Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America

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Meeting Notice

21 April, 2021

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

Future Meetings
19 May, 16 June, 21 July, 18 August

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National web page: www.vva.org

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

In Person Meeting: 21 April

Elections will be held - Wear your mask

Copayment Debt: Refunds, Forgiveness

VA Press Release

VA copayments for medical care will be waived, refunded, or forgiven under the American Recovery Plan. If you're a Veteran who receives care through VA, here's what this means for you:

- If you received a statement with copayment charges from April 6, 2020, or later, we'll remove these charges. You won't need to pay them.
- If you already paid any copay charges from April 6, 2020, or later, we'll send you a refund.
- If you have unpaid copay charges from before April 6, 2020, you don't have to make payments until September 30, 2021. We won't add fees or interest or take other collection action on these charges during this time. But you can still make payments if you'd like.
- You don't need to do anything at this time to get a refund. We ask for your patience as we work to adjust statements and send refunds.

Copay charges will be waived

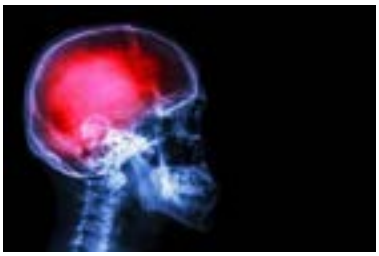
We've also waived VA copayments for all medical care received between April 6, 2020, and September 30, 2021, and all prescription medications ordered between April 6, 2020, and September 30, 2021. We hope this will help Veterans and their families during this time.

Alzheimer Disease: Possible Link to Blast Exposure

Todd Smith, ArmyTimes, February 27, 2021

Recent Army-funded research shows that troops exposed to military explosive shockwaves are at a higher risk for developing Alzheimer's disease – even if they didn't receive a traumatic brain injury from the blast. The U.S. Army Combat Capabilities Development Command, the Army Research Lab, National Institutes of Health and researchers at the University of North Carolina at Pembroke have uncovered the link, according to an Army statement.

"This finding may explain those many blast-exposed individuals returning from war zones with no detectable brain injury, but who still suffer from persistent neurological symptoms, including depression, headaches, irritability and memory problems," said Dr. Gen Bahr, the William C. Friday distinguished professor of molecular biology and biochemistry at UNC-Pembroke.



The neurological complications from blast incidents without a TBI symptom or diagnosis may be "rooted in distinct alterations to the tiny connections between neurons in the hippocampus," according to the statement. The hippocampus is a part of the brain particularly involved in social behavior and encoding memories. The research was published recently in "Brain Pathology," the medical journal of the International Society of Neuropathology. "

Blasts can lead to debilitating neurological and psychological damage, but the underlying injury mechanisms are not well understood," said Dr. Frederick Gregory, program manager, Army Research Office. "Understanding the molecular pathophysiology of blast-induced brain injury and potential impacts on long-term brain health is extremely important to understand in order to protect the lifelong health and well-being of our service members."

Researchers took slices of hippocampus from a rat's brain and exposed the living tissue to controlled blast waves. The exposure led to selective reductions in parts of the brain necessary for memory, and electrical activity from those neuronal connections was sharply diminished, according to the statement. Those findings indicated Alzheimer's-type effects in the brain without the recognizable brain damage that is present with TBI.

While blast exposure is not a guarantee of developing Alzheimer's disease, the new research indicates that such exposure does present an "increased risk" of developing the condition. "Early detection of this measurable deterioration could improve diagnoses and treatment of recurring neuropsychiatric impediments and reduce the risk of developing dementia and Alzheimer's disease later in life," Bahr said

How I Became an American War Hero (poem)

By W.D. Ehrhart

Navy Combat Action Ribbon:
for getting shot at

Purple Heart Medal:
for getting hit

National Defense Service Medal:
for behaving myself for ninety days

Good Conduct Medal:
for behaving myself for three years

Republic of Vietnam Service Medal:
thank you for being in our war (from the US government)

Vietnamese Campaign Medal:
thank you for being in our war (from the Saigon government)

Presidential Unit Citation:
for randomly getting assigned to 1st Battalion, 1st Marines

Cross of Gallantry Unit Citation:
for randomly getting assigned to 1st Battalion, 1st Marines

Civic Action Meritorious Unit Citation:
for randomly getting assigned to 1st Battalion, 1st Marines

Rifle Expert Badge:
for hitting a paper target with a rifle

Pistol Sharpshooter Badge:
for hitting a paper target with a pistol

FIRST FDA POT FOR PTSD STUDY RAISES NO SAFETY CONCERNS

JIMI DEVINE MARCH 17, 2021

The Multidisciplinary Association of Psychedelic Studies announced today that the first controlled trial of cannabis as a treatment for PTSD raised no safety concerns. Further research is needed, however, with higher quality cannabis, to prove its efficacy.

As the authors noted, one of the factors that led to the research in the first place is the widespread anecdotal reports of people finding relief from PTSD symptoms thanks to cannabis. Over the last decade, numerous veterans organizations have popped up to provide medical cannabis access to their comrades to help with the physical and emotional tolls of their service.

