

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America

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Meeting Notice

18 January 2017

Elks Lodge 5555 W. Good Hope Rd.

Board Meeting 6:30 p.m.

Chapter Meeting 7 - 8 p.m.

Future Meetings 2017

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

Chapter web page: www.vietnamvetschapter324.com

National web page: www.vva.org

Discharge Review Boards Must Consider PTSD

Jeremy Campbell & Erin Gutierrez, December 08, 2016, WXIA-11 Atlanta

Inside the 2017 massive defense spending bill Congress passed 8 DEC, is small provision that could change the fate of tens-of-thousands of service men and women currently denied access to medical care. The Fairness for Veterans Act (<https://www.congress.gov/bill/114th-congress/senate-bill/1567/text>) is featured in the TEGNA investigative docu-series, Charlie Foxtrot (<http://www.missioncharliefoxtrot.com>). The bill requires military discharge review boards to consider post-traumatic stress disorder and traumatic brain injury. It reads: To provide for the treatment by discharge review boards of claims asserting post-traumatic stress disorder or traumatic brain injury in connection with combat or sexual trauma as a basis for review of discharge. Charlie Foxtrot investigated how tens of thousands of service members are stripped of benefits, often without medical care. Many are not legally considered veterans anymore.

According the VA data uncovered by a group of investigators from 11Alive News in Atlanta, since Sept. 11, 2001, about 28 percent of our troops are returning home with post-traumatic stress disorder,

traumatic brain injury or both. Symptoms of post-traumatic stress disorder, traumatic brain injury often manifest as what appears to be questionable behavior, like fighting with others, substance abuse or even suicide attempts. But those actions can lead to a less than honorable discharge.

As a result of the passage of this bill, the military will now be required to consider mental health conditions for troops who receive less than honorable discharges. If a service member does something the military considers undesirable, their mental health will now factor in to any discharge review. Now, thousands of veterans will now be eligible for at status upgrade and VA medical care.

More than 12,000 people felt compelled to signed a petition supporting the law after watching Charlie Foxtrot. Earlier this week, Charlie Foxtrot was shown on Capitol Hill as part of a discussion with participants of the docu- series, as well as several bills aimed at safeguarding veterans' mental health. The National Defense Authorization Act was sent to President Obama's desk for a signature. The President is expected to sign the plan into law.

US Soldiers Are Relying on Millions of Dollars in Food Stamps to Survive

By Mike Ludwig, Truthout, 17 August 2016

Military service members on active duty spent \$24 million in food stamps at military commissary shops from September 2014 to August 2015, and 45 percent of students in schools run by the military are eligible for free or reduced-price meal programs.

For years, the military has been embarrassed by reports showing that some active-duty service members struggle to feed their families and use government benefits to get by. A recent report by the Government Accountability Office (GAO) found that the Department of Defense (DoD) does not fully understand the scope of the problem.

The USDA runs the Supplemental Nutrition Assistance Program (SNAP), the benefits of which are commonly called food stamps. Neither the military nor the USDA tracks how many active-duty service members receive SNAP benefits, according to the report.

The base salary for low-ranking service members can start as low as \$18,800 a year. A soldier making that much to support a two-person household would be eligible for food stamps.

A provision in the 2016 defense spending bill encourages data sharing between the Pentagon and the USDA to address this problem, but the DoD does not have a coordinated effort underway to access that data through the USDA. The GAO concludes that without interagency data-sharing, the military will miss a valuable opportunity to understand the needs of its service members and address hunger within its ranks.

Abby Leibman, the president of MAZON, a Jewish anti-hunger group that runs a program focused on military families, testified before Congress in January that food insecurity among active-duty soldiers is triggered by a number of different factors, including low pay among lower-ranking enlistees, high unemployment among military spouses, larger household sizes, challenges around activation and deployment and unexpected financial emergencies.

She also said food pantries can be found at every military base in the country, and active-duty soldiers regularly show up at them, often in their uniforms, looking for help.

“Despite strong anecdotal evidence, food insecurity among military families is not adequately documented or monitored by government agencies, and indeed the problem has long been obscured and ignored,” Leibman told a House agriculture committee. “Data [is] often withheld from the public

or are excessively difficult to obtain. What data we have been able to secure are often contradictory, out of date or simply incomprehensible.”

