasse that lasted 49 days.

1987: Joint UAW-Ford programs are given increased funding, including the Employee Assistance Program. A generic drug program is implemented.

1990: Substance abuse services are expanded.

2009: UAW-Ford's optional Wellness Program is established. Employees who elect not to participate contribute \$25 per month.

2011: Company Health and Safety Program is considered a "living agreement," meaning it can be updated and amended outside contract negotiations.

Source: 2015 UAW-Ford National Negotiations Media Fact Book

"Whatever's happening to our communities filters into our work locations," Carson said. "This epidemic didn't happen overnight; we're not going to get out of it overnight, but the key is educate, provide treatment resources and show them they can make it through it."

Through the Campaign of Hope, Ford paved connections with local recovery centers, which began providing education and drug deactivation kits to plant employees. Dunn said that at one in-plant session, nearly all of the 60 people in attendance said they either had personal experience with opioids or knew someone who did.

The campaign warns of the dangers of opioid use through plant newsletters, magazines published through Ford and the UAW, and TV screens in plants. "We're basically using all the communication channels we have to reach as many people as we can," said Dirksen, the Ford vice president.

Withdrawal therapy

Part of what makes the opioid epidemic so deadly is the depth of the addiction. Pain from withdrawal is so severe, Dunn said, that workers will often leave recovery treatment after just a few days.

"Policies based on surveillance and stigmatization have failed. They can't work in a system where the No.1 most-abused drug is a licit one being prescribed through company health plans."

-- Jeremy Milloy, a postdoctoral fellow at Mount Allison University in New Brunswick

The medical device Ford is supporting with pilot testing is called a point-stimulation therapy device, known commercially as Lenus Freedom. It delivers pain relief by sending low-level electric pulses to the brain through the ear via three acupuncture needles. The device, cleared by the U.S. Food and Drug Administration for commercial distribution in November, can also be used to treat the symptoms of addiction.

Dunn, who has seen the device used on someone experiencing extreme heroin withdrawal, says it can dampen the majority of symptoms in as little as half an hour.

"This device is not a miracle, but it is the next best thing," he said. "It's a positive, disruptive solution to opioid treatment. I think you're going to see GM, Chrysler, a lot of companies and organizations look at this device as a game changer."

There were 70,237 drug overdose deaths in the U.S. in 2017, according to the most recent data from the CDC. Deaths were driven mainly by synthetic opioids, which were involved in 47,600 fatalities that year — or 68 percent of all drug overdose deaths.

"It's not a UAW problem; it's not a Ford problem," Dunn said. "It's a nationwide community problem."

Pain management

In June 2009, Mike Warchuck was in a car accident and severely hurt. Over the last 10 years, he's lived with two major consequences of the crash: pain and an opioid prescription meant to treat it. But Warchuck, who is president of UAW Local 653 in Pontiac, Mich., said he has kept his use of the painkillers in check.

"There's probably people that have an opioid problem that are on sick leave. There's probably people in the plant working every day that could probably have a problem with it. But am I personally aware of it being a crisis in our local? The answer would have to be no."

-- Mike Warchuck, president of UAW Local 653 in Pontiac, Mich.

"I had morphine patches attached to my body," he said. "I'm down to tramadol, if it's needed. It's the lowest form of an opioid you can get. For the most part, I've been fortunate. I've had plenty of opportunities to get addicted. I never did. Warchuck has had nine operations on his back, hips and knees resulting from the accident. For five years, he said, "I walked around in a glazed-over stupor because that was the only way I could function." For two of those years, he spent more time off than on the job as an electrician at GM's Global Propulsion Systems lab.

"In my opinion, I was safe and capable of working," Warchuck said. "I never abused anything."

Warchuck said he supports GM's policies that allow workers to seek help for substance use. The company makes education about the dangers of substance use available, he said, but management is less tolerant of recreational substance use on the line. Because of the confidential nature of GM's employee assistance program, however, Warchuck said he wouldn't know if workers were struggling with an addiction unless they came into his office and told him.

"There's probably people that have an opioid problem that are on sick leave," he said. "There's probably people in the plant working every day that could probably have a problem with it. But am I personally aware of it being a crisis in our local? The answer would have to be no."

Nonpunitive approach

The nonpunitive approach the UAW is seeking is an integral component of a functional workplace system for recovery, said Jodi Debbrecht Switalski, a former district court judge and prosecutor in Michigan who is now a consultant to employers on substance use.