The research found the strongest response was to a 9% THC concentration. The study did not find a statistically significant difference in change in PTSD symptom severity between strains with 9% THC, 11% CBD, 8%THC/8%CBD combination versus placebo. Researchers also noted a major factor was the cannabis that's available for research doesn't really reflect the higher-grade stuff available in either legal or underground markets.

MAPS funded the study with a $2.2 million grant from the Colorado Department of Public Health and Environment. The research featured 76 predominately male veterans between the ages of 24 and 77 taking part in an FDA-regulated double-blind clinical trial. The vets were randomized and received one of the three strains or placebo. The weed came from the National Institute on Drug Abuse farm at the University of Mississippi. It is not famous for its quality.

"This study served as the first randomized placebo-controlled trial comparing the therapeutic potential of varying ratios of THC and CBD for treating symptoms of PTSD," said Dr. Marcel O. Bonn-Miller, coordinating principal investigator and lead author of the study. "These data, coupled with those of a recently completed accompanying study also funded by CDPHE, provide better insight into why individuals with PTSD are turning to predominantly-THC-cannabis as a treatment. We now require larger randomized placebo-controlled trials to determine minimally-effective doses of THC needed to safely treat individuals suffering from PTSD while also mitigating risks of cannabis dependence in this vulnerable population."

Mallory Loflin, Ph.D., co-author of the paper and volunteer assistant professor of psychiatry at UC San Diego School of Medicine, noted one of the biggest takeaways was self-managed doses weren't seeing a lot of side effects or worsening symptoms in the short term. "That's what most providers are worried about when their patients with PTSD decide to try cannabis," Loflin said.

Dr. Sue Sisley has a long history in cannabis medical science with Scottsdale Research Institute. She's previously sued the DEA for making it so difficult to conduct legit cannabis research. Sisley served as co-author and site principal investigator for the research.

"This study's safety data and other research in PTSD patients in Colorado using real-world cannabis flower are promising," Sisley said. "Despite the absurd restrictions federal prohibitionists have placed on research for more than 50 years, we are squarely focused on launching further Phase 2 trials with imported cannabis of tested, higher potency, fresher flowers that will provide a valid comparison for the millions of veterans and others with PTSD who are looking for new options."

So how long does it take to make this kind of research happen for the first time? Seven years, according to MAPS Executive Director Rick Doblin. He also thinks the biggest difference between the results veterans are seeing in the real world and what happened in the control group is the pot they've been forced to use.

"The difference between anecdotal reports and these results may be the quality of the marijuana," Doblin said. Doblin argues this only cements the need for people like him to have access to good pot. "Higher quality cannabis flower suitable for Food and Drug Administration (FDA) approval is currently unavailable domestically due to restrictions on production imposed by the U.S. Department of Justice and Drug Enforcement Administration and must be imported."

New Stanford Study Settles the Privatization Debate:

VA Produces Better Outcomes at Lower Cost

By Suzanne Gordon and Russell Lemle, VHPI Policy Fellows

Over the past decade, a heated argument has raged in Congress and the media over the best way to provide healthcare to the nation's veterans. This debate is between two divergent ideologies. One side heralds the wisdom of the private sector and argues that more veterans should have their physical and mental health conditions treated outside the VA. The other camp argues that the Veterans Health Administration (VHA) — the largest and only fully integrated, publicly funded healthcare system in the country — is best for the job and must be adequately staffed and supported. The evidence has long favored the latter position.

Now, with an unprecedented new study that compares both systems side-by-side, this debate has been all but settled. Researchers have proven beyond a doubt that the VHA far outperforms the private sector because what they call the "VA advantage."

For seventy years, American taxpayers have invested in the VHA, which has paid out excellent dividends. Multiple studies have documented that the VHA provides care that is equal — and very often superior — to that provided by the private sector in everything from the treatment of cancer and heart disease, to the management of chronic conditions, to preventing veteran suicide. VHA's success is especially remarkable given that the patients treated at its facilities have, on average, worse underlying health conditions and poorer prognoses.

Yet there was long one missing piece of evidence: an apples-to-apples comparison of care that matched cohorts of veterans inside and outside the VHA. Previously, most research contrasted the care of veterans in the VHA with the care of non-veterans in non-VHA facilities.

That absence was recently resolved in a meticulously designed, groundbreaking study by economists at Stanford University. The Stanford study, categorically demonstrates that veterans who get their care at the VHA live longer during and after a medical emergency, and at lower cost, than those receiving non-VA care. For veteran advocates, whether in Congress, the media, or in veterans service organizations, the take-home message of this study is crystal clear: privatizing VHA care by outsourcing more services to the private sector is not only irresponsible policy making but actually may cost veterans their lives.

The study analyzed immediate, 28-day and one-year mortality outcomes of 400,000 instances when veterans aged 65 and older who were "dually eligible"— i.e. they could receive care at either a VHA hospital or a non-VA one through Medicare — called 9-1-1 for an ambulance. The ambulance driver impartially took them to a VHA or to a non-VA hospital. Since ambulance rides are quasi-randomly assigned within subjects' zip codes and prior VHA and non-VA utilization, the study design allowed a direct comparison of the effects of VHA versus non-VA emergency care on health outcomes.

