

# Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

*In Service to America*



## Meeting Notice

15 May, 2019

**Elks Lodge 5555 W. Good Hope Rd.**

**Board Meeting 6:30 p.m.**

**Chapter Meeting 7 - 8 p.m.**

**Future Meetings: 2019**

19 June, 17 July, 21 August, 18 September

Chapter web page: [www.vietnamvetschapter324.com](http://www.vietnamvetschapter324.com)

National web page: [www.vva.org](http://www.vva.org)

## Chapter Officers

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

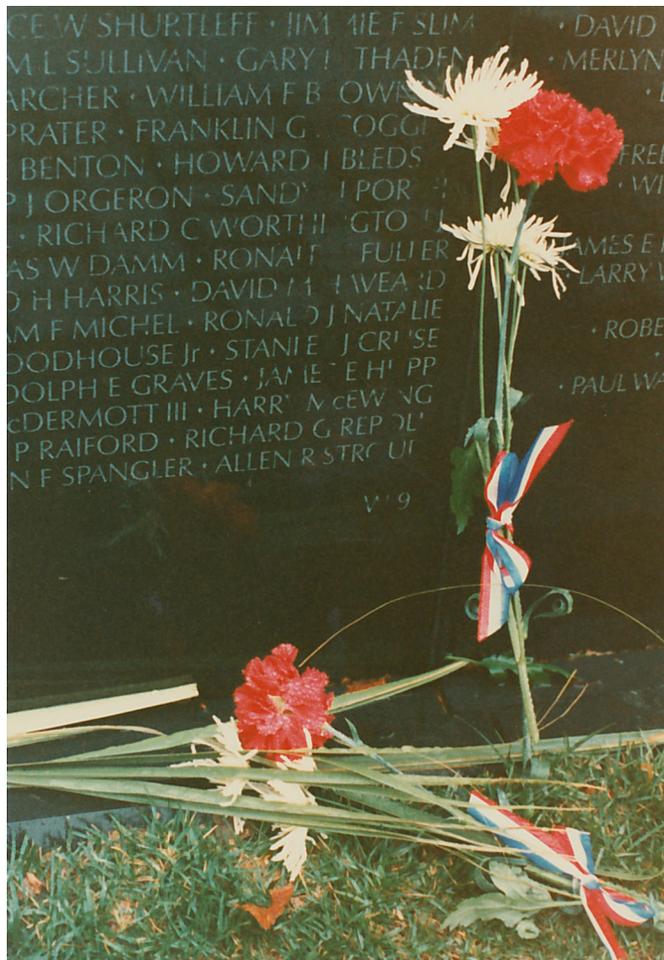
## Memorial Day – Monday May 27

### Wood National Cemetery, 9a.m.

Remembrance starts with the Milwaukee American Legion Band, followed by the presentation of colors and a ceremony at 9:25 a.m.

### Milwaukee Parade, 2pm

Chapter 324 will line up at 4th & Michigan  
Parade goes east on Wisconsin Avenue to the War Memorial Center where there will be a Wreath Laying Ceremony. The Milwaukee Metropolitan Community Concert Band will perform a concert at 4 p.m.



**VIETNAM VETERANS OF AMERICA**  
**Milwaukee Chapter 324**  
**April 17, 2019**

**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, for all POW/MIA's and their families and for all serving our country

**Pledge of Allegiance**

**Attendance** – Dennis Szymanski, Pat Ciofani, Pat Moore, David Titter, Joe Herbert, Dennis McCormack – Guests – Tom Dauer, JC Moore (Court Commissioner), Mark Flower

**Vets Court Presentation** – A presentation on Milwaukee's Veteran's Court was presented by Court Commissioner JC Moore and Veteran Mentor Mark Flower – Questions and Answers followed

**Minutes of the March 20, 2019 meeting were reviewed and accepted**

**Treasurer's Report – Pat Moore - \$2189.72 in our checking account**

**Communications** – Thanks received from UWM for our donation to their MAVRC Fund

**COMMITTEE REPORTS**

**VVA Membership Update – Joe Herbert**

**Allied Veterans Update – Pat Ciofani** – Yearly dues were paid – We provide the April meal

**Education Outreach – Pat Ciofani** spoke to three classes at Whitefish Bay High School

**Fund Raising** – Reminder! Our Miller Park dates have been changed to 6/28 and 6/30

**Website** – Contact Pat Moore to post items of interest on our website

**NEW BUSINESS**

**Elections** – John Morgan, David Titter and Dennis McCormack were elected as Board of Directors

**Vets Court Donation** – Moved and passed to donate \$500 to help off-set travel expenses for veteran mentors attending training conference in Wis. Dells

