

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America



Meeting Notice

19 January, 2021

5555 W. Good Hope Rd.
Board Meeting 6:30 p.m.
Chapter Meeting 7 - 8 p.m.

Future Meetings

16 February, 16 March, 20 April, 18 May

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John is listed in the phone book - good luck finding one

Agent Orange

Study Finds Increased Risk to Exposed Vietnam Vets

: <https://media.jamanetwork.com/post-embargo-news-releases> | December 17, 2021

A study that used stored blood samples from U.S. Air Force personnel who conducted aerial herbicide spray missions of Agent Orange during the Vietnam war found a more than 2-fold increased risk of the precursor to multiple myeloma known as monoclonal gammopathy of undetermined significance (MGUS), according to an article published online by JAMA Oncology. While the cause of MGUS and multiple myeloma (plasma cell cancer) remains largely unclear, studies have reported an elevated risk of multiple myeloma among farmers and other agricultural workers and pesticides have been thought to be the basis for these associations, according to study background.

Ola Landgren, M.D., Ph.D., of Memorial Sloan Kettering Cancer Center, New York, and coauthors examined the association between MGUS and exposure to Agent Orange during the Vietnam War in a study sample of 958 male veterans, including 479 Operation Ranch Hand veterans who were involved in aerial herbicide spray missions and 479 comparison veterans who were not. The study found the overall prevalence of MGUS was 7.1 percent in

the Operation Ranch Hand veterans and 3.1 percent in the comparison veterans, which translates to a 2.4-fold increased risk for MGUS in Operation Ranch Hand veterans.

The authors noted limitations to their study, including a lack of women in the study group and the potential for unknown confounding factors such as family medical history and civilian occupation. "Our findings of increased MGUS risk among Ranch Hand veterans support an association between Agent Orange exposure and multiple myeloma," the study concludes. In a related editorial, Niklhil C. Munshi, M.D., of the Dana-Farber Cancer Institute, Boston, wrote:

"The study by Landgren et al has brought clarity to the risk of AO [Agent Orange] exposure and plasma cell disorder. It also highlights the importance of tissue banking that allows investigation of a number of unanswered questions using modern methods. The emphasis now is to store samples from almost every major study with correlative science in mind, and this is essential if we are to understand disease biology, mechanism of response and resistance to therapy in the era of targeted therapy and precision medicine."

From John Morgan:
Watch Shakespeare With Veterans, by Feast of Crispian

“And Comes Safely Home” <https://www.youtube.com/watch?v=xiQvkzY8kTY>

“And Welcome Home Again” https://www.youtube.com/watch?v=_OgBeqli1CU

You’ll probably see some of our members

An-My Lê: Photographs Open at Milwaukee Art Museum

BY DAVID LUHRSEN DEC. 03, 2021 9:07 A.M.

The news footage of Afghan allies fleeing Kabul recalled pictures of a similar exodus when South Vietnam fell in 1975. That earlier event was formative to An-My Lê, an adolescent who fled with her family to the U.S. An overview of her work, “An-My Lê: On Contested Terrain,” is at the Milwaukee Art Museum through March 27. Originating from Pittsburgh’s Carnegie Museum of Art, “On Contested Terrain” consists of more than 100 photographs, many offering what Lê calls “a side-glance view” of war and its impact.

Lê began making photographs in the 1990s during her first return visit to Vietnam. Like other images from the exhibition’s first half, they are in stark black and white, a narrow color spectrum that leaves more space for the imagination. Lê uses a view camera sitting on a tripod, the same technology used by photographers of the American Civil War.

Her pictures of Vietnamese faces, landscapes and urban scenes are the antithesis of today’s digital photography. They aren’t snapped on the fly and meant to be scrolled superficially. The layered, complicated images demand attention as they whisper questions about the human condition that they refuse to answer.

“On Contested Terrain” includes several series of photographs. One, “Small Wars,” was taken from 1999- 2002 at Vietnam War reenactments in North Carolina and Virginia. Allowed access only if she participated, Lê is seen in one picture role-playing as a Vietcong sniper, waiting in the tall grass for the approaching platoon. War for the reenactors was theater and Lê documented performances that involved the personal and social anxiety of the players as much as the war’s fraught history.