For example, recent USDA data states that about 2,000 active-duty service members are enrolled in SNAP, but estimates based on federal census data from 2014 put that number at 19,455. Experts say the sources of this data are unreliable for multiple reasons and Leibman called on the Pentagon and the USDA to work together to determine just how many military personnel receive SNAP benefits.

The number of food stamp dollars spent at military commissary stores steadily rose after the financial crisis of 2009 and peaked at \$103 million in 2013. That number dropped as the economy recovered, but an unknown number of military families are still struggling with food insecurity. How can the DoD address this problem without first understanding its scope?

In a statement, Leibman said that anti-hunger advocates support the GAO’s findings and its recommendation that the Pentagon gather more data to fully understand the “shameful incidence of hunger within the military.”

“We urge collaboration among the Pentagon, the USDA and Congress to address this crisis,” Leibman said. “It is inexcusable that those who courageously serve our country should struggle with hunger.”

In their response to the report, military officials also agreed with the GAO’s recommendations, but they have complained that collecting data on active-duty SNAP enrollees is difficult because the benefits are distributed by individual state agencies, making coordination a challenge.

Leibman and MAZON have also called on the government to remove barriers that prevent active-duty service members from receiving SNAP benefits. For example, a housing stipend offered to lower-ranking service members is considered income on food stamp applications, making many low-paid soldiers ineligible for the program.

PTSD

The Food and Drug Administration has given the go-ahead for clinical trials of the club drug ecstasy as a potential treatment for post-traumatic stress disorder. In earlier research, the drug showed promise in reducing symptoms of PTSD.

Agent Orange Exposure Appears to Double Risk of Invasive Skin Cancer

<http://www.usmedicine.com/agencies/department-of-defense-dod/agent-orange-exposure-appears-to-double-risk-of-invasive-skin-cancer/>

By Annette M. Boyle, April 2014

HOUSTON — Even four decades later, veterans exposed to Agent Orange during the Vietnam War have twice the risk of developing unusually invasive nonmelanotic skin cancers compared with the general population, according to a recent study.

“We noticed a lot of veterans coming into our clinic had very aggressive squamous and basal cell carcinomas, and it seemed like there was a connection to Agent Orange exposure, but a literature search failed to find any studies that showed an association in humans,” said Mark Clemens, MD, assistant professor of plastic surgery, University of Texas M.D. Anderson Cancer Center. Previous studies have demonstrated a positive correlation between 2-, 3-, 7-, 8-tetrachlorodibenzodioxin (TCDD), the highly toxic contaminant in Agent Orange and nonmelanotic invasive skin in animals.

As of 2009, more than 485,000 veterans with Agent Orange exposure had registered with the VA. DoD and the VA recognize and provide benefits for many TCDD exposure-associated diseases, including peripheral neuropathy, amyloidosis, B-cell leukemia, birth defects, chronic lymphocytic leukemia, type 2 diabetes mellitus, Hodgkin and non-Hodgkin lymphoma, ischemic heart disease, multiple myeloma, Parkinson’s disease, porphyria cutanea tarda, prostate cancer, respiratory cancers, soft-tissue sarcomas and chloracne.

Currently, however, skin cancer is not presumptively associated with Agent Orange exposure. The latest Institute of Medicine update to the Veterans and Agent Orange report concluded that there is “inadequate and insufficient information to determine whether there is an association between exposure to Agent Orange and basal cell or squamous cell cancer.”¹

That didn’t dissuade the M.D. Anderson researchers from further investigation.

“In our clinic, we talked about an association on a daily basis. We wanted to systematically take the first step toward conclusively making that case,” Clemens said. “We did a pilot study with 100 consecutive patients and found a surprisingly high rate of 51% of veterans had nonmelanotic skin cancer, which is about twice what you would see in an age-matched cohort in the general population,” Clemens

told U.S. Medicine.

