

# Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

*In Service to America*



## Meeting Notice

21 January, '15

### Elks Lodge

**5555 W. Good Hope Rd.**

**Board Meeting 6 p.m.**

**Chapter Meeting 7 - 8 p.m.**

Meetings are held on the third Wednesday each month. You are also invited to join members for conversation and discussion after the meeting.

Chapter web page: [www.vietnamvetschapter324.com](http://www.vietnamvetschapter324.com)

National web page: [www.vva.org](http://www.vva.org)

## Future Meetings

2015

18 February, 18 March, 15 April, 20 May, 17 June,  
15 July, 19 August, 16 September,  
21 October, 18 November, 16 December

## Chapter 324 Officers

President - Pat Ciofani 702-7734

Vice Pres. - Oliver Williams 358-4416

Secretary - Dennis Symanski 453-3600

Treasurer - Pat Moore 354-2533

Director - Ron Coppersmith 262-255-2832

Director - John Morgan 871-9274

Director - Joe Murray 262-389-7325

Director - Mike Ducette 262-968-5508

## PTSD Punitive Discharges ► Upgrade Website Launched

ArmyTimes Dec. 17, 2014

Vietnam-era veterans who were discharged as “other than honorable” because of post-traumatic stress can apply to have that status changed.

A special web page has been launched to assist veterans seeking to upgrade punitive discharges related to behavior problems caused by post-traumatic stress. The web page provides information and applications to seek an upgrade to discharge from service. The page can be found at <http://arba.army.pentagon.mil/adrbptsd.cfm>. It follows a recent directive to the Army’s Review Boards Agency to give liberal consideration to requests for discharge upgrades from veterans who say they were kicked out of service because of problems related to PTSD. Thousands of Vietnam-era soldiers may have been given punitive discharges because they suffered from PTSD before it was recognized as a debilitating medical condition, Defense Secretary Chuck Hagel acknowledged in September.

The ARBA is the Army’s highest level of administrative review for personnel actions taken by lower level organizations, and is comprised of several boards for considering the claims of soldiers and former soldiers who appeal unfavorable information

in their personnel records. Discharge upgrades are important because they are linked to benefits available through Veterans Affairs, such as treating PTSD-related symptoms, according to information provided by the Army. The Army could not provide an estimate of how many applications it will receive as a result of the outreach campaign. However, a class action suit brought by veterans groups, including the Vietnam Veterans of America, estimates that one third of the 250,000 otherthan- honorable discharges issued to Vietnam-era veterans may have been PTSD-related.

Veterans who previously were denied an upgrade can re-apply under the new guidance, and the Army Board for Correction of Military Records will consider the application a new case, according to the Army. The new guidance only applies to veterans who received “other than honorable” discharges. It does not apply to veterans who received less than honorable or dishonorable discharges because of serious infractions. Components of the Review Boards Agency include the Army Board for Correction of Military Records, the Army Discharge Review Board and the Army Grade Determination Review Board.

# PTSD Impact on Aging Vets & Dealing with LOSS

<http://www.ptsd.va.gov/public/types/war/ptsd-older-vets.asp>

For many Veterans, memories of their wartime experiences can still be upsetting long after they served in combat. If you are an older Veteran, you may have served many years ago, but your military experience can still affect your life today. Many older Veterans find they have PTSD symptoms even 50 or more years after their wartime experience.

Some symptoms of PTSD include having nightmares or feeling like you are reliving the event, avoiding situations that remind you of the event, being easily startled, and loss of interest in activities. There are a number of reasons why symptoms of PTSD may increase with age:

- Having retired from work may make your symptoms feel worse, because you have more time to think and fewer things to distract you from your memories.
- Having medical problems and feeling like you are not as strong as you used to be also can increase symptoms.
- You may find that bad news on the television and scenes from current wars bring back bad memories.
- You may have tried in the past to cope with stress by using alcohol or other substances. Then if you stop drinking late in life, without another, healthier way of coping, this can make PTSD symptoms seem worse.

PTSD symptoms can occur soon after a traumatic experience, but this is not always the case. Here are some common symptom patterns:

- Some Veterans begin to have PTSD symptoms soon after they return from war. These symptoms may last until older age.
- Other Veterans don't have PTSD symptoms until later in life.
- For some Veterans, PTSD symptoms can be high right after their war experience, go down over the years, and then worsen again later in life. Many older Veterans have functioned well since their military experience. Then later in life, they begin to think more or become more emotional about their wartime experience.

