

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218



Meeting Notice

20 March, 2024

5555 W. Good Hope Rd.

Board Meeting 6:30 p.m.

Chapter Meeting 7 - 8 p.m.

20 March, 2024

Future Meetings

2024

Apr 17, May 15, June 19, July 17, August 21

Chapter web page: www.vietnamvetschapter324.com

National web page: www.vva.org

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

VVA-324 Fundraising

Distribute Poppies at American Family Field .

Save the dates: June 30th and September 29th More info to come.

Increased disability rating for time in a hospital

If you spent time in a VA hospital or a VA-approved hospital for a disability related to your military service, you may be able to get a temporary 100% disability rating. With this increased rating, you may get added compensation for the time you spent in the hospital. Keep reading to find out if you may be eligible.

You may be eligible for a temporary 100% rating if you meet one of the requirements listed here.

One of these must be true:

- You spent more than 21 days in a VA hospital or other approved hospital for a service-connected disability, or
- You were under hospital observation for more than 21 days at our expense for a service-connected disability

You may be able to get a temporary increase in compensation for the time you spent in the hospital.

Example: A Veteran with a 40% service-connected disability rating for diabetes had to stay in a VA hospital after going into a diabetic coma. He needed to stay in the hospital for 25 days because of the coma and related infections. We raised his rating to 100% during his hospital stay. After he got out of the hospital, his disability rating went back to 40%.

You can file a claim online now to get a temporary 100% rating. You can also file by mail, in person, or with the help of a trained professional. Note: If you weren't in a VA hospital, you'll need to submit your hospital discharge summary when you file your claim. The hospital discharge summary must show the length and cause of your hospital stay.
<https://www.va.gov/disability/eligibility/special-claims/temporary-increase-for-time-in-hospital/>

VIETNAM VETERANS OF AMERICA

Milwaukee Chapter 324

February 21, 2024

Meeting called to Order at 7:00 pm by President Pat Ciofani

Attendance – John Morgan, Pat Ciofani, Pat Moore, Ed Boyes, Dennis Szymanski

Minutes of January 17, 2024 meeting reviewed and approved

Treasurer’s Report – Pat Moore - \$3854.31 in our checking account – Bank mistake of cashing one of our checks twice is being looked into – Our account has been audited and is up to date

COMMITTEE REPORTS

Allied Veterans Meeting Update – Pat Ciofani – Pat Ciofani – April is our turn to provide snacks – 2024 dues have been paid

Website – Contact Pat Moore to post items of interest to the chapter

NEW BUSINESS

State VVA Meeting March 16th

Elections - Elections for all offices will be in April

Adjournment – 7:30

Who is most efficient in health care? Study finds it’s the VA

by Graduate Center, CUNY, JANUARY 19, 2024

Private-sector hospitals, clinics, and insurers are bloated, bureaucratic nightmares compared to efficiently run Veterans Health Administration facilities that put care over profits, a study reveals.

The study, by researchers at Hunter College of the City University of New York, Harvard Medical School, the Veterans Health Administration, and the University of Washington, points fingers at profit-driven private facilities and insurers, where a whopping 30% of staff are stuck in the tangled web of paperwork, while the VHA shines with a lean 22.5% administrative staff. That means nearly 900,000 fewer paper pushers would be needed if private hospitals, and insurers took a page from the VHA’s playbook.

The research is published in the journal JAMA Network Open.

Most of the bloat comes because profit-seeking insurers try to avoid paying for care by imposing complex rules and documentation requirements.

“Our profit-oriented system rewards providers for devoting more resources to gaming the payment system,” said lead author Dr. Steffie Woolhandler.

Private-sector providers can increase profits by investing in administrative activities such as marketing and “upcoding”—padding bills with irrelevant diagnoses—boosting revenues with no clinical value.

This is not so at the VHA, where recent studies have found that care is better, on average, than that in the private sector.

“In the VHA, caring for our patients—not money—is at the center of our mission,” said Dr. Andrew Wilper, chief of staff at the Boise, Idaho,

VHA and associate professor of medicine at the University of Washington. “We strive to care for those who have served in our nation’s military and for their families, caregivers, and survivors.”

The researchers analyzed data on employment and occupation from a Census Bureau survey of 3.2 million Americans, including 122,315 who worked in private sector and VHA hospitals, clinics, and medical offices.

