

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America



Meeting Notice

16 May, 2018

Elks Lodge 5555 W. Good Hope Rd.

Board Meeting 6:30 p.m.

Chapter Meeting 7 - 8 p.m.

Future Meetings: 2018

20 June, 18 July, 15 August, 19 September,
17 October, 21 November, 19 December

Chapter web page: www.vietnamvetschapter324.com
National web page: www.vva.org

Chapter Officers

President: Pat Ciofani rezmel(at)sbcglobal.net
414-702-7734
Vice Pres: Oliver Williams w.oliver96(at)yahoo.com
414-358-4416
Secretary: Dennis Symanski dski06(at)hotmail.com
414-453-3600
Treasurer: Pat Moore irishpatat(at)sbcglobal.net
414-354-2533 Cell: 414-731-6029
Director: David Titter d.titterat(at)sbcglobal.net
414-870-7012
Director: John Morgan asa600(at)aol.com
414-871-9274
Membership: Joe Herbert Joe's a Luddite
414-873-7341
Newsletter: John Zutz john(at)zutz.org
John is listed in the phone book - good luck findinng one

MEMORIAL DAY, MAY 28

Wood National Cemetary
On the VA Campus, Follow the signs
Ceremony begins at 9:00

Milwaukee Memorial Day Parade
Line up at 4th St. march to the War Memorial
Steps off at 2:00



VIETNAM VETERANS OF AMERICA
Milwaukee Chapter 324
April 18, 2018

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

A Moment of Silence was observed for our brothers and sisters no longer with us and for all POW/MIA's and their families.

Pledge of Allegiance

Attendance – John Morgan, Pat Moore, Pat Ciofani, John Zutz and Orvey Mc Mahon

Minutes of March 21, 2018 meeting reviewed and accepted.

Treasurer's Report – Pat Moore reported a balance of \$ 4,644.42

Communications – .

COMMITTEE REPORTS

VVA/AVVA Membership Update – No Report

Allied Veterans Meeting - VVA will be the host for the April 26th meeting.

Volunteering at the VA

Fund Raising -

OLD BUSINESS

NEW BUSINESS

Pat Ciofani gave a presentation at Whitefish High School. It was well received.

Reminder the Memorial Day Parade is May 28th. More information at the

May meeting.

FOR THE GOOD OF THE CHAPTER

Elections For Officers - The following individuals were elected for two year terms: President Patrick Ciofani, Vice President Oliver Williams, Secretary Dennis

Symanski and Treasurer Pat Moore

Adjournment – 7:50 pm

Colonoscopy Impact on Colorectal Morality Rate

Medical Press | American College of Physicians | March 12, 2018

Colonoscopy was associated with a 61 percent reduction in colorectal (relating to colon and rectum) cancer mortality among veterans receiving care through the Veterans Affairs (VA) health system. The reduction was observed for both left- and right-sided colorectal cancer, although the association was weaker for right-sided cancer (46 percent versus 72 percent reduction).

The findings are published in *Annals of Internal Medicine*. Colonoscopy is widely used in the VA health care system, where it is endorsed as a primary colorectal cancer screening option for average-risk patients aged 50 and older.

A team of researchers from the VA Medical Centers in Indianapolis and White River Junction

(affiliated with Indiana University School of Medicine and Geisel School of Medicine in Dartmouth) reviewed VA-Medicare administrative data, and identified 4,964 case patients who were diagnosed with colorectal cancer between 2002 and 2008 and died of the disease by the end of 2010.

The researchers found that the patients who died of colorectal cancer were significantly less likely to have undergone any colonoscopy. Colonoscopy was associated with reduced mortality for left-sided cancer and right-sided cancer, although the reduction was smaller for right-sided cancer. The authors suggest that reducing variability in colonoscopy effectiveness, particularly against right-sided colorectal cancer, is critical for effective disease prevention

Hmong and Laotian Vets Now Eligible for VA burial

Agnes Constante NBC News April 3, 2018

Hmong and Laotian veterans who fought alongside the United States during a “secret war” in Laos against North Vietnamese forces celebrated a legislative victory last month after the passage of a bill that allows them to be buried in national cemeteries. On 23 MAR, the Hmong Veterans’ Service Recognition Act was enacted as part of the Consolidated Appropriations Act of 2018. The legislation, introduced in Congress by Rep. Jim Costa (D-CA) in December 2017, takes effect more than 40 years after the end of the secret war. It allows some Hmong- and Laotian- American veterans to be buried in U.S. national cemeteries, excluding Arlington National Cemetery, and applies to only veterans who pass away on or after the bill’s enactment.