As you age, it is normal to look back over your life and try to make sense of your experiences. For Veterans this process can trigger Late-Onset Stress Symptomatology (LOSS). The symptoms of LOSS are similar to symptoms of PTSD. With LOSS, though, Veterans might have fewer symptoms, less severe symptoms, or begin having symptoms later in life.

LOSS differs from PTSD in that LOSS appears to be closely related to the aging process. People with LOSS might live most of their lives relatively well. They go to work and spend time with family and friends. Then they begin to confront normal age-related changes such as retirement, loss of loved ones, and increased health problems. As they go through these stresses, they may start to have more feelings and thoughts about their military experiences.

Having symptoms of LOSS is not upsetting for all Veterans. While some find that remembering their wartime experience is upsetting, many find that it helps them to make meaning of their wartime experience. What can you do to find help? If you are having a hard time dealing with your wartime memories, there are a number of things that you can do to help yourself. There are also ways you can seek help from others.

- Do things to feel strong and safe in other parts of your life, like exercising, eating well, and volunteering.
- Talk to a friend who has been through the war or other hard times. A good friend who understands and cares is often the best medicine.
- Join a support group. It can help to be a part of a group. Some groups focus on war memories. Others focus on the here and now. Still others focus on learning ways to relax.
- Talk to a professional. It may be helpful to talk to someone who is trained and experienced in dealing with aging and PTSD. There are proven, effective treatments for PTSD. Your doctor can refer you to a therapist. You can also find information on PTSD treatment within VA at: VA PTSD Treatment Programs.
- Tell your family and friends about LOSS and PTSD. It can be very helpful to talk to others as you try to place your long-ago wartime experiences into perspective. It may also be helpful for others to know what may be the source of your anger, nerves, sleep, or memory problems. Then they can provide more support.
- Don't be afraid to ask for help. Most of all, try not to feel bad or embarrassed to ask for help. Asking for help when you need it is a sign of wisdom and strength.

# PTSD Treatment Shows Promise

MilitaryTimes | Patricia Kime | Nov. 19, 2014

Stellate Ganglion Block Treatment A nearly century-old anesthesia technique is showing promise as treatment for post-traumatic stress disorder, relieving symptoms in 70 percent of combat veterans who received it once or more, according to a new review. The therapy, stellate ganglion block, or SGB, quelled symptoms of PTSD, such as sleep disturbances, anxiety and depression, as measured by a checklist in nearly 100 service members suffering from combat-related stress within a week of treatment, according to the report published in October.

SGB involves injecting an anesthetic into a bundle of nerves — the stellate ganglion — that sits near the base of the neck. In some cases, the shot, given under general anesthesia and guided to the exact spot by a physician using an ultrasound, gave instantaneous relief to patients with chronic PTSD symptoms, according to the review of cases published in the journal *Military Medicine*. “Among patients with one-week followup (after injection), 78.6 percent of responders had an average reduction of their PTSD checklist score” of 22 points, the study noted.

First developed to address shoulder, neck and face pain caused by the Herpes Zoster (shingles) virus and complex regional pain syndrome, SGB has been used to treat PTSD since 2008, initially tested by Dr. Eugene Lipov, a Chicago area pain management specialist.

Lipov, who uses the nerve block to treat patients for facial and neck pain, knew SGB relieves menopause-related hot flashes and theorized that because it seems to “reboot” the body’s temperature regulating mechanism, it might reset a PTSD patient’s overreaction to stimulus — their “fight or flight” response — by interrupting connections between the sympathetic nervous system and central nervous system. “This was not something I just stumbled on. As a pain management specialist, I knew SGB relieved problems related to the sympathetic nerve system and thought it could work to relieve the hyperarousal characteristic of PTSD,” Lipov said.

SGB has been studied by physicians at Naval Medical Center San Diego as a potential PTSD treatment and was found to improve symptoms in patients who had not benefited from the standard therapy of medication and psychological therapy. But the procedure is not widely accepted as a potential therapy for PTSD. One issue, Lipov said, is that

PTSD remains a largely unexplained condition. It’s characterized as a psychiatric disorder, but ongoing research points to a close relation to concussion or head injury or other physiological change in the brain that may contribute to PTSD development.