"What the UAW is starting to recognize is that outdated workplace policies and protocols could never possibly have anticipated the impact of legally prescribed substances."

-- Jodi Debbrecht Switalski, a former district court judge and prosecutor in Michigan who is now a consultant to employers on substance use

For most companies, Switalski said, managing the list of legal and illicit drugs that enter workplaces would require a complete process overhaul. Outside of opioids, workers can struggle with benzodiazepines, antidepressants and anti-anxiety drugs, amphetamines and stimulants. Even drugs purported to act as alternatives to opioids can be powerfully addictive.

"We cannot limit it to the opioid epidemic," she said. "We would not be broadening the system far enough. What the UAW is starting to recognize is that outdated workplace policies and protocols could never possibly have anticipated the impact of legally prescribed substances."



YOUTUBE

Masi: Reintegrating employees is difficult.

People often seek treatment only after getting in trouble on the job, said Scott Masi, president of the nonprofit Unite to Face Addiction Michigan. Masi, who has worked with the UAW for 10 years providing addiction recovery services and education, said employees who are protected by their employer are more likely to seek help.

Masi is in long-term recovery himself from an addiction to crack cocaine he developed while working at the auto supplier Roush Industries. After eight years with the company, Masi was fired when he was caught sleeping on the job.

"If I was struggling with diabetes and I wasn't getting my medication, and I was sleeping because of that, do you think they would have fired me? No," Masi said. "I had no recourse to save my job, get the help that I needed or utilize the insurance that I had worked for."

Cost considerations

Large-employer health plans spent \$2.6 billion on treatment for opioid addiction and overdoses in 2016, nearly nine times as much as in 2004, according to a joint study by the Kaiser Family Foundation and the U.S. Bureau of Economic Analysis.

Inpatient and outpatient treatment for opioid addiction and overdoses added an average of \$26 per person to the annual cost of health benefits coverage in 2016, the study said, up from \$3 in 2004.

Given those increases, automakers might balk at spending even more to handle the problem. But experts say costly initiatives such as creating sober homes near plants could make all the difference in those workers' lives and help get the epidemic more under control.

After treatment, union employees may struggle to return to the environment where opioids came into their lives. Masi said reintegrating employees is one of the most difficult challenges, and those who lack a recovery-oriented system of care will continue to struggle.

Pamela Feinberg-Rivkin, CEO of Feinberg Consulting in West Bloomfield, Mich., says creating sober homes isn't that far-fetched of an idea.

The UAW is "looking for anything they can do to try to help save costs and keep plants in the United States. If this is a barrier for them to have more workers, they'll want to work together."
-- Arthur Wheaton, director of the Worker Institute at Cornell University

"If one or all three of [the automakers] would invest — not only in recovery; they need to have treatment first — but invest in the detox treatment and then a recovery community where they can live and work and receive that long-term care — that's a model that should be created in the state," Feinberg-Rivkin said. "Many workers that we have could benefit from having that whole continuum of care. "Automakers and the UAW may be open to experimental recovery efforts such as the Lenus Freedom device but will have to weigh the costs of further investments. In the give-and-take of negotiations, getting more funding to treat opioid misuse can mean the UAW would have to give up something in return.

"I am not against any type of solution that makes sense. But when you sit down with a company, you have to craft that where it makes economic sense," Gamble said. "We have members who live from time to time in halfway-house situations, and that seems to work."

Ford has a variety of opportunities to help prevent and recover from addiction, Dirksen said, but "we have limits of what we can do."

Labor experts say both sides have a vested interest in battling opioid misuse, which should ease negotiations on the topic even as health care expenses surge.

"I'm thinking they can get quite a bit accomplished," said Arthur Wheaton, director of the Worker Institute at Cornell University. The UAW is "looking for anything they can do to try to help save costs and keep plants in the United States. If this is a barrier for them to have more workers, they'll want to work together."

Vehicle quality

Gamble said he's confident Ford and the union will work toward meaningful solutions at the negotiating table.

"We look at it as having the ability to address an issue that is affecting our members, and from the company's perspective, their employees, and how that problem is affecting the end product," he said. "All of these things add to the cost of the vehicle — when you have high absenteeism; when employees just can't function. At the end of the day, it affects the quality of the vehicles we produce."