Costa, whose district includes Fresno, California, which is home to more than 20,000 people of Hmong descent, according to the 2010 Census, previously sponsored four similar measures to extend burial benefits to Hmong and Laotian veterans. During the Laotian Civil War, the CIA recruited Hmong and Lao soldiers to fight against communist forces. At the end of the war, those who came to the U.S. as refugees were provided an expedited pathway to citizenship through naturalization. “These brave men and women fought shoulder-to-shoulder with U.S. Armed Forces during the Vietnam War, and they have earned this honor and recognition,” Costa said. “I have

been working closely with our local veterans leaders and my House and Senate colleagues on a bipartisan basis to secure these benefits for our SGU veterans for nearly 10 years, and seeing our nation finally extend these benefits is a huge victory for our veterans and their families.”

Between 6,900 and 9,700 veterans would qualify for the burial benefit, according to a 2015 estimate from a veterans group. Costa hosted a press conference on 29 MAR at the Lao Hmong American War Memorial in Fresno County Courthouse Park to announce and celebrate the legislation. Between 40 and 50 people attended the event on according to Claudia Larson, Costa’s spokesperson. Among those in attendance was Peter Vang, the son of a veteran and executive director of Lao Veterans of America — a Laotian- and Hmong-American nonprofit veterans organization. In an email, Vang said he is extremely happy about the bill’s passage.

“Lao Veterans of America has been working very hard for many years on this bill,” he said. “I now can tell my father and many thousand Hmong Veterans who fought with the US. Government (CIA) during the secret war in Laos from 1961-1975 that now they can chose to be burial at the Veterans National Cemetery. Their children will be very proud ... This is making history for us.”

Energy Efficient Mortgage Program VA Home Loan

Kevin Lilley, MilitaryTimes, February 20, 2018

Those familiar with the loan-closing process know that the last thing any participants need or want as they wrap up their paperwork is another clause, codicil or addendum. But VA’s Energy Efficient Mortgage program may well be worth the extra effort, even if you’re not an eco-warrior.

Following through with a bit more red tape could mean \$6,000 or more in additional borrowing power or, in some cases, cash in your pocket to make certain home repairs. Here are five things to know about the benefit, courtesy of VA’s Lenders Handbook and other VA sources:

1. EEM is an add-on to a home- purchase loan or a refinance loan.
2. Borrowers can tack on an additional \$3,000 to their loans by documenting the planned eco-friendly improvements they’ll make. They can add up

to \$6,000 to the loan if their estimated utility bills will drop low enough to cover the difference in mortgage payments. They can add more than \$6,000 in cases where the improvements will raise the home’s value to equal the additional loan amount.

3. Solar energy enhancements qualify. A range of improvements are outlined in the handbook, from major projects to less-expensive energy-savers.

4. If you’re considering an Interest Rate Reduction Refinancing Loan, you could take advantage of the EEM program to make needed home repairs while improving your interest rate.

5. An IRRRL usually comes without a cash-out option, but veterans can get up to \$6,000 in cash to pay for EEM-covered improvements, providing they’re made less than 90 days after the loan closes.

Study: VA delivers higher quality care than other health providers

April 26, 2018 RAND Corporation

The VA health care system performs similar to or better than non-VA systems on most measures of inpatient and outpatient care quality, although there is high variation in quality across individual VA facilities, according to a new RAND Corporation study.

Examining a wide array of commonly used measures of health care quality, researchers found that VA hospitals generally provided better quality care than non-VA hospitals and the VA's outpatient services were better quality when compared to commercial HMOs, Medicaid HMOs and Medicare HMOs. The findings are published online by the Journal of General Internal Medicine.

“Consistent with previous studies, our analysis found that the VA health care system generally provides care that is higher in quality than what is offered elsewhere in communities across the nation,” said Rebecca Anhang Price, lead author of the study and senior policy researcher at RAND, a nonprofit research organization.

While the study found wide variation in the quality of care provided across the VA health system, the variation is smaller than what researchers observed among non-VA health providers.

Some of the variation may be caused by patients being generally older and sicker at some VA facilities than at others. But researchers say the findings primarily suggest that the VA needs targeted quality improvement efforts to ensure that veterans receive uniformly high-quality care at all VA facilities.

“The variation among VA health facilities shows that veterans in some areas are not receiving the same high-quality care that other VA facilities are able to provide,” said Carrie Farmer, a study co-author and a senior policy researcher at RAND.

The Veterans Health Administration operates the nation's largest integrated health system, offering comprehensive health services to eligible U.S. military veterans who enroll. Congress and veterans' groups have expressed concerns that access to care and quality of care in the VA system are inferior to the access and quality in non-VA settings.

RAND researchers compared quality of care provided by the VA in outpatient and inpatient settings by using nationally recognized performance measures reported across several national surveys during 2013 and 2014. The information analyzed includes the

Healthcare Effectiveness Data and Information Set, and the Survey of Healthcare Experiences of Veterans.

For each of the VA's 135 facilities, researchers identified three non-VA hospitals that had similar characteristics, such as geographic location and whether it resides in a rural or urban area. The performance of VA health care facilities was compared to similar non-VA facilities, as well as health systems overall.