Physicians are reluctant to embrace SGB because they don’t understand why a physical treatment could relieve what is categorized as a mental health disorder. Also, Lipov and other advocates say, since the mechanism for how it works is not well understood — and since no advanced clinical trials have been done to determine its effectiveness — many providers shy away from it.

“We hear often that no one understands the mechanism for how it works, so they won’t try it. But we don’t really know the mechanisms for most medical procedures,” San Diego-based consultant Dr. Maryam Navaie said. “Pharmacotherapy and psychotherapy are only moderately helpful, at best. We need more effective treatment options.” An SGB treatment lasts less than an hour for patients, who in most cases are sedated.

## Suicide:

### Top Troop Death Cause in ‘12 & ‘13

Greg Zoroya, USA Today, November 03, 2014

War was the leading cause of death in the military nearly every year between 2004 and 2011 until suicides became the top means of dying for troops in 2012 and 2013, according to a bar chart published this week in a monthly Pentagon medical statistical analysis journal. For those last two years, suicide outranked war, cancer, heart disease, homicide, transportation accidents and other causes as the leading killer, accounting for about three in 10 military deaths each of those two years.

Transportation accidents, by a small margin, was the leading cause of military deaths in 2008, slightly more than combat. The fighting in Iraq and Afghanistan accounted for anywhere from one out of three deaths in the military — in 2005 and 2010 — to more than 46 percent of deaths in 2007, during the height of the Iraq surge, according to the chart. More than 6,800 troops have died in Iraq and Afghanistan since 9/11 and more than 3,000 additional service members have taken their lives in that same time, according to Pentagon data.

## Women Draft Could be Next

Anna Mulrine, The Christian Science Monitor, October 28, 2014

As Norway became the first NATO country to require women to register for the draft this month, it has American military analysts debating whether the US could be on the verge of taking the same step, too. It was back in 1981 that the US Supreme Court ruled that requiring only men to register for the draft was constitutional, since there were US laws that banned women from fighting in combat. Essentially, the argument went, since the purpose of registration for selective service – which all men must do at the age of 18, regardless of whether there is a draft in effect – is to prepare for combat, and women are excluded from combat, then they would not be needed in the event of a draft.

But with the Pentagon's decision to lift the ban on women in combat by January 2016 – and its move in recent months to open a number of jobs to female troops previously held only by men – those Supreme Court arguments from 33 years ago may no longer apply, analysts note, adding that mandatory registration for the draft may be the next logical step.

“It's a social contract with democracy – that's my take on it,” says Shelly Burgoyne, a former Army officer who served two tours of duty in Iraq during the war and believes women should be required to add their names to the Selective Service registry. “If you're going to take advantage of all of the benefits of a democracy, then I think you should also bear the responsibility as well.”

A former platoon leader running supply convoys, Ms. Burgoyne says she did not initially think that women should be allowed to serve in combat jobs and even wrote her senior thesis laying out the reasons why they shouldn't. Her beliefs changed, she says, after her time in Iraq. “I saw women physically able to do it,” she says. “I did a full-on reversal – if you can do the job, then you can do the job.”

A congressionally chartered association of US military reservists recently passed a resolution last year calling for the registration of women for the Selective Service as well, noting that 14 percent of active duty troops and nearly one-fifth of National Guard and Reserves are now women.

Even though 275,000 women have deployed to fight America's recent wars, “an inequality exists between men and women between the ages of 18-26 under the Selective Service Act,” the Reserve Officers Association of

the United States notes. “Women should be treated equally as responsible, competent, contributing members of America's society.”

While men are required to register for the Selective Service, there has not been a draft in the United States since the Vietnam-war era. Pentagon brass strongly believes that the current all-volunteer force performs much better than a conscripted force would. The presence of women on the rolls has the potential to make a draft even less politically palatable.

Yet there are other possibilities in the event of a national emergency in which the draft is activated, says retired Maj. Gen. Charles Dunlap, the former deputy judge advocate general of the Air Force and now the executive director of the Center on Law, Ethics and National Security at Duke University School of Law in Durham, N.C. Congress might say, for example, that the national emergency requires 95 percent of draftees to be fighters, or infantry. A draft bill might argue that since, say, 95 percent of infantry troops are men, then the national emergency would require 95 percent of men to be called up, and 5 percent of women, Mr. Dunlap notes.