The long exposure time from her stationary camera creates blurry motion suggesting memories—

but whose memories? The texture woven by light and shadow is often painterly. Some scenes are hauntingly suggestive of those Civil War campaigns fought in deep forests by rebel guerrillas against U.S. troops.

Lê’s work is replete with references to art history. In the “29 Palms” series, taken at a Marine Corps training center for deployment to Iraq and Afghanistan, several photographs show the work of humankind as puny against a looming range of mountains. They call to mind the 19th century photographer Timothy O’Sullivan, who found the sublime in his landscapes. By contrast, Lê suggests bleak prospects.

Lê turned to color in the exhibit’s second half, using the same stationary camera but developing the negative digitally and printing them with an inkjet instead of the gelatin silver prints of her earlier work. According to the Milwaukee Art Museum’s photographer curator Lisa Sutcliffe, the change began with Lê’s series on the U.S. Navy, “Events Ashore.” The formidable size of the warships, the vastness of the oceans and the tonalities of sea and sky suggested the need for larger scale and full color.

The exhibit’s final series, “Silent General,” begun in 2015, signifies polarization and the lingering presence of past events. Confederate statues are photographed on their pedestals in New Orleans and then in the warehouse where they were retired. Migrant workers in California bend over rows of asparagus like the peasants in Jean-François Millet’s 19th century painting, *The Gleaners*. And the borders of Texas and Mexico are etched into the landscape by the winding course of the Rio Grande.

For more information, visit mam.org/exhibitions/details/an-my-le.php.

Coronavirus Can Spread to Heart, Brain

Carolyn Crist, Medscape, December 28, 2021

The coronavirus that causes COVID-19 can spread to the heart and brain within days of infection and can survive for months in organs, according to a new study by the National Institutes of Health. The virus can spread to almost every organ system in the body, which could contribute to the ongoing symptoms seen in “long COVID” patients, the study authors wrote. The study is considered one of the most comprehensive reviews of how the virus replicates in human cells and persists in the human body. It is under review for publication in the journal *Nature*.

“This is remarkably important work,” Ziyad Al-Aly, MD, director of the Clinical Epidemiology Center at the Veterans Affairs St. Louis Health Care

System in Missouri, told Bloomberg News. Al-Aly wasn’t involved with this study but has researched the long-term effects of COVID-19. “For a long time now, we have been scratching our heads and asking why long COVID seems to affect so many organ systems,” he said. “This paper sheds some light and may help explain why long COVID can occur even in people who had mild or asymptomatic acute disease.”

The NIH researchers sampled and analyzed tissues from autopsies on 44 patients who died after contracting the coronavirus during the first year of the pandemic. They found persistent virus particles in multiple parts of the body, including the heart and brain, for as long as 230 days after symptoms began.

How a Solar Storm Set Off Sea Mines During The Vietnam War

KAUSHIK PATOWARY, JUN 17, 2021

<https://www.amusingplanet.com/2021/06/how-solar-storm-set-off-sea-mines.html>

Buried deep within the archives of the US

eyes.”

Navy, lied a mystery that was only recently solved. On August 4, 1972, dozens of naval mines that the United States had planted in the sea off the port of Haiphong during the Vietnam war went off simultaneously and prematurely. The mines were magnetic sea mines that were designed to sense changes in the magnetic field due to the presence of a large object of iron, such as the hull of a ship. These mines can only be triggered by passing ships, but on this occasion the sea was clear.

At the time, the military suspected solar interference might be involved in the explosion, but the research was classified until now. Since the declassification, a group of civilian researchers revisited the incident and confirmed that the mines were indeed triggered by a powerful solar storm.

Solar storms caused by coronal mass ejections are known to interfere with electrical and electronic devices here on earth. Solar storms have fried satellites, blacked-out electrical grids, and disrupted navigation and communications systems. The solar storm of August 1972 was a Carrington-class storm, meaning it may have been similar to the strongest storm on record, the Carrington Event of 1859.