Dirksen pointed to efforts underway in collaboration with the UAW as proof that Ford is committed to addressing the opioid problem.

"All this work we've done has been between contracts," Dirksen said. "We didn't have to collectively bargain it and write it down; we just recognized it together and got to work on it."

July 08, 2019 12:00 AM www.autonews.com



SFC (Ret) GREGORY ALLEN STUBE
US ARMY SPECIAL FORCES
GREEN BERET

Born in Long Beach, CA, in 1969

Son of a career Navy man, Richard H. Stube

Enlisted to US Army Infantry in July, 1988

Selected for the Green Berets in November, 1992

Trained as Special Forces Medical Sergeant, 18D. Training included surgery, anesthesia, trauma management, pharmacology, minor dentistry, veterinary subjects and more, in order to help the "A-Team" function where there is no doctor.

Attended Defense Language Training, acquiring proficiency in Russian Language, which was maintained throughout Special Forces career

Received additional skill training as a Dive Medical Technician at the Special Forces Underwater Operations Facility in Key West, FL

SERE Qualified (Survival, Evasion, Resistance and Escape)

As a career parachutist, Stube earned the qualification of Jumpmaster and was ultimately awarded the Master Parachutist Badge

Participated in initial development of Special Forces Advanced Urban Combat training doctrine and 10th SFG(A) SFAUC course. Weapons capabilities and shooting remained at the core of Special Forces proficiency and competency throughout a career on the teams.

Stube spent what totals years in hostile fire zones with the Special Forces throughout the 1990s. He then served as Cadre in the John F. Kennedy Special Warfare Center and School.

While serving in Combat Operations in the Global War on Terror, Stube was wounded in Afghanistan during Operation Medusa. Stube's A-Team encountered overwhelming numbers of Taliban fighters in The Battle of Sperwan Ghar, which lasted over a week. Stube's wounds from a remotely detonated IED and enemy fire seemed fatal, but instead he survived to endure months of hospitalization and surgeries. Huge wounds to his abdomen, hip and pelvis eventually closed, his nearly severed leg was restored, and extensive full-thickness burns were grafted.

Stube has since retired with 23 years of service, to become the host of his own television show on NBC Sports, "Coming Home with Greg Stube." Since the conclusion of the tv series, public speaking, consulting, and charity work have made up the bulk of Stube's life after the military, with a focus on youth training and development. He currently serves as a leadership presenter for the FBI and the FBI National Academy, in DC



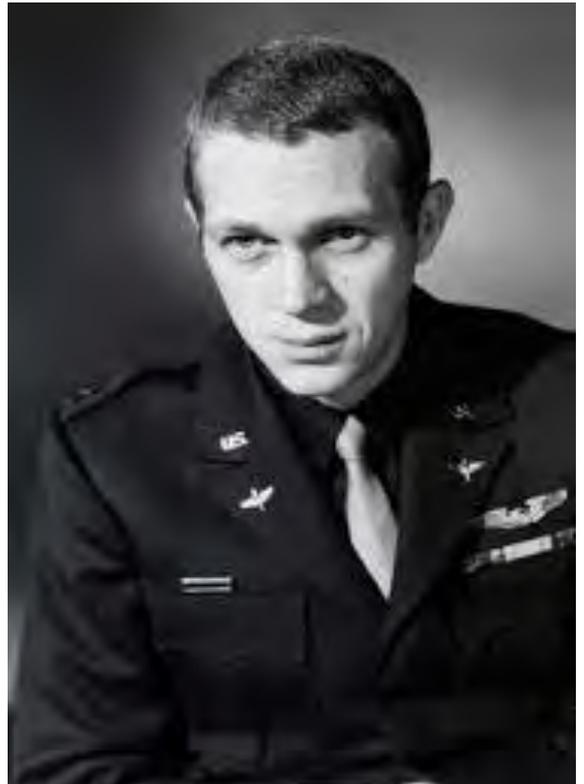
This was one of the guest speakers at the Veterans Conference at Black Lake, Aug. 17-23, 2019. I believe this Green Beret left quite the impression on just about everyone. He was such an inspiration! It was such an honor to hear him speak and to learn of his heart felt story. I left with a lasting impression.

Debbi Abatti-Pearson

DID YOU KNOW...

Steve McQueen served in the military!