The outcomes at the two systems were resoundingly different. Veterans who were treated inside the VHA system during and immediately after an emergency had a 46 percent reduction in 28-day mortality. Wondering whether these results might fade over time, the researchers tracked the death rates for a year after the initial ambulance ride. They found that, although it was most concentrated during the first weeks, the survival advantage remained stable for the entire year. This "VA advantage" was, importantly, as large for Black and Hispanic veterans as for non-minority ones – a pivotal fact for those concerned about the pronounced and long-standing health care inequalities inside the private sector system.

Equally consequential, the authors found that the VHA spends less than the private sector providers in producing such markedly better outcomes. The study reported that the VHA reduces per-patient cumulative spending at 28 days by $2548, approximately 21 percent less than the private sector. In short, the VHA is more productive and achieves better outcomes at lower costs.

What produces this VA advantage over private sector care, the researchers ask? The survival and cost advantage, they conclude, probably stems from numerous factors. One may be that VHA patients have a lower probability of inpatient hospital admission and fewer inpatient hospital days, but more outpatient follow-up and visits. This can avoid unnecessary, futile treatment.

More critically, veterans cared for inside the VHA benefit from elaborated systems of care coordination and "more effective information retrieval." The authors note that this system is entirely

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unlike "the high degree of fragmentation across providers in the US private healthcare sector." While they focus on healthcare information technology that makes it far easier for VHA providers to communicate through a common electronic health record (EHR), VHA care coordination exists on other levels, too. VHA providers communicate not only via common chart notes, but also routinely meet face-to-face in the same facility and share insights about their common patients. In the private sector, this kind of communication is rare even within the same hospital.

Countless other studies document the positive impacts of the VHA's care coordination, not only when it comes to survival after a medical emergency room visit, but also for other medical interventions and treatment. One example of how this makes a difference comes in a study that compared the treatment of older male veterans in VHA with cancer with older non-VA patients seen through traditional, fee-for-service Medicare. The study found that VHA offered care that was as good and often better than that offered by non-VA doctors. According to a lead author of the study, Harvard Medical School professor Nancy Keating, a key factor accounting for this result is that care at VHA "is much better coordinated than in most other settings." She added that VHA "has a good, integrated medical record. Their doctors all work together and communicate more effectively."

Studies show that diabetic patients treated by VHA do far better on many critical measures than those using private insurance, or Medicare. Outside VHA, diabetic patients are not generally cared for by teams, but, rather, by different specialists, who rarely coordinate their care. By contrast, VHA patients suffering from diabetes receive care from providers who work as a team and thus have better management of their disease.

A 2019 study of patients who had end stage renal disease and were receiving dialysis found that, "among this national cohort of veterans who initiated dialysis between 2008 and 2011, we found that 2-year mortality rates were lower for those receiving dialysis exclusively in VA dialysis facilities and for those dialyzing in more than one setting than for those who received dialysis exclusively through Medicare."

The authors of this study asked: "What might explain more favorable survival rates in cohort members who used VA dialysis or received dialysis in a dual setting compared with those who received dialysis under Medicare?" Their answer: "Compared with veterans receiving dialysis exclusively under Medicare, those who dialyze exclusively within the VA likely have more ready access to comprehensive care benefits, care coordination due to colocation of dialysis and non-dialysis services, and informational continuity from VA's electronic medical record."

Regrettably, far too many veterans' advocates have an inclination to favor privatizing veterans' healthcare and ignore the many robust findings of the "VA advantage." Indeed, some claim that the VHA's model of comprehensive, coordinated care is inefficient and unnecessary. Former VA Secretary David Shulkin has argued that the VHA should concentrate on providing a limited set of core services like mental healthcare, primary care and rehabilitation.

Remaining services, like audiology, optometry, and other specialist services should be farmed out to the private sector, he contends. The Koch-funded Concerned Veterans for America has insisted that veterans should have full choice where to go for healthcare, paid for by taxpayer funds that would have otherwise gone to supporting VHA facilities. The focus on "choice," which has been promoted by other advocates of VHA privatization, like Avik Roy, a former hedge fund manager who is now President of the Koch-connected Foundation for Research on Equal Opportunity, contends that veterans "should enjoy the same healthcare options as all Americans."

The definitive Stanford study, coming on top of many others, should not only give pause to this idea, but quash it entirely. VHA produces better outcomes at a lower cost. Period. The VA advantage lies precisely in its provision of a full set of comprehensive, interconnected services to create a national system of care. To disrupt and dismantle this tapestry of care through wholesale or piecemeal privatization, the Stanford authors argue, would "lead to both higher spending and worse healthcare outcomes."

There's evidence that even if VA Secretary Denis McDonough hasn't seen this Stanford study, he's aware of the myriad benefits of VA care. While McDonough said he would ensure "vibrant" private sector care networks for veterans, he suggested any outsourcing must not compromise the VA's many benefits. "We also have to be really careful that we're also maintaining investment in the integrated system of the VA itself," he said. "We have to recapitalize that and make sure that these institutions — many of them over 50 years old — are brought up to speed."

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