They grouped all health care occupations into 18 categories, three of them administrative, and applied the same classification criteria to VHA and private-sector health care workers. They supplemented the Census Bureau survey with Bureau of Labor Statistics data on health-insurance employees and detailed VHA personnel records.

Woolhandler and Himmelstein are internists, distinguished professors at CUNY’s Hunter College, and lecturers in Medicine at Harvard Medical School. Study co-authors Andrew Toporek, Jian Gao, and Eileen Moran are with the VHA’s Office of Productivity, Efficiency, and Staffing, Quality and Patient Safety, Office of Analytics and Performance Integration, where Moran is the Director. Wilper is an internist and Chief of Staff at the Boise, Idaho VA.

The VHA’s 171 medical centers and 1,113 outpatient sites care for about 9 million enrolled veterans. VHA hospitals and clinics receive lump-sum budgets covering almost their entire operations. Caregivers of Veterans Spend \$11,500 on Average Each Year on Expenses, New Data Shows

Caregivers of Veterans Spend \$11,500 on Expenses, New Data Shows

By Patricia Kim, Military.com, 14 Nov 2023

Veteran and military caregivers spend an average \$11,500 of personal income each year on out-of-pocket expenses related to supporting their loved ones, 150% more than other family caregivers in the U.S., according to new data from AARP and the National Alliance for Caregiving.

More than 6.5 million veterans and military caregivers provide \$14 billion in unpaid labor caring for their service members each year, even as the Department of Veterans Affairs offers extensive services for caregivers.

Advocates say the striking disparity means more must be done to ensure that veteran caregivers are aware of the resources available, not only through the VA, but through nonprofits that aim to ease their financial and emotional stress.

According to AARP and the National Alliance for Caregiving, 43% of veteran and military caregivers experienced at least one financial setback such as having to take on debt or use personal savings to cover personal expenses related to caregiving, including transportation and travel, respite care, geriatric services and more.

Amy Goyer, AARP's caregiving expert, learned late in her caregiving experience for her parents that her father was eligible for veterans benefits. For Goyer, knowing that earlier may have helped prevent her from having to declare bankruptcy, she said.

"My dad had not needed help, so [the VA] wasn't something he'd applied for," Goyer said Friday in an interview with Military.com. "Unfortunately, I didn't really get that going until the last few years of his life. That's one of the things I wish I would have done differently, because I think it would have made a huge difference over the long haul."

AARP published an extensive report in 2020 on the status of caregivers in America, noting that 39.8 million people are supporting or responsible for helping a loved one over the age of 18.

In its 2021 Caregiving Out-of-Pocket Costs Study survey, AARP found that on average, family caregivers spend 26% of their income on caregiving activities, an average \$7,242 per year.

AARP released the \$11,500 veteran caregiver out-of-pocket figure last week after discovering it had a "reasonable sample" among veteran respondents to the 2021 survey.

The report did not explore the reasons why veteran caregivers pay significantly more out of their own pockets than non-veteran caregivers. Goyer said veterans tend to be younger and require care over a long period of time.

They may have more intensive care or mental health needs, she said, and they may be unable to work, placing more of the household financial burden on the caregiver.

"The key thing is that clearly there probably are multiple factors that contribute to that higher amount," Goyer said.

Under its VA Caregiver Support Program, the VA manages two different programs: the Program of General Caregiver Support Services, or PGCSS, and the Program of Comprehensive Assistance for Family Caregivers, also known as the Family Caregiver Program or PCAFC.

The PGCSS provides peer support, skills training, coaching and referrals, as well as information on self-care and mental health.

The Family Caregiver Program provides eligible caregivers stipends and support, including medical services, for providing care to severely injured or disabled veterans who otherwise would require a home health aide or nursing assistant.

By calling the VA Caregiver Support Program, Goyer was able to get her dad enrolled in VA care, learn about aid and attendance benefits for those who are housebound, get access to respite care, and pay for some medical supplies that weren't covered by Medicare through the VA's Office of Geriatrics and Extended Care.

According to the VA, the department supported 74,270 family caregivers in fiscal 2023, including roughly 30,000 who are enrolled in the Family Caregiver Program, which is currently under review as a result of changes to eligibility requirements that followed an expansion of the program to include combat veterans from all eras.

The proposed set of requirements could have resulted in up to 90% of enrolled veterans becoming ineligible for the program, prompting the review and a halt to any dismissals from the program while the rules are being reconsidered.