In that case, the law might say that the 5 percent requirement could be filled by female volunteers, rather than conscripts, he adds. “There would be a relatively small number of women who would want to do it and be able to pass the test,” Dunlap argues. “Those that wanted to do it and could would be welcomed into the unit, because they would be extraordinary people,” he adds. “I don't see thousands and thousands of women in the infantry.”

I DUNNO BUT I'VE BEEN TOLD...  
SHOOTIN' THINGS IS GETTIN' OLD...  
KISS A BABY - HUG A TREE...  
SHOW SOME HOSPITALITEE...  
SOUND OFF HUT HOO HREE HO...



SENSITIVITY TRAINING.

# War Costs Since 9-11

Tony Capaccio Bloomberg News Dec. 19, 2014

The wars in Iraq and Afghanistan and counterterrorism operations have cost the U.S. a combined \$1.6 trillion since the Sept. 11 terrorist attacks, according to a new Congressional Research Service analysis. Refer to <http://media.bloomberg.com/bb/avfile/rU4ypR8jD54M> to view the complete Congressional Research Service report:

**Dollar Cost** - Through fiscal 2014, which ended in September, Congress approved \$815 billion for warfare in Iraq, \$686 billion for Afghanistan and other operations against terrorism, \$81 billion for other war designated spending and \$27 billion for Operation Noble Eagle air patrols over the U.S., according to the report posted on the agency's internal website.

The total includes \$297 billion spent on weapon procurement and war repairs. The assessment is the agency's first full update of war costs since March 2011. About 92 percent of the funds went to the Pentagon, followed by the State Department and the Department of Veterans Affairs. It includes war operations, training and equipping Iraqi and Afghan forces, diplomatic operations and medical care for wounded Americans over the past 13 years, the agency said in the report dated Dec. 8.

It also includes most reconstructions costs. "The main factor determining cost is the number of U.S. troops deployed" at different times, the research service said. U.S. troops in Afghanistan peaked at 100,000 in 2011; there are 11,600 there today as the U.S. withdrawal continues.

The figures include war-related intelligence funding that wasn't tracked or spent by the Defense Department, according to the report. It wasn't updated with the \$63.7 billion in war spending for the current fiscal year for Afghanistan operations and the first installment of operations against Islamic State in Iraq and Syria.

**Human Costs** - The Iraq invasion -- initiated on a pledge to rid Saddam Hussein of weapons of mass destruction he didn't have -- resulted in 4,491

U.S. military and civilian deaths and 32,244 wounded, according to Defense Department data compiled by Bloomberg. The U.S. invasion to destroy al-Qaeda in Afghanistan and remove the Taliban from power has led to 2,356 military and U.S. civilian deaths and 20,060 wounded as of 16 DEC 2014. In addition, 128,496 U.S. military who deployed to Iraq and Afghanistan have been diagnosed with Post Traumatic Stress Disorder, according to September data from the Defense Medical Surveillance System.

**Cost Caveats** - Unlike academic estimates, which have calculated total costs as much higher, the Congressional Research Service doesn't include in its calculations the lifetime costs of medical care for disabled veterans, imputed interest on the deficit or potential increases to the base defense budget deemed to be a consequence of the war, according to Amy Belasco, author of the report. "Such costs are difficult to compute, subject to extensive caveats and often based on methodologies that may not be appropriate," she wrote.

A June cost-of-war assessment by Neta Crawford, a political science professor at Boston University, put the potential total cost of the Iraq and Afghanistan wars and assistance to Pakistan since 2001 at \$4.4 trillion, including \$316 billion in interest costs and \$1 trillion through 2054 for veterans care.





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Anyone can join! Membership Options:

Vietnam Veterans (A copy of your DD214 must be included):

- Individual Member - 1 year \$20 • Individual Member 3 year \$50 • Life Member \$250
- Life Member Installment Plan (\$50 Deposit; \$25 per month for 8 Months)

Anyone Else:

- Associate Member - 1 year \$20 • Associate Member 3 year \$50 • Associate Life Member \$250
- Associate Life Member Installment Plan (\$50 Deposit; \$25 per month for 8 Months)

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I would like to help Chapter 324 by donating \$ \_\_\_\_\_

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