**Adjournment – 7:45**

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## **VA Ordered to Lift Hold on Blue Water Navy Appeals**

VFWS Action Corps Weekly April 5, 2019

VA was recently ordered to lift its hold on Blue Water Navy appeals as a result of the recent Procopio v. Wilkie court decision. The decision clarified that Blue Water Navy Vietnam War veterans are eligible to receive presumptive disability compensation benefits for health conditions associated with exposure to Agent Orange.

After the decision was issued on January 29, 2019, VA requested a stay, which places a hold on Blue Water Navy claims and appeals while the agency deliberated whether to appeal the decision. VA's request to stay Blue Water Navy claims was denied and VA is now forced to start taking action on appeals.

This means veterans affected by the Procopio decision may see activity on their appeals in the near future. The VFW urges Blue Water Navy veterans

who receive notice of action on their claims to contact a VFW-accredited Service Officer at: [www.vfw.org/NVS](http://www.vfw.org/NVS). The Department of Justice still has until April 29, 2019, to formally appeal. Moreover, the Procopio decision still leaves certain questions unanswered for Blue Water Navy veterans and others exposed to Agent Orange.

This is why the VFW continues to urge for the swift passage of H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2019. Urge your members of Congress to cosponsor and support passage of H.R. 299. VFW has a preformatted editable message at <http://capwiz.com/vfw/issues/alert/?alertid=80598036> to assist veterans in contacting their Congressional representatives on this issue.

## On Sale in Kabul: Mementos of War in Afghanistan, for \$2 or Less



A shopkeeper sorting through a bowl of Russian, American and British military medals in his jewelry store in Kabul, Afghanistan. Credit Christopher Jones

By Christopher Jones, *At War* – NY Times, April 25, 2019

In March, I went to Chicken Street in Kabul, a well-known shopping stop for those Americans and foreigners who are allowed to venture outside the Green Zone. In one of my favorite shops, I noticed a tray of silver in one of the display cases. As the shopkeeper splayed the trinkets out on the glass, he uncovered a single gold disc, slightly larger than the others.

I couldn't help but laugh when I read the inscription: "Chief Petty Officer's Mess." Here in the heart of Kabul, I'd found a challenge coin from a group of American senior enlisted sailors who decided their deployment here warranted permanent commemoration. Between 2010 and 2011, these nameless chiefs — "tried, tempered & trued," according to the coin's engraving — had brought their maritime traditions from the sea to landlocked Afghanistan. I too had spent that time in the country,

though there was no coin honoring my unit or the mud-brick compound we called home.

Challenge coins are beloved by those who commission them — usually American military officers or staff noncommissioned officers. The name comes from their original purpose in Special Forces units, where they seem to have originated: If challenged to prove what unit they were in, soldiers could pull out their coins as proof.

Once exclusively an Army phenomenon, the practice expanded to the other services during the global war on terror. The coins are typically handed out to members of a unit after a deployment, or given as ceremonial gifts to partnered units and allies, tchotchkes from a deployment spent in combat (or at least in the same country as combat). Unlike official Defense Department-issued medals, they are a rare

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## Mementos continued

chance for self-expression for career military people who want to memorialize themselves and their actions, a tangible way of thanking yourself for your own service by showering those around you with tokens noting your rank and leadership.

Yet despite this unique opportunity to wax artistic, most challenge coins look incredibly similar: copper or gold-plated, a flag or unit crest on one side and an eagle or some other symbol of military strength on the other. This uniformity is not by Defense Department order or field-manual regulation, but by unconscious consensus. Even these self-important attempts to memorialize small moments spent prolonging America's longest conflict can't escape the same myopic approach we applied to

fighting the war and "winning hearts and minds" in Afghanistan.

The same challenge coins I was given as a Marine can be bought for less than \$2 on Chicken Street — if you're a seasoned haggler and speak a little Dari. If you don't, you'll be treated the way all Americans have been treated by Afghans since 2001. "How much do you want to pay?" is the question almost all shopkeepers on Chicken Street know how to ask in English. They're hoping that you're a miniature version of the America they know: flush with cash, short on understanding, scared of the locals and eager to buy something to show for your time in their country. If they agree to the price you offer without any haggling, you've undoubtedly overpaid.