An executive order issued in April by President Joe Biden directed the VA, among other things, to

Continued next page

Caretakers continued consider announcing any proposed changes to the PCFAC eligibility rules by the end of the fiscal year, Sept. 30. An announcement has not been made.

Meanwhile, those who are enrolled in the program were extended through September 2025 while VA continues its review.

Goyer suggested that caregivers obtain the services of a financial adviser to ensure that they remain solvent while supporting a loved one.

Noting that roughly 34% of veterans use their earned VA health-care benefits, she also recommended that caregivers of veterans ensure their loved ones are enrolled at VA -- that will give them access to care and services and caregiving benefits, as they age.

Exposure to Agent Orange damages brain tissue in ways similar to Alzheimer's

BY CORRIE PIKUL-BROWN, FEBRUARY 14TH, 2024, Futurity
Agent Orange, an herbicide used during the Vietnam War, is a known toxin with wide-ranging effects.

Even though it has not been used for decades, there is increasing interest in its effects on the brain health of aging veterans.

The new study reveals the mechanisms by which Agent Orange affects the brain and how those processes can lead to neurodegenerative diseases.

“THESE CHEMICALS DON’T JUST AFFECT VETERANS; THEY AFFECT OUR ENTIRE POPULATION.”

The research shows that exposures to Agent Orange herbicidal chemicals damage frontal lobe brain tissue of laboratory rats with molecular and biochemical abnormalities that are similar to those found in early-stage Alzheimer's disease.

The findings, published in in the Journal of Alzheimer's Disease, could have important implications for military veterans who were exposed to Agent Orange during the Vietnam War, says study author Suzanne M. De La Monte, a professor of pathology and laboratory medicine and neurosurgery at Brown University's Warren Alpert Medical School.

“If we can show that prior exposure to Agent Orange leads to subsequent neurodegenerative disease, then that gives veterans a chance to get help,” De La Monte says.

But the study's findings have much broader significance, she adds, because the toxins in Agent Orange are also present in lawn fertilizers.

“These chemicals don't just affect veterans; they affect our entire population,” De La Monte says.

AGENT ORANGE AND ALZHEIMER'S
Agent Orange is a synthetic defoliating

“We have ... people who were not career military and don't realize that they aren't eligible for some support,” Goyer said. “On the flip side, people who are used to just working with the VA don't think about other community services, such as aging and disability resource centers.”

Goyer and Shawn Moore, the financial wellness program manager for the Elizabeth Dole Foundation, will host a webinar on the financial impact of veteran and military caregiving on Wednesday, Nov. 15, at 7 p.m. EST.

The webinar will provide insight and advice on securing one's finances as a caregiver, especially for veterans with long-term care needs.

herbicide that was widely used between 1965 and 1970 during the Vietnam War. Members of the US military were exposed to the chemical when stationed close to territory that had been sprayed by aircraft.

Government reports show that exposure to Agent Orange also caused birth defects and developmental disabilities in babies born to Vietnamese women residing in the affected areas. Over time, studies showed that exposure to Agent Orange was associated with an increased risk of some cancers as well as cardiovascular disease and diabetes.

Research also revealed associations between Agent Orange exposures and later development of nervous system degenerative diseases, and significantly higher rates and earlier onsets of dementia. However, in the absence of a proven causal link between Agent Orange and aging-associated diseases, there has been a need for studies that improve understanding of the process by which the herbicide affects the brain.

“Scientists realized that Agent Orange was a neurotoxin with potential long-term effects, but those weren't shown in a clear way,” De La Monte says. “That's what we show with this study.”

The analysis was conducted by De La Monte and Ming Tong, a research associate in medicine at Brown; both are also associated with Rhode Island Hospital, an affiliate of the Warren Alpert Medical School. The research builds upon their recent studies of exposure to Agent Orange chemicals on immature human cells from the central nervous system showing that short-term exposure to Agent Orange has neurotoxic and early degenerative effects related to Alzheimer's.

The researchers investigated the effects of the two main constituents of Agent Orange (2,4-dichlorophenoxyacetic acid and 2,4,5-trichlorophenoxyacetic acid) on markers of Alzheimer's neurodegeneration using the samples from the frontal lobes of laboratory rats. The mature, intact brain tissue samples included a full complex array of cell types and tissue structures.

The scientists treated the samples to cumulative exposure to Agent Orange, as well as to its separate chemical constituents, and observed the underlying mechanisms and molecular changes.