The researchers evaluated the medical records of patients who enrolled in the Agent Orange registry at the Washington, DC, VAMC from August 2009 to January 2010. The patients ranged in age from 56 to 80 years old, with a mean age of 65.7 years. Only patients with Fitzpatrick skin types I-IV (fair to medium complexions) were included in the study. The results of the study appeared in the February issue of *Plastic and Reconstructive Surgery*.²

“We compared whether they sprayed fields every day, lived and worked in the area or traversed a field once as part of work and then looked at the incidence by group,” Clemens said. Among the 30% of patients who actively sprayed Agent Orange, the risk of skin cancer was even higher — 73%. Of those who lived or worked in areas sprayed with the chemical, 46% had nonmelanotic invasive skin cancer (NMISC). For veterans who reported only traveling through areas exposed to Agent Orange, the rate dropped to 21%.

About 43% of patients had chloracne, known to be caused by dioxin exposure. The presence of chloracne increased the rate of NMISC substantially, to 80%. Cutaneous melanoma occurred in 9% of the patients, similar to the 8.8% rate seen in individuals over the age of 65 in the general population. More than one-fourth of the patients (26%) had other malignancies.

Men with lighter skin and light eye color also had increased risk. Of the 14 men with Fitzpatrick skin type I, the lightest, 10 (71%) had NMISC. Just under 60% of those with Fitzpatrick skin type II and 45% of those with type III had NMISC, while none of those with skin type IV did. Of the 38 veterans with blue eyes, 66% (25) had NMISC, as did 60% (9) of those with green or hazel eyes. The incidence rate was much lower in veterans with brown eyes, at 36%.

“The takeaway from the study is that there may be an association between Agent Orange and development of nonmelanotic skin cancer, but it needs to be studied on a larger scale with thousands of patients. What we’ve observed is very, very suspicious and supports what’s been reported anecdotally,” Clemens noted.

Continued next page

Skin Cancer continued

Clemens said he and his colleagues are hoping to enroll patients in a larger, prospective study. The researchers pointed out that their study had some significant limitations, such as reliance on recalled TCDD exposure and the absence of a control group of nonexposed Vietnam-era veterans.

While research continues, Clemens encouraged physicians to closely monitor veterans with Agent Orange exposure for skin cancers.

“Most patients in this group don’t fall under the screening regimen. They may not have a family history of skin cancer; they’re over 65. Even if there isn’t a formal screening recommendation, veterans exposed to Agent Orange should have a physician look them over from head to toe and check any areas where

they might have skin cancer,” he suggested.

“It’s difficult with just 100 patients to stratify subcohorts to determine who is most or least at risk, but the incidence was clearly higher among individuals with fair skin and light eyes,” Clemens added. “We can say that we really need additional study to determine the relative risk within this group and how we might best help these veterans.”

1 National Research Council. Veterans and Agent Orange: Update 2012. Washington, DC: The National Academies Press, 2014.

2 Clemens MW, Kochuba AL, Carter ME, Han K, Liu J, Evans K. Association between Agent Orange Exposure and Nonmelanotic Invasive Skin Cancer: A Pilot Study. *Plast Reconstr Surg.* 2014 Feb;133(2):432-7.

Milwaukee Woman Vet Attacked

By Sarah Sicard , December 14, 2016, Task & Purpose

When a carjacker tried to prey on two elderly women, he didn’t know he had made a very poor decision. It was a night in late October when retired Army drill sergeant Miriam Ben-Shalom and her life partner Karen Weiss went out to see a musical theater performance followed by a nice dinner in Milwaukee. They pulled into the parking lot of Hotel Metro and were preparing to hand off the keys to their Honda CR-V to the valet. Sixty-eight-year-old Ben-Shalom was getting Weiss’ walker from the trunk when she saw a teenager attacking the valet who was assisting them. He was trying to steal their car.

Ben-Shalom immediately took action. “I think these fools saw Karen with her walker and her cane,” she told *The Daily Beast*, adding, “[but] we’re not fragile little old ladies.” Ben-Shalom tackled the thief and pinned him to the pavement. “I stood up and put the toe of my boot in a socially significant place,” she said. “I told him if he tried to move or do anything, he

would walk very funny for the rest of his life and pee through a tube [and] I have to tell you, I meant every word.”