## Military Leads All Professions In Days Spent Drinking Per Year

J.D. Simkins MilitaryTimes April 5, 2019

Whether it's shutting down an entire country's beer supply, going on a beer-only diet for Lent, or reaching a state of intoxication so severe that one breaks into someone's home, gets naked and takes a shower, the association between service member and alcohol is well established. It should come as no surprise, then, that data pulled from the Centers for Disease Control and Prevention and analyzed by the Delphi Behavioral Health Group revealed that service members consume alcohol on more days of the year than any other profession.

Close to 27,000 people across 25 different industries responded to surveys on alcohol consumption during the period of 2013 and 2017, with the average person reportedly consuming at least one drink 91 days per year. Service members, meanwhile, led all other professions, with an average of 130 days of drinking — or, over one-third of the calendar year. Miners and construction workers were not far behind, drinking 112 days and 106 days per year, respectively. Despite these elevated numbers, the overall rate of drinking in the U.S. has reportedly decreased over the course of the last two years. Noting that trend, Delphi analyzed which industries were scaling back their intake and contributing to the drop.

The organization also looked at which professions were moving against the grain, and once again, service members led the way.

Over the course of just four years — 2013 to 2017 — the average number of days military personnel spent drinking per year went up by 34, a number

that has continued climbing without any dip since 2014. Industries like arts and entertainment were on the opposite end of that spectrum, decreasing the number of drinking days per year by nine during the same four-year span.

While military-related booze trends may not shock service members or veterans, the surging rate of alcohol consumption can ripple into a number of other problematic areas, researchers say. The rate of binge drinking, for example, has been highlighted by the Department of Defense as an area to address after a Rand report, using data from 2015 and 2016, indicated 30 percent of service members reported binge drinking in the month leading up to being surveyed. For Marines, that number skyrocketed to 42.6 percent.

Rates of binge drinking, defined as "consuming more than four drinks within a two-hour period for women and five drinks for men," have climbed as well among the veteran population, up from about 14 percent in 2013 to just under 16 percent in 2017. Veteran drunk driving has also surged as a result, up nearly 60 percent since 2014. A wealth of research points to PTSD, specifically the depression resulting from trauma, as one of the primary contributors of binge drinking among veterans and active-duty personnel. For nearly three million service members who have been deployed in support of American war operations in Iraq or Afghanistan, approximately 11 to 20 percent suffer from PTSD. Some studies suggest that number is as high as 30 percent.

# Veterans suffer from ‘culture shock’ when returning to university

Taylor & Francis Group, April 26, 2019, Science Daily

War veterans experience such extreme ‘culture shock’ at university, that they struggle to communicate their feelings and begin a destructive cycle of silence, according to a new study.

The study, based on interviews with 20 military veterans on a US college campus found that civilians’ trivial concerns, inappropriate clothing, lack of respect for lecturers and willingness to criticise the President of the United States clashed with the conservative values instilled in ex service personnel. These cultural differences led to veterans arguing with other students, and becoming increasingly isolated and ostracized from their peers.

“Veterans are one and a half times more likely to commit suicide than civilians, and they’re also at a greater risk of depression, suicide, and substance abuse,” says William T. Howe Jr, the author of the study from the University of Oklahoma.

“The situation is so bad that veteran suicide has been classified as an epidemic, and a national call has gone out to researchers to try to address this issue.”

As part of the effort, Howe interviewed 20 ex service personnel who attend the University of Oklahoma. His study, published in the Journal of Intercultural Communication Research found that despite veterans being the same age as other college students, military service had instilled them with vastly different cultural values, which meant they experienced ‘cultural shock’ when going from a military environment to a college campus. Interestingly this was true for both combat and non-combat veterans, suggesting that it is not combat that is making it difficult for veterans to return to civilian life, but military training and an adoption of military culture.

“Veterans have been through tougher times, even in basic training alone, than many people may realise, therefore to them complaining about writing a paper is silly when they compare it to their past experiences of facing death,” says Howe.

As well as being unable to relate to civilians feeling stress over ‘trivial’ matters like exams, ex military personnel were often upset by the way their classmates dressed, and their perceived lack of respect towards authority figures.

“In the military good hygiene, grooming, and making sure your clothes are clean and professional

are of vital importance, so to a veteran, students coming to class not groomed properly, or in clothes that they perceive as being too casual conflicts with their military values,” says Howe.