The VA hospitals performed the same or significantly better than non-VA hospitals on all six measures of inpatient safety, all three measures of inpatient mortality and 12 measures of the effectiveness of inpatient care. The VA hospitals performed significantly worse on three readmission measures and two effectiveness measures.

For example, VA inpatient performance was significantly lower on the patient experience measure for pain management, while performance of VA hospitals was significantly higher on patient experiences for management of care transitions.

The performance of VA facilities also was significantly better than commercial HMOs and Medicaid HMOs for all 16 measures of the effectiveness of outpatient care. The VA facilities outperformed Medicare HMOs on 14 of the 16 measures of effectiveness.

The smallest difference between the VA and commercial HMOs was in the rate of antidepressant medication management during the acute phase, while the largest difference was in the rate of eye examinations for patients with diabetes. The smallest difference between the VA and Medicaid HMOs was in the rate of ongoing beta-blocker treatment after an acute heart attack, and the largest difference was in the rate of eye examinations for patients with diabetes.

The variation between individual VA facilities was large on some of the quality measures. For example, there was a 50 percentage point difference in performance between the lowest and highest performing VA facilities during 2014 on the rate of beta blocker treatment for at least six months after discharge for an acute heart attack.

The study did not examine issues related to accessing care in the VA health system, such as whether enrollees gain access to care in a timely manner.

19-Year-Old Pain Precedent Overturned

Leo Shane III MarineCorpsTimes April 5, 2018

Thousands of veterans previously denied disability benefits for pain issues related to their military service may now be eligible for that assistance, thanks to a federal court ruling this week. On 4 APR, the U.S. Court of Appeals for the Federal Circuit overturned a 19-year-old precedent used in more than 11,000 VA claims denials that stated veterans had to have a clear medical diagnosis connected to their pain in order to be eligible for those disability payouts. Advocates said the ruling could be life-changing for individuals who are unable to work because of service-connected injuries but excluded from veterans assistance because of medical technicalities.

“This was an all-or-nothing issue,” said Bart Stichman, executive director and co-founder of the National Veterans Legal Services Program (NVLSP). “This isn’t about arguing over the degree of disability where it is the difference of \$2,000 or \$3,000 a month in help. These are people who are getting zero benefits, despite their pain.” The court challenge, which was brought by NVLSP, involved Army veteran Melba Saunders, who served in first Gulf War. She injured her knees during her seven years in service, a fact that military doctors noted in her files without determining a specific medical diagnosis of the issue. When she left the service and applied for veterans disability benefits, her claim was denied. VA officials acknowledged the problem stemmed from her time

in service but the Board of Veterans’ Appeals cited a 1999 Veterans Court decision which held that “pain alone is not a disability for the purpose of VA disability compensation.”

The new court ruling erases that precedent, at least for now. Veterans still need to show a clear connection between their pain and their military service to be eligible, but would not longer have to have a specific medical reason for the pain to apply for benefits. VA officials can appeal the decision, although it’s unclear if they will do so. In a statement, Saunders’ lawyer, Mel Bostwick, called the court case “a significant victory for disabled veterans” and a long-overdue correction in VA policy. “Congress recognized that the nation owes these veterans for their sacrifices, and the court today vindicated the common-sense notion that this debt does not depend on whether a veteran’s disabling pain can be labeled with a specific medical diagnosis,” she said.

Stichman said veterans who have previously been rejected for disability benefits — or who have avoided applying in the past because they assumed they would not be eligible — should now reapply to see if the new ruling will allow them to qualify. “We just don’t know how many veterans this could affect,” he said. “We know the Board of Veterans Appeals has cited this precedent in more than 11,000 cases. But we don’t know about all the other veterans who never even applied.”

Direct Deposit – Address Changes For Government Payments

Jim Absher Military.com April 11, 2018

If you are getting government payments you are most likely receiving them via Direct Deposit. In fact, the government requires all payments to individuals be made via direct deposit, there are exceptions to this rule, but they can be cumbersome. If you are unable to obtain a bank account, the government will issue you a debit card, they will then deposit your payments to that debit card. For more information see the DFAS website. If you are one of the 99 percent of the people who get your government payments by direct deposit or Electronic Funds Transfer (EFT), the following addresses just how to change your bank account information in case you move or change banks.

Direct Deposit of VA Payments

If you get payments from the VA for GI Bill, disability compensation, vocational rehabilitation, Dependents Indemnity Compensation, or more you can change your direct deposit information on the VA’s eBenefits website. To change your information click on “Manage” on the top of the screen, then click on “Contact and Direct Deposit” on the menu that appears. To update your payment information online, you must have a submitted claim that is currently under consideration or be receiving benefits. You can also mail the Direct Deposit Enrollment VA’s eBenefits website. to: VA National Direct Deposit Center, Suite B, 125 S. Main Street, Muskogee, OK 74401. If you have problems, the best way to get a speedy answer is calling the VA. For GI Bill benefits, call 888-GI BILL (888-442-4551), for all other benefits call 800-827-1000.



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- 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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