In 1947, **McQueen** joined the United States Marine Corps where he was promoted to private first class and assigned to an armored unit. ... **McQueen** served until 1950, when he was honorably discharged. He later said he had enjoyed his time in the Marines





UAW-FORD NATIONAL VETERANS DEPARTMENT

**UAW-Ford is compiling a database
of our Veterans community so
that we can keep in
communication regarding events,
recognitions and benefits.
Please provide the information
below.**

***All information is voluntary and is
important to keep our UAW-Ford
Veterans Community informed.
UAW-Ford Employees Only.***

<https://www.uawford.org/veterans-registration>

National News

REGIONAL NEWS



★ NATIONAL ★
POW/MIA
RECOGNITION DAY

September 20, 2019

HISTORY OF THE POW/MIA FLAG

In 1970, Mrs. Michael Hoff, an MIA wife and member of the National League of POW/MIA Families, recognized the need for a symbol of our POW/MIAs. Prompted by an article in the Jacksonville, Florida, *Times-Union*, Mrs. Hoff contacted Norman Rivkees, Vice President of Annin & Company, which had made a banner for the newest member of the United Nations, the People's Republic of China (PRC), as part of their policy to provide flags of all United Nations member states. Mrs. Hoff found Mr. Rivkees very sympathetic to the POW/MIA issue. He and an Annin advertising agency employee, Newt Heisley, designed a flag to represent our missing men.

Following approval by the League's Board of Directors at a meeting held January 22-23, 1972, POW/MIA flags were manufactured for distribution. Wanting the widest possible dissemination and use of this symbol to advocate for improved treatment for and answers on American POW/MIAs, no trademark or copyright was sought. As a result, widespread use of the League's POW/MIA flag is not restricted legally. The large volume of commercial production and sales now required to meet demands of federal and state laws does not benefit the League financially, though Annin & Company did contribute a modest amount on one occasion.

On March 9, 1989, an official League flag – flown over the White House on National POW/MIA Recognition Day 1988 – was installed in the US Capitol Rotunda as a result of legislation passed overwhelmingly on a bipartisan basis during the 100th Congress. In a demonstration of further bipartisan Congressional support, the leadership of both Houses hosted the installation ceremony, at which League Executive Director Ann Mills-Griffiths delivered remarks representing the POW/MIA families.

The League's POW/MIA flag is the *only* flag ever displayed in the US Capitol Rotunda where it stands as a powerful symbol of America's determination to account for US personnel still missing and unaccounted-for from the Vietnam War. On August 10, 1990, the 101st Congress passed US Public Law 101-355, which recognized the League's POW/MIA flag and designated it "*the symbol of our Nation's concern and commitment to resolving as fully as possible the fates of Americans still prisoner, missing and unaccounted for in Southeast Asia, thus ending the uncertainty for their families and the Nation*".

The importance of the POW/MIA flag lies in its continued visibility, a constant reminder of the plight of America's UNRETURNED VETERANS. Other than "Old Glory," the League's POW/MIA flag is the only flag ever to fly over the White House, displayed since 1982 in this place of honor on National POW/MIA Recognition Day.

Passage by the 105th Congress of Section 1082 of the 1998 Defense Authorization Act required that the League's POW/MIA flag fly six days each year: Armed Forces Day, Memorial Day, Flag Day, Independence Day, National POW/MIA Recognition Day and Veterans Day. It must be displayed at the White House, the US Capitol, the Departments of State, Defense and Veterans Affairs, the headquarters of the Selective Service System, major military installations as designated by the Secretary of Defense, all Federal cemeteries and all offices of the US Postal Service. In addition to the specific dates stipulated, the Department of Veterans Affairs voluntarily displays our POW/MIA flag 24/7. The National Vietnam Veterans, Korean War Veterans and World War II Memorials are now also required by law to display the POW/MIA flag daily. Most State Capitols have adopted similar laws, as have local governments nationwide.

LEAGUE POLICY ON POW/MIA FLAG DISPLAY was adopted at the League's 32nd Annual Meeting in June 2001. Members present overwhelmingly passed the following resolution: *"Be it RESOLVED that the National League of POW/MIA Families strongly recommends that state and municipal entities fly the POW/MIA flag daily to demonstrate continuing commitment to the goal of the fullest possible accounting of all personnel not yet returned to American soil."*



September 2019

Region 8 Veterans Calendar



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Labor Day 	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20 National POW/MIA Recognition Day	21
22	23	24	25	26	27	28
29	30					