“In addition, while lecturers at university often encourage open discussion, this is distinctly different from what veterans experienced in the military, where communication is top-down and upward dissent is discouraged. Veterans often got angry when other students talked during lectures.”

Finally, while most students enjoyed talking about politics, veterans were very uncomfortable and unwilling to do this. “The United States Military has very conservative and strict rules that individuals must abide by. For example they are not allowed to criticise the President -- doing so could result in forfeiture of pay, dishonorable discharge, and even imprisonment” says Howe.

The culture clash was often exacerbated by differences in the style of language used by veterans and civilians. For example veterans often used military jargon and acronyms when interacting with civilians, and would grow frustrated when other students couldn’t understand them. Veterans also felt that the profanities and dark humor they used was often misinterpreted by civilians and seen as crude and vulgar when, for the veterans, this was a normal way of speaking.

“Another issue was the directness of communication by veterans,” says Howe. “In the army it is seen as natural to say “do this” and expect others to do it. However this sort of speech usually resulted in the veterans being disliked by others and ostracized from the group.”

The study showed that veterans responded to this culture clash in three separate ways: by trying to see things from the perspective of the other students, by verbally lashing out and confronting the person, and finally by remaining silent.

By far the most commonly used strategy was silence: 100% of veterans interviewed said that they often kept quiet or refused to speak their mind in class. The reasons for this varied from not wanting to talk about politics to being afraid of getting in trouble for saying something others would perceive as inappropriate. However eventually some veterans erupted and had verbal conflicts with others.

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# Hidden Camera Found in Women's Bathroom Abord Navy Ship

By Courtney Kube and Mosheh Gains NBC, April 19, 2019

WASHINGTON — The U.S. Navy is investigating a report that a female Marine found a camera in a women's bathroom of the USS Arlington, according to three military officials.

In a statement, a spokesperson for the Sixth Fleet confirmed that the Naval Criminal Investigative Service (NCIS) is probing a "recording device in a head" aboard the Arlington, an amphibious transport dock that is currently in port in Greece.

"The command has taken, and will continue to take, all necessary actions to ensure the safety and privacy of the victim," Cdr. Kyle Raines said. "The Navy/Marine Corps team takes all reports of sexual harassment seriously, and are committed to thoroughly investigating these allegations and providing resources and care to victims of sexual harassment."

"To protect the legal rights and the privacy of all involved, we cannot release details, names or any other identifying information at this time," Raines said.

The female Marine reported the device in March, according to a U.S. military official, who said the device could record images but did not specify whether it could record stills or video.

An NCIS investigation has been underway since then to determine who placed the device and

whether any women were recorded. The NCIS said it could not comment on ongoing investigations.

The Arlington is homeported in Norfolk, Va



USS Arlington gets underway from Morehead City, North Carolina, on Dec. 19, 2018. MC3 Chris Roys / U.S. Navy

## Culture Shock continued

"Many veterans entered a 'spiral of silence', and in doing so continued to feel more and more isolated," says Howe. "Any prolonged silence about a troubling issue is not good for an individual, and the worry is that this extreme isolation could lead to a feeling that life is not worth living and a decision to permanently silence themselves with suicide."

According to Howe the findings show that more needs to be done to help veterans and civilians understand one another, and to reintegrate veterans into society.

"The military takes 8-12 weeks to strip military members of their civilian culture and replace it with a military culture. To not spend the same time and effort to reverse the process at the end of a servicemember's time in uniform is irresponsible," says Howe.

# VA Now Has Shorter Wait Times Than Private Clinics, AMA Study

By [Richard Sisk](https://www.military.com/daily-news/2019/01/23/va-now-has-shorter-wait-times-private-clinics-ama-study) <https://www.military.com/daily-news/2019/01/23/va-now-has-shorter-wait-times-private-clinics-ama-study>- Military.com

Wait times at [Department of Veterans Affairs](#) hospitals and clinics have gone down significantly from recent years and are now shorter on average than those in private-sector health care, at least in big cities, according to a new study from the Journal of the American Medical Association (JAMA).

Critics of the study pointed out that main contributors to the JAMA report were current and former VA executives, including Dr. David Shulkin, who was [fired as VA secretary](#) last year by President Donald Trump.