“This is a Carrington-class storm that has gone under the radar,” said Delores Knipp, one of the research professor at the University of Colorado Boulder who led the study. “What I am asking scientists to do is go back and reinvestigate with new

The huge cloud of charged particles ejected by the sun reached earth after only 14.6 hours, the fastest a solar storm have ever travelled. Such an event usually takes two to three days to reach earth. Once it slammed into the atmosphere, it caused blackouts on radio frequency bands, and produced significant electrical grid disturbances throughout Canada and across much of eastern and central United States. In the South China Sea, off the east coast of North Vietnam, it triggered some 20 to 30 naval mines within a period of just 30 seconds. Another 25 to 30 patches of muddy water were also observed, indicative of further explosions.

The timing of the solar storm was such that it fell between Apollo missions 16 and 17: the crew of Apollo 16 had returned to Earth in April and the crew of Apollo 17 was preparing for a moon landing in December. Had astronauts been in transit to the moon, it would have caused serious harm to their health, requiring an emergency return home for medical attention. If the astronaut was on the lunar surface, or outside the spacecraft conducting a spacewalk, he would have received a near fatal dose of radiation.

The researchers said that the solar storm, and the subsequent explosion of dozens of sea mines, illustrates the modern challenge of figuring out how storms like this would impact modern infrastructure.

“If a storm that bad were to appear again, then we would really have a lot of problems,” said Knipp.

VA won't mail out COVID kits but veterans can get free tests at clinics

By Leo Shane III, Jan 12, 2022 Military Times <https://www.militarytimes.com/veterans/2022/01/12/>

Veterans Affairs officials won't be mailing out at-home coronavirus kits as demand for the tests skyrockets across America, but they are reminding veterans that department medical facilities can offer free in-person tests in many circumstances.

Department leaders on Tuesday acknowledged that requests for COVID-19 tests have risen significantly in recent weeks as the Omicron variant of the virus has swept across the globe.

In a statement, VA officials said that they are “managing the demand for testing and will continue to provide high quality testing services for veterans.” That won't include any changes to accommodate at-home tests, however. For now, the department is not part of the White House effort to send 500 million at-home tests to Americans in coming weeks, free of charge.

Most of those tests aren't expected to arrive until sometime in February. Meanwhile, many veterans and their family members have been looking for tests right away, to check on their health and meet

Taxpayers on the hook for services never performed

Rampant Fraudulent Billing in Outsourced Veterans' Health Care

BY SUZANNE GORDON JANUARY 5, 2022

<https://prospect.org/health/rampant-fraudulent-billing-outsourced-veterans-health-care/>

When allies of the Koch brothers, among them the Concerned Veterans for America, worked with the Trump administration and Congress to pass the VA MISSION Act of 2018, they made sure the legislation, which greatly expanded the outsourcing of veterans' health care, contained few mechanisms for holding private-sector providers accountable for the quality of care delivered to millions of veterans. Critics of the MISSION Act warned that the door was being opened for the bilking of the VA by private doctors and hospitals long known for fraudulent billing practices.

In a new report entitled “VHA Risks Overpaying Community Care Providers for Evaluation and Management Services,” the Office of the Inspector General (OIG) of the Department of Veterans Affairs (VA), which runs the Veterans Health Administration (VHA), confirms that privatization has made veterans' care more costly, with fewer financial controls. According to the report, payments to thousands of contractors assembled in what's called the Veterans Community Care Program (VCCP) and its Community Care Network (CCN)—a network of

new mandates for entry into public facilities and events.

In recent weeks, the number of active cases among department patients has skyrocketed, with hospitals adding more than 1,100 inpatients with severe coronavirus complications in the last two weeks alone.

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2. WeatherTech Chicago Region SCCA June Sprints, June 17-19, 2022
3. Ariens Art on Wheels Vintage Weekend featuring VSCDA, September 16-18, 2022

thousands of private-sector providers who deliver everything from surgery and hospital care to mental-health care and physical therapy—have, between 2017 and 2020, jumped a whopping 500 percent. Between FY2017 and FY2020, the OIG estimated that payments just for non-VA evaluation and management services jumped by about 350 percent, from \$67.5 million to \$303.6 million.