They found that treatment with Agent Orange and its constituents caused changes in the brain tissue corresponding to brain cell degeneration, and molecular and biochemical abnormalities indicative of cytotoxic injury, DNA damage, and other issues.

THESE CHEMICALS ARE 'EVERYWHERE'

The approach used by the researchers helped them better characterize the neuropathological, neurotoxic and neurodegenerative consequences of Agent Orange toxin exposures in young, otherwise healthy brains, as would have been the case for Vietnam War-era military personnel and many local residents in Vietnam.

"Looking for the early effects tells us that there is a problem that is going to cause trouble later on and also gives us a grip on the mechanism by which the agent is causing trouble," De La Monte says. "So if you were going to intervene, you would know to focus on that early effect, monitor it, and try to reverse it."

Del La Monte hopes to be involved in additional research on human brain tissue to evaluate the long-term effects of Agent Orange exposures in relation to aging and progressive neurodegeneration in Vietnam War veterans.

The use of Agent Orange was prohibited by the US government in 1971. However, the chemicals remain in the environment for decades, De La Monte says. According to the study authors, the widespread, uncontrolled use of Agent Orange in herbicide and pesticide products is such that one in three Americans has biomarker evidence of prior exposure.

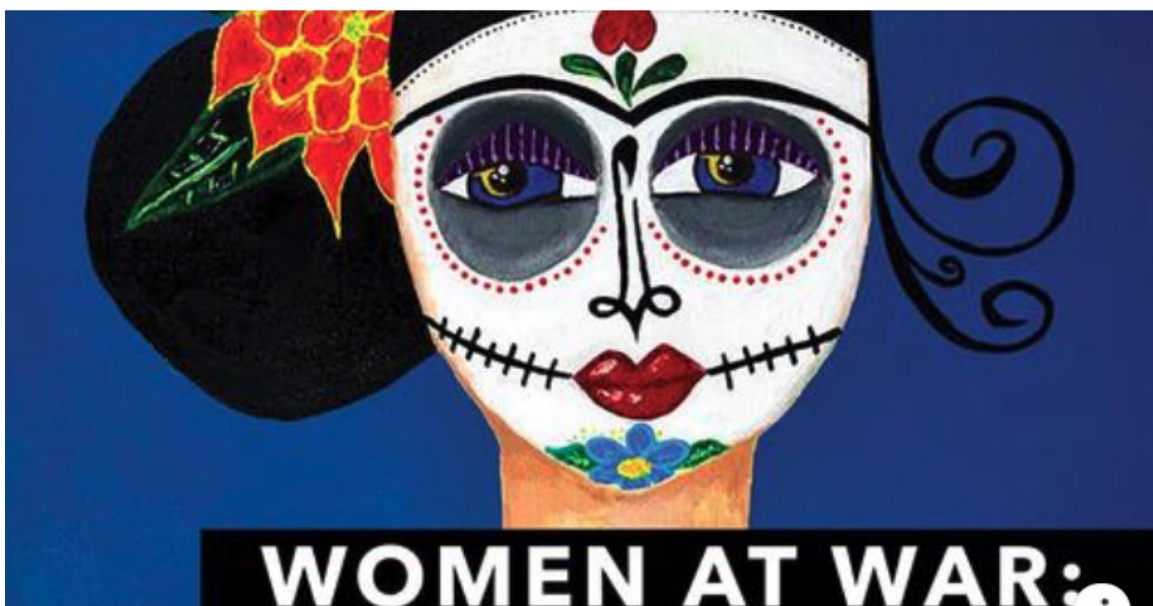
Despite growing recognition of the broad toxic and carcinogenic effects of 2,4-dichlorophenoxyacetic acid, the researchers note that concern has not achieved a level sufficient for federal agencies to ban its use.

The researchers conclude that the results of this study and another recent publication support the notion that Agent Orange as well as its independent constituents (2,4-dichlorophenoxyacetic acid and 2,4,5-trichlorophenoxyacetic acid) exert alarming adverse effects on the mature brain and central nervous system.

"That's why it's so important to look into the effects of these chemicals," De La Monte says. "They are in the water; they are everywhere. We've all been exposed."

The National Institute on Alcohol Abuse and Alcoholism at the National Institutes of Health supported the work.

In honor of international Women's day. "women at war: Warrior Songs volume two" is free to download all month. Just enter \$0.00 for cost





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