In a statement, VA Secretary Robert Wilkie said the JAMA report published Jan. 18 showed that the VA “has made a concerted, transparent effort to improve access to care” since 2014, when wait-times scandals and doctored records led to the resignation of former VA Secretary and retired [Army Gen. Eric Shinseki](#).

“This study affirms that VA has made notable progress in improving access in primary care, and other key specialty care areas,” Wilkie said.

The cross-sectional JAMA study of wait-time data from VA facilities and private-sector hospitals focused on primary care, dermatology, cardiology and orthopedics in 15 major metropolitan areas.

The findings were that “there was no statistically significant difference between private sector and VA mean wait times in 2014” and, in 2017, “mean wait times were statistically significantly shorter for the VA,” the JAMA report said.

“In 2014 the average wait time in V.A. hospitals was 22.5 days, compared with 18.7 in the private sector,” the study said, but in 2017, “mean wait time at V.A. hospitals had gone down to 17.7 days, while rising to 29.8 for private practitioners.”

The study, titled “Comparison of Wait Times for New Patients Between the Private Sector and Department of Veterans Affairs Medical Centers,” relied on wait-time data provided by the VA and calculated private-sector data from a survey conducted by a physicians’ search firm, Merritt Hawkins, using the so-called “secret shopper” method in nearly 2,000 medical offices in metropolitan areas.

“For the secret shoppers method, the research associates at MH [Merritt Hawkins] called physicians’ offices asking to be told the first available time for a

new-patient appointment,” the JAMA study said.

“This earliest availability was recorded as the wait time. However, the VA data record scheduled wait times, which may not reflect the earliest available appointment,” the study said.

The JAMA report also noted that rural areas and follow-on care were excluded from the analysis and said that “follow-up studies are critical to analyze access to the entirety of VA health care,” since nearly one-quarter of veterans live in rural areas.

The overall conclusion of the report was that “access to care within VA facilities appears to have improved between 2014 and 2017 and appears to have surpassed access in the private sector for 3 of the 4 specialties evaluated,” with the exception of orthopedics.

In 2014, the VA was rocked by wait-time scandals and allegations of manipulated data at the VA medical center in Phoenix, Arizona. “This incident damaged the VA’s credibility and created a public perception regarding the VA health care system’s inability to see patients in a timely manner,” the JAMA report said.

The VA has since worked to improve access and reduce wait times.

“There is evidence suggesting that these efforts have improved access to care, including reports that 22% of VA patients are now seen on the same day as the requested appointment,” the report said. However, “Despite, these efforts, the adequacy of access to VA care remains unclear.”

As a result of the 2014 scandals, the VA initiated the Choice program to expand private-care options for veterans. Last year, Congress passed and President Trump signed into law the VA Mission Act to consolidate and streamline the Choice program, which has been riddled with inefficiencies.

In June, the Government Accountability Office issued a report stating that many veterans who opted for the Choice program to avoid wait times still faced delays that could stretch for months before seeing a doctor.

In response to the JAMA report, a posting on the Disabled American Veterans website came under the heading: “Veterans Affairs Spins ‘JAMA Study’ It Authored On VA Wait Times.”

# Putting Veterans at Risk

SUZANNE GORDON American Prospect, APRIL 16, 2019

[https://prospect.org/article/putting-veterans-risk?fbclid=IwAR0bEcppLm-44BR\\_AEKIoHcb\\_uIFWC6XuKj7mYjjjigeZ\\_F0sUup12kqB0](https://prospect.org/article/putting-veterans-risk?fbclid=IwAR0bEcppLm-44BR_AEKIoHcb_uIFWC6XuKj7mYjjjigeZ_F0sUup12kqB0)

Even VA privatizers agree that the MISSION Act is likely to stumble.

A potentially costly and harmful experiment in veterans' health care is scheduled to begin eight weeks from now. The Veterans Community Care Program (VCCP), created under the VA MISSION Act of 2018, will channel millions of the nation's most vulnerable veterans to private-sector doctors and hospitals. VA leadership is determined to launch the program on June 6, in spite of federal reports and Capitol Hill testimony by both friends and foes of privatization that say it is not ready for rollout.

This was made abundantly clear at an April 10 Senate Committee on Veterans' Affairs [hearing](#). Chairman Johnny Isakson (R-GA), a leading proponent of outsourcing veterans' care from the Veterans Health Administration (VHA) to private doctors and hospitals, predicted, "We're going to stumble before we walk." It was a staggering admission: VA leaders and Republicans like Isakson seem willing to send waves of patients into the private sector where the care is likely to cause harm.