The investigation revealed that in FY2020, 37,900 non-VA providers received \$39.1 million for patient evaluation and management services, like taking a medical history, examining a patient, or making medical decisions about that care. These services, were, however, never actually provided. In FY2020, another 45,600 providers received \$37.8 million for such services that were provided, which amounted to “more than costs that are generally included ... in the global surgery package.” In other words, surgeons charged the VA for procedures they performed but included separate charges for evaluation and management services before, during,

Continued next page

Billing continued

and after a procedure, even though those activities were included in bundled payments made by the VA. Some physicians in the same group practice, who were supposed to be paid “as if they were a single physician,” also charged separately.

According to the figures cited by the OIG, that would mean that 38 percent of the 218,000 participants in the VA’s Community Care Network have engaged in a fraudulent billing practice known as “upcoding.” The OIG describes upcoding as “the improper practice of assigning an inaccurate billing code to a medical procedure to increase reimbursement.” The billing codes referred to here are the CPT (current procedural terminology) codes that are used by providers in our non-VA fee-for-service system to bill for services rendered.

The VA has also paid billions to two private insurance companies, TriWest and Optum, to serve as third-party administrators of the VCCP. They were tasked with assembling and administering networks of private-sector providers and training them in such matters as how to properly care for veterans and bill for that care. According to the report, the OIG found there was “no evidence” that this kind of oversight and training ever occurred. That’s hardly surprising. When TriWest, along with another private insurer, Health Net, served as the third-party administrator for the Veterans Choice Program—the precursor of the VCCP—the OIG found that the two companies had engaged in millions of dollars in improper billing of their own. In 2020, TriWest alone later agreed to pay the U.S. government \$179.7 million to resolve overpayments from the VA. Despite this record of abuse, the Trump administration hired TriWest to run the MISSION Act’s outsourcing program.

After documenting the latest fraudulent practices, the VA OIG recommends that the VA set up a continuing-education program to train non-VA providers in the proper billing of evaluation and management services. This suggests that the OIG believes that the upcoding practices engaged in by almost 40 percent of CCN providers represent some kind of rookie error that can be remedied by spending a couple of hours in front of a computer reviewing how to accurately use CPT codes.

In fact, providers who are part of the Community Care Network have been working for years, if not decades, in an American health care system in which fraudulent billing practices are not

just an art but a science.

As Alan Sager, professor of health care financing and management at the Boston University School of Public Health, explains, “in a healthcare system in which chaos reigns and no one is held accountable for anything, upcoding is one of the most common techniques for generating unwarranted revenue. This is called theft.”

Even the Medicare program, which is notoriously lax in prosecuting such theft, states unequivocally that “Defrauding the Federal Government and its programs is illegal. Committing Medicare fraud exposes individuals or entities to potential criminal, civil, and administrative liability, and may lead to imprisonment, fines, and penalties.”

Instead of a slap on the wrist, Sager argues, what the OIG should have demanded are criminal penalties for fraudulent overbilling. “If upcoding is a crime in the Medicare program, it should be defined as such in the VA.”

The OIG does recommend that the VA increase its oversight of private-sector providers by dedicating more time to assessing the quality of medical services they deliver and overseeing their billing practices. That would be a very useful reform if the OIG also recommended that Congress provide the VA with additional funding to hire more staff who could more effectively monitor non-VA providers. That monitoring would only be possible if CCN providers were also required to provide the VA with full documentation of services rendered before they receive payment or authorization for those services.

But the OIG fails to recommend these reforms. In fact, the OIG fails to acknowledge the results of several surveys done by VA nurses and psychologists that highlight the difficulties VHA’s current professional staff members have had obtaining requested documentation from non-VA providers. As a Congressional Budget Office report recently confirmed, the quality of care delivered by VCCP providers is not only “unknown” but unknowable, because the government lacks any standardized system of quality reporting.

To protect VA patients and U.S. taxpayers from MISSION-enabled fraud and abuse, the Biden administration must crack down on private-sector providers. Although the OIG naïvely notes that these providers are acting on “behalf of the VHA,” their own report makes it crystal clear that many are instead seeking their own financial gain.



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