As Ben-Shalom held him, 69-year-old Weiss used her cane to remove his hoodie so she could identify him. Just when they had their alleged carjacker secured, a black Jeep pulled up, and a passenger jumped out, pulling a gun on the two women. According to Ben-Shalom, the gun-wielding teen said, “Let him go, bitch, or I’ll shoot you.” Not wanting to risk being shot, she loosened her grip, and the assailant escaped in the car with his two accomplices. After speaking with police, the couple proceeded with their dinner and were applauded by hotel employees. The next day, she had a message for the carjackers: “Big brave fuckers, to try to jack a car from a disabled person

Lesson: don’t jack cars and do not mess with old lady veterans.

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Biggest killer in Iraq - suicide not ISIS

<http://www.nationofchange.org/2017/01/01/biggest-killer-us-troops-middle-east-not-isis-suicide/>

Confirming once again that war, to those who are sent to fight them, is absolute hell, newly released Pentagon statistics show that suicide – not combat – is the leading killer of U.S. troops deployed to the Middle East.

According to a report in USA Today this week, of the 31 troops who have died as of Dec. 27 in Operation Inherent Resolve, 11 have taken their own lives. Eight died in combat, seven in accidents and four succumbed to illness or injury.

These new numbers confirm a trend that's been in place since the beginning of the prolonged occupation of the Middle East.

Earlier this year, the DoD released a similar report from 2014 that revealed some startling numbers. In all of 2014, a total of 55 U.S. troops, in both hostile and non-hostile situations, lost their lives in foreign occupations. The number of soldiers who killed themselves was nearly 5 times that amount.

According to the DoD report, in 2014, there were 269 deaths by suicide among active component service members (compared to 259 deaths by suicide in 2013).

"I don't think there's one single cause for it," said Rajeev Ramchand, a senior behavioral scientist at the Rand Corp. who has studied military suicide. "There are a multitude of factors. They are also picking up on a trend toward more suicide in the U.S. population as a whole. Maybe there's a universal stress on everyone in the military that affects them in profound ways."

However, many experts have come forward and noted that the increased prevalence in the prescription of antidepressants to active duty troops could play a large role. In 2010, Peter Breggin MD testified before the Veterans' Affairs Committee of the U.S. House of Representatives:

"The newer antidepressants frequently cause suicide, violence, and manic-like symptoms of activation or overstimulation, presenting serious hazards to active-duty soldiers who carry weapons under stressful conditions. Antidepressants should not be prescribed to soldiers during or after deployment," said Breggin.

"In testimony before the U.S. House of Representatives Veterans Affairs Committee, I have

pointed to a probable causal relationship between increasing rates of antidepressant prescription and increasing rates of suicide in the military," he explained in his 2010 publication on SSRI Suicide in the Military (Antidepressant-induced suicide).

Couple the dehumanizing nature of treating human beings as fodder for wars of aggression with the known side effects of antidepressants, and you have a recipe for disaster.

Not only are active duty soldiers tragically ending their own lives at an increasing rate, but once they finish their service, these numbers skyrocket.

In a 2012 report put out by the Veterans Administration, it was estimated that up to 22 veterans a day kill themselves. That is 8,000 lives a year – almost one per hour.

If we look at attempted suicides, that number skyrockets to 19,000 attempts, of which 8,000 result in ending their own lives.

Merely 'supporting the troops' is proving to be the worst possible thing for them.

If you really want to "support the troops" you'll stop supporting wars of aggression in distant lands in which Americans are forced to kill people who pose no threat to the U.S.

If you really "support the troops" you'll stop blindly standing up for your government whose proven track record shows that they do everything but support the troops.

If you really support the troops, you'll educate yourself on who is behind these wars, why they are waged, and how U.S. foreign policy actually creates enemies. ISIS would not exist had the U.S. not remained hell bent on overthrowing the Assad regime for the benefit of special interests in DC.

Pledging blind obedience and unquestioning support for wars that one's government illegally wages at the expense of our sons and daughters, brothers and sisters, and mothers and fathers, is the antithesis of what a free person should do – and anything but "supporting the troops."

So what is the solution? How can the U.S. rein in this epidemic of suicide among active duty troops and vets?

The answer to this question, while it may seem complex, is actually quite simple – Stop creating them.



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