Passed last June, with bipartisan support and only 83 congressional dissenters, the VA MISSION Act of 2018 was intended to remedy the problems inherent in the 2014 Veterans Choice Program. Sharon Silas, acting director of Health Care for the Government Accountability Office, [catalogued](#) a long list of Choice's failings at the hearing. The program was hastily implemented, poorly coordinated, and riddled with cost overruns. Meanwhile, third-party administrators who mishandled reimbursement [claims](#) and [overbilled](#) for their services were greatly enriched as Choice delivered more than \$19 billion to private-sector interests. Secretary of Veterans Affairs Robert Wilkie, according to the GAO, has neglected to correct many of these administrative problems.

These and many other stumbles have led some veterans' service organizations, which originally supported the VCCP legislation, to express alarm. The VHA "is not yet prepared, nor likely to be prepared within eight weeks, to implement significantly more complex and expansive access standards without risking serious disruption to veterans' healthcare," warned [Adrian Atizado](#), deputy national legislative

director of the Disabled American Veterans, at the Senate Committee hearing. He questioned whether the VHA can "safely coordinate the clinical care of the increased number of veterans who use the VCCP networks."

VA leadership, in a report sent to Congress last month, said that "fragmentation of care between VA and non-VA providers creates new risks for harm." While patients with "straightforward medical conditions and a strong support system" may have "excellent outcomes," outsourced care could be less successful "if a provider sees a Veteran with complex needs such as homelessness or co-existing mental illness."

Despite a looming problem with wait times, coordination, and quality of care, the report confirmed that Wilkie is reluctant to hold private-sector doctors and hospitals to the same high-performance standards required of the VHA, because doing so might "have a significant negative impact on their participation."

During his testimony at the April 10 hearing, Dr. Richard Stone, the executive running the VHA, noted that the agency's overall assessment of private-sector capacity to care for veterans was still incomplete. He also reported that more in-house staff would be needed to manage outside care arrangements. Such a task would leave VHA doctors, nurses, and therapists with less time to provide direct care to veterans. Staff are already dealing with heavier patient loads because of the secretary's unwillingness to fill 40,000 vacant positions.

In one telling exchange, ranking committee member Jon Tester (D-MT) asked Stone about possible harm inflicted by outside providers. Veterans injured as a result of medical error inside the VHA can file a [1151 claim](#) for compensation and lifetime care, using a process like the one that determined their original eligibility for coverage, based on a service-related condition. Stone admitted that patients suffering harm in the private sector would have no such recourse and would, instead, "have to rely on the tort system." ([Studies confirm](#) that patients have a difficult time proving medical harm, with very few victims of malpractice ever receiving any compensation.)

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## Risk continued

Tester, who co-sponsored the MISSION Act, and fellow Democrats Sherrod Brown (D-OH) and Joe Manchin (D-WV), who voted for it, used the April 10 hearing to express second thoughts about its consequences. Tester worries that veterans will end up with private care that's "lower value, less timely and of lower quality." In his view, the Trump administration's hurried implementation of the MISSION Act reflects "a political agenda," rather than "best policy." "This opens the door to privatization,"

noted Manchin. "The private sector is going to prey on veterans like you've never seen. I truly believe that in my heart. That's a whole other cash cow for them."

Disabled American Veterans is demanding that the expansion of outsourcing scheduled for June be delayed until the "VA can certify to veterans and to Congress" that it has been "properly tested" and will occur with "minimal disruption." Other veterans' service organizations should join that call and let members of Congress know that, when patients' lives are at stake, "stumbling" is simply unacceptable.

## What is it like being in the Army?

Oh I'm glad you asked. Imagine being told your group of people have to eat this large pot of chicken broth in an hour. Too easy right? And everyone is handed a knife, a spoon, and a fork. And it's just chicken broth. So your First Sergeant is so excited he grabs the fork and starts eating. Then tells everyone else to do the same. But you, only being a private but having had experience eating broth before are like, "hey we should use the spoons," but everyone else is like, "well First Sergeant said use the fork." "But the spoon makes more sense. Like that's exactly what it was made for." And everyone continues to use the fork. And when it's not working fast enough, someone suggests you use a mallet. And you just look at the group, then at the spoon, then back at the group, the spoon, then you cry as you count down days until your contract ends.

That is the Army.