

# Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

*In Service to America*



## Meeting Notice

19 June, 2019

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

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

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

**Future Meetings: 2019**

17 July, 18 September, 16 October, 20 November

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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Membership: Joe Herbert Joe's a Luddite

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Newsletter: John Zutz john(at)zutz.org

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

## WE NEED YOUR HELP - Y'ALL COME!

Our treasury is just over \$2000.

We'd like to give more money to veterans programs. To do that, we need to raise the money.

The Brewers allow Chapter 324 to solicit donations from fans attending the games at Miller Park.

### YOUR PRESENCE WILL MAKE A BIG DIFFERENCE

More people helping equals more money coming in. Come one day, come both days.

Talk to people. Tell them about Vietnam Vets, Tell them about the VA. Tell them about Agent Orange.

**Friday, June 28 vs. Pittsburgh, Game time: 7:10**

**Sunday, June 30 vs Pittsburgh, Game time: 1:10**

Parking lots open 3 hours before game time. Meet near the Yount statue at home plate.

The chapter will pay for your parking. We will provide sandwiches and liquid refreshments.

What's your excuse?

**No August Meeting - No August Newsletter**

## VIETNAM VETERANS OF AMERICA

### Milwaukee Chapter 324

May 15, 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, John Morgan, David Titter, Pat Moore, Dennis McCormack, John Zutz, Joe Herbert, Tom Dauer

**Minutes of the April 17, 2019 meeting reviewed and accepted**

**Treasurer's Report** – Pat Moore - \$2110.72 balance in our checking account

**Communications**

### COMMITTEE REPORTS

**VVA Membership Update** – Joe Herbert

**Allied Veterans Meeting Update**

**Fund Raising** – June 28<sup>th</sup> and 30<sup>th</sup> are our fund raising dates at Miller Park

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

### NEW BUSINESS

**State VVA Meeting June 15, 2019** – We will turn over our 2 delegates for the national convention to our state council

**Financial Report** – Will be filed with National VVA

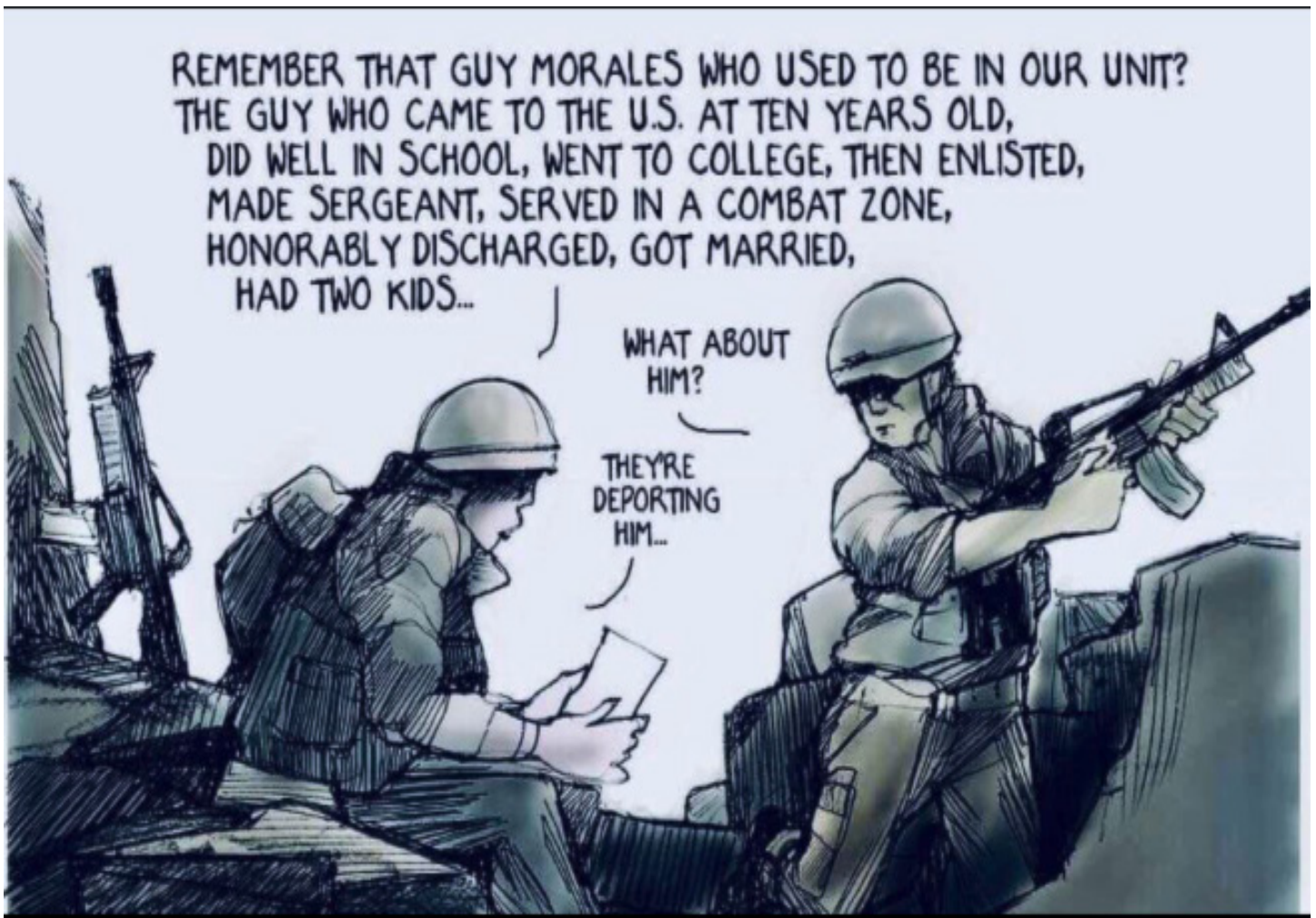
**Memorial Day Parade**

**August Meeting** – Moved and passed not to have an August meeting

**Amendments to National Constitution** – Reviewed proposed changes to VVA constitution to be presented at VVA national convention

**For the Good of the Chapter** – Discussion on Chapter views of the papers presented regarding the dissolution or changing of the VVA Organization to be voted on at the national convention

**Adjournment** – 8:05



## Administration breaks promise, purges 200,000 VA healthcare apps

by [Scott Davis](#), May 13, 2019

<https://www.washingtonexaminer.com/opinion/op-eds/trump-administration-breaks-campaign-promise-purges-200-000-va-healthcare-applications?fbclid=IwAR0s4lvRNr7Ee2en-AO6aYOw-kO7QkfE7tsp803bHavRAcRYi-aPkWl55dKo>

“Over 300,000 — and this is hard to believe, and it’s actually much more than that now — over 300,000 veterans died waiting for care,” said Trump.

Trump’s strong condemnation of the Obama administration’s handling of the backlog of hundreds of thousands of veteran benefits claims made him the overwhelming choice for many veteran voters in 2016.

But after two years in the White House, the Trump administration has decided to execute a plan to purge 200,000 applications for VA healthcare caused by known administrative errors within VA’s [enrollment process](#) and [enrollment system](#) — problems that had already been documented by the Office of the Inspector General in 2015 and 2017.

In purging this massive backlog of applications, the VA is declaring the applications to be incomplete due to errors by the applicants, despite the OIG findings and in violation of the promise Trump made to fix the system. This purge has the dual effect of letting the VA avoid the work of processing the applications and absolving the agency of any responsibility for veterans’ delayed access to health and disability benefits.

Under the supervision of Dr. Richard Stone, the executive in charge of the Veterans Health Administration, VHA managers last November instructed the agency’s IT staff members to purge over 200,000 pending healthcare applications.

Such a profound decision to deny veterans benefits should have to come from someone higher up — the president or the Secretary of Veterans Affairs — not from a career bureaucrat who has not been elected or confirmed by the Senate.

This purge flies in the face of previous guidance provided by lawmakers. On March 3, 2017, Senate and House Veterans Affairs committee members [sent a joint letter to the VA](#), instructing the agency to delay its plans to purge these records. The committees wanted the VA to send new letters to veterans, informing them of their application status and potential equitable relief or financial reimbursement for service-connected health expenses caused by enrollment system errors, [as prescribed by law](#).

Currently, VA is skirting this provision of the law by blaming veteran applicants for the agency’s

own mistakes processing health and disability claims. As a result, to win benefits wrongfully denied due to VA’s administrative errors, veterans are forced to go to court and pay legal fees out of whatever benefits they ultimately win.

The Trump administration’s decision opens the door to the agency purging any future backlog of veteran claims for benefits by falsely declaring the applications incomplete due to veteran error.

This is the second time the VA has been caught using its IT department to adjudicate benefits for veterans. In January 2017, the IT department auto-enrolled over 70,000 Iraq and Afghanistan combat veterans whose applications had erroneously been held up until they could meet a “means test” — that is, prove their income level. This mass-approval of applications was done in preparation for then-Under Secretary David Shulkin’s confirmation hearing.

They did this without bothering to fix the systemic error that required proof of income from combat veterans, who aren’t required to provide it. As a result, there are still more than 20,000 Iraq and Afghanistan combat veterans being denied healthcare benefits due to an erroneous means-test requirement.

Moreover, the means test error in the enrollment system not only affects veteran access to healthcare benefits, but it also causes billing errors for thousands of veterans each year.

The Veterans Health Administration’s Member Services office, which manages the enrollment system, had to reexamine over 6,000 veteran income verification cases, because veterans were overbilled for medical copays ranging from \$200 to \$3,000. About 1,000 veterans are believed to receive fraudulent bills from the VA every month due to this known system error.

Despite being aware of these systemic issues for years, VA has not initiated an outreach campaign to educate the veteran community about what to do if their application is in a pending status or if they get a fraudulent bill due to missing means-test information.

Instead, the agency has chosen a policy of sending a single notification letter for pending

Continued next page

## Purge Continued

applications, despite knowing that 25% of the letters mailed to veterans are returned or placed on hold due to bad address information in the enrollment system.

Iraq and Afghanistan combat veterans routinely have incorrect address information in the enrollment system because they do not have permanent non-military addresses at the time of enrollment during the demobilization process.

The VA could resolve this problem through its data-sharing agreement with the Internal Revenue Service and Social Security Administration, to get current addresses for veterans in the pending backlog. But unfortunately for veterans, it is the VA's practice to use information from the IRS and SSA only for the purposes of billing and verifying veterans' dates of

death.

All of these issues could be easily fixed. This is why President Trump's reversal on this issue is so disappointing to the veteran community. Many veterans are asking why the enrollment system was not included in the President's VA information technology modernization plan.

As a result, 200,000 applications have been purged, violating Trump's promise. Currently, over 300,000 additional veteran healthcare applications remain in a pending status and will most likely be purged in the near future.

In the absence of executive leadership from the White House, veterans will continue to be denied access to their healthcare benefits at a rate of nearly 5,000 new pending healthcare applications per month.

## **A Bladed Anvil Shreds bodies without Collateral Damage**

J.D. Simkins, MilitaryTimes, May 14, 2019

Collateral damage of indirect fire missions conducted against enemy targets in heavily populated urban centers has long been a criticism levied against U.S. forces. Never before has the role of fire support specialists ensuring artillery, air, mortar and even naval gunfire strikes hit precisely while minimizing the potential of civilian casualties. But over a dozen current and former U.S. officials told the Wall Street Journal last week that the possibility of collateral damage has been significantly reduced due to the secretive development of a missile capable of eliminating targets sans any explosion.

The weapon has been in use for some time, while its existence has been kept under wraps by the Central Intelligence Agency and the Pentagon. Spawned from the widely-used Hellfire missile, the R9X — also known as “the flying Ginsu” or “ninja bomb” — is equipped with a non-explosive warhead capable of pummeling its target with over 100 pounds of screaming metal. The precision ninja bomb is also kitted out with six internal blades that can cut through buildings or cars with ease. These long blades deploy in the shape of a halo around the missile moments before it pulverizes its target like a heaven-sent anvil cheese grater, officials told the WSJ.

The development of the warhead began as early as 2011 under former President Barack Obama, the report said, as intense air campaigns in the Middle East and Africa dragged on, highlighted by concerns of collateral damage in densely populated regions. In places like Iraq, Afghanistan, Syria, Somalia, and Yemen, terror targets began surrounding themselves

with women and children to complicate retaliatory measures. The R9X was designed taking those scenarios into account. Because of its designation for eliminating just one or two individuals in a car or compound, its use remains limited — only about five total strikes in operations in Iraq, Syria, Libya, Somalia and Yemen, the WSJ reported — with missions targeting larger buildings or groups commonly calling for explosive variants.

One such strike was carried out in January 2019 on the terrorist accused of orchestrating the deadly October 2000 USS Cole bombing, the report said. Jamel Ahmed Mohammed Ali al-Badawi, a longtime al-Qaida operative who was on the FBI's list of most wanted terrorists, was reportedly driving alone in Yemen when the R9X fell from the sky, mangling the vehicle and its driver seat contents. Speculation swirled following missions like the one conducted against al-Badawi, the report said, as after-action photos showed no signs of scorched earth or burning vehicles typical of a Hellfire missile strike.

So precise is the munition, one former official told the WSJ, that a target riding in the passenger seat of a moving car could be eliminated without killing the driver. And because the R9X's design was “for the express purpose of reducing civilian casualties,” one official told the WSJ, it is both cost- and time-effective, as drones do not have to linger while awaiting clearance of civilians. Multiple officials said the U.S. government should have publicly discussed the R9X when it was first developed to illustrate to the world a willingness to minimize civilian deaths.

# Vietnam Vets just now experiencing effects of Agent Orange

Mike Tharp, Contributor <https://www.dallasnews.com/opinion/commentary/2019/05/06/vietnam-veterans-just-now-experiencing-effect-agent>

orange?fbclid=IwAR03LV2FSQN3q2RBn8I9SqJwGeliSI6BWZxVeCKRcxt1\_n\_FzrxFd8O9-Lo

Orange should stand for something nice — sunsets, tangerines, Creamsicles. But when it's Agent Orange, the color means poison.

Agent Orange is the herbicide sprayed by the millions of gallons all over South Vietnam during the war from 1961-71. The operation was designed to remove the triple-canopy jungle and other vegetation the Viet Cong and North Vietnamese troops used for cover. The operation's motto: "Only you can prevent a forest."

The poison got its name from the stripes on the 55-gallon drums in which it was shipped, mostly from several major chemical companies, including Dow Chemical and Monsanto.

The Air Force dumped Agent Orange on South Vietnam for 10 years. That campaign exposed an estimated 2.8 million American troops to the deadly dioxin. Most were not affected while serving in-country. But after they came home — often decades later — tens of thousands of veterans paid a price with their health.

House Bill 326, "Victims of Agent Orange Relief Act of 2019," is now pending in Congress. It reads in part, "Agent Orange exposure continues to negatively affect the lives of veterans of the United States Armed Forces, Vietnamese people, Vietnamese Americans and their children. The lives of many victims are cut short and others live with disease, disabilities and pain, often untreated or unrecognized."

The Department of Veterans Affairs has recognized at least 14 cancers and other diseases related to Agent Orange. The VA says veterans and their survivors may be eligible for benefits from these diseases. Court cases and congressional action since 1979 have ruled in favor of veterans afflicted by the herbicides showered over the war zone. In 1991 President George H.W. Bush signed the Agent Orange Act, which ordered treatment for cancers resulting from wartime service.

Further, Vietnam Veterans of America says "significant numbers of Vietnam veterans have children and grandchildren with birth defects related to exposure to Agent Orange."

For decades, the VA has been criticized for some of its actions and reactions for disability claims related to Agent Orange. But one survivor of Agent

Orange says he's satisfied with the care he's gotten from the agency. Greg, 69, asked that his last name not be used because he's sensitive about prostate cancer and its effects. He and his wife live in Shawnee, Kan., and winter in Weslaco in the Rio Grande Valley.

Greg served in Vietnam 1968-69 as a Seabee with the U.S. Navy. His outfit did repairs around airfields, which became refueling stations for airplanes that were spraying Agent Orange. "We took our breaks sitting on these orange cans," he says. "We read 'defoliant' and nobody thought anything about it ... We put our food on the barrels."

He got out of the Navy after seven years, then joined the Army, attaining the rank of major. He spent 17 years in that branch, serving as a quartermaster during the Persian Gulf War and elsewhere.

In 2014, at age 65, during a routine physical, he was diagnosed at a VA hospital with prostate cancer. Nobody in his family had ever had it. His tests were off the charts. He underwent the surgery at a Kansas VA hospital.

"I never had a bad experience (with the VA)," he says. "It's no different from the military. I'd say 99 percent of them do a good job."

Today, Greg gets a 100 percent disability from his claim — about \$20,000 a year. "They shot at me on five continents," he says, "and missed. Prostate cancer didn't miss."



*"I can appreciate your enthusiasm, sir, however 42 is the age limit for prior service enlistment."*

# Vietnam Veterans Memorial Study Reveals Errors

Michael E. Ruane, The Washington Post, | May 23, 2019

One soldier is represented on the Vietnam Veterans Memorial three times. Thirteen others are etched there twice. Scores of names have been misspelled and corrected. Others have been misspelled and not corrected. And the names of at least 25 others who survived the war were mistakenly etched on the hallowed black monument to the Vietnam dead in Washington. These and other errors made over 37 years turned up in an exhaustive, four-year study of the Wall recently completed by the Vietnam Veterans Memorial Fund, which oversees the Wall, its officials said Wednesday. And the review concluded that while the Wall bears 58,390 names, those names represent 58,276 people.

Jim Knotts, president of the fund, said the organization wanted to know exactly how each name was inscribed on the Wall and compare that with the various databases of information on those killed in the war. The fund wanted to develop a state-of-the-art digital database of the Wall's dead to create a new traveling replica of the Wall. The replica traverses the country to be seen by those who cannot visit the memorial. The old metal replica has now been replaced by one made of synthetic granite. "We needed to know exactly what's on the Wall . . . warts, errors and all," he said.

Tim Tetz, the fund's director of outreach who headed the review, said, "We literally had to be down there looking at it nose-to-nose with the Wall." Many names have been added over the years. After checking and rechecking available databases, fund officials took a master list to the memorial and checked it against the names on the Wall. They then built an accurate database of what was on the Wall, Tetz said.

- They knew the longest name on the Wall was Rodrigo Velazquez-Feliciano Jr., an Army staff sergeant, who died March 3, 1968.

- They knew the shortest names on the Wall. Ben Coy, an Army specialist who was 19 when he was killed June 20, 1967, and Pfc. Ned Lee, 24, of Flagstaff, Arizona, who was killed Feb. 8, 1968.

- They noted the case of Army Cpl. Rodney Helsel, KIA March 11, 1970. His name was carved on the new Wall in 1982, Tetz said. But nearby, the name Rodney Heisel was also etched. In 1989, the Memorial Fund added a Rodney Helsel, reasoning that the name had been misspelled Heisel. No one had noticed that it was already there, a few inches away. The 21-year-

old soldier become the only person on the Wall three times.

- There are more than 60 names that were misspelled and later reinscribed. One was that of Chester Ovnand, who is believed to be among the first American service members killed in Vietnam. He and fellow Army adviser, Dale Buis, were killed July 8, 1959. Ovnand's name was originally misspelled Ovnard on the Wall. The error was noticed and the name was reinscribed later at another spot on the Wall. But the reinscription was wrong, too. Instead of Chester Ovnand, he is listed as Chester Ovnand. So he is on the Wall twice - both times incorrectly.

- The name of Elisha St. Clair was originally inscribed Elisha Saint Clair, and reinscribed correctly at the request of the family later, Tetz said. The 22-year-old Army staff sergeant from Newport News, Virginia, who was killed less than a month after reaching Vietnam, is one of those on the Wall twice.

- Other misspellings have gone uncorrected, for various reasons, Tetz said. One misspelled name - Alfredo Ostolaza-Maldonado - is so long that there is no space on the Wall where the correction will fit. A native of Santurce, Puerto Rico, Pfc. Ostolaza-Maldonado was a 27-year-old medic when he was killed Aug. 8, 1966 in a ferocious battle that also claimed the lives of 24 of his comrades.

- One soldier on the Wall, Mateo Sabog, showed up years after the war to claim Social Security benefits and was told he was dead. Sabog had left the Army at the end of his Vietnam tour, disappeared, and was presumed killed, Tetz said. His name went up on the Wall in 1993, at the urging of his family. He reappeared in 1996 in Chattanooga to claim benefits. He was then 73. He had last been seen by the Army in Saigon, in February 1970 preparing to return to Fort Bragg, North Carolina. But he never showed up.

- William Joyce, had tried to enlist and been rejected for unknown reasons, Tetz said. So he went to an adjacent town and enlisted in the Marines under the name of a neighbor, Richard Preskenis. After he was killed in battle, officials went to the Preskenis home to announce that Richard had been killed, Tetz said. The family answered that Richard was not in the service. But that information had not caught up with the official military records by the time the Wall was built, Tetz said. The names William Joyce and his nom de guerre, Richard Preskenis, are both on the Wall.

# THE EIGHT WOMEN ON THE WALL

The names of eight women, all nurses (seven from the Army and one from the Air Force), are inscribed next to their fallen brothers on The Wall in Washington, D.C.



*(L to R: 1st. Lt. Hedwig Orlowski, 2nd Lt. Carol Drazba, 1st. Lt. Sharon Lane, Capt. Mary Klinker, Capt. Eleanor Alexander, 2nd Lt. Elizabeth Jones, 2nd Lt. Pamela Donovan, LTC Annie Graham)*

1st Lieutenant Sharon Ann Lane, U.S. Army was killed by a rocket explosion on June 8, 1969. Assigned to the 312th Evacuation Hospital, 1LT Lane was working in the Vietnamese ward of the hospital when the rocket exploded, killing her and her patients. Her name can be found on Panel 23, Line 112.

2nd Lieutenant Pamela Dorothy Donovan, U.S. Army died of a rare Southeast Asian virus on July 8, 1968. She was assigned to the 85th Evacuation Hospital in Qui Nhon. 2LT Donovan is remembered on Panel 53W, Line 43.

Lieutenant Colonel Annie Ruth Graham, U.S. Army suffered a stroke on August 14, 1968. She was the Chief Nurse with the 91st Evacuation Hospital in Tuy Hoa. Her name can be found on Panel 48W, Line 12.

Captain Mary Therese Klinker, U.S. Air Force was part of an on-board medical team during Operation Babylift. Her flight was carrying 243 infants and children when it developed pressure problems and crashed while attempting to return to the airport on April 4, 1975, just three weeks before the Fall of Saigon. She is remembered on Panel 1W, Line 122.

2nd Lieutenant Carol Ann Drazba, U.S. Army was killed in a helicopter crash near Saigon on February 18, 1966. She is remembered on Panel 5E, Line 46.

2nd Lieutenant Elizabeth Ann Jones, U.S. Army was flying with 2LT Drazba and was killed in the same helicopter crash near Saigon. She was assigned to the 3rd Field Hospital. 2LT Jones is remembered on Panel 5E, Line 47.

Captain Eleanor Grace Alexander, U.S. Army had been working in a hospital in Pleiku when her plane crashed on November 30, 1967. She was with the 85th Evacuation Hospital. She is remembered on Panel 31E, Line 8.

1st Lieutenant Hedwig Diane Orlowski, U.S. Army was on board with Capt. Alexander when their plane crashed on its return trip to Qui Nhon. She was assigned to the 67th Evacuation Hospital, 1LT Orlowski is on Panel 31E, Line 15.

# What's Special about a VA Facility

AND WHY THAT COULD CHANGE AFTER THE MISSION ACT ROLL OUT ON JUNE 6

By Paul Cox & Lou Kern, Veterans Healthcare Policy Institute, June 6, 2019

Starting June 6, the VA MISSION Act will refer many veterans out to the new Community Care Network. One of the main Wilkie / Stone talking points about this change is 'convenience' and the idea that more veterans will be cared for more quickly (a claim unlikely to occur given that the VA overall has the same or better wait times than the private sector).

The Veterans' Healthcare Policy Institute has many concerns about the move – regarding the quality of private sector providers, an already stressed (and often broken) private sector healthcare system, and unscrupulous profiteers that will take advantage of veterans to make a buck off the U.S. Government.

But, moving all of that to the side, there is one quality that is fairly unmeasurable: The loss of a healthcare space designed specifically for veterans and often manned by veterans themselves.

We have both used private care and the VA for our health care. When you walk into a VA hospital, you're surrounded by people who share and understand your experiences and where you're coming from – regardless if you've served in combat zones or spent your career stateside. When you walk into a private sector healthcare provider, you often have to fill out the same forms over and over, even if you've been a patient there forever – just another body waiting a couple hours for that prized 15 minutes with a doctor.

Most Americans cannot comprehend what it means to serve their nation in uniform. There are unique sacrifices required of us that have taken a toll on us physically and mentally. It's hard enough to talk

## Lead Poisoning: A Known Hazard of Military Service

Patricia Kime The New York Times Magazine April 3, 2019

At age 30, Stephen Hopkins was back in the Army for a second time. After serving as an enlisted soldier from 1991 to 1995, he returned as an officer in 2000. He was a man who routinely maxed fitness tests and endured physical hardship while deployed to rural locales in Afghanistan.

Selected for Special Forces training, Hopkins tackled the demanding courses with gusto, later returning to combat for a total of seven deployments. He had a job he loved and excelled at, and his star was ascending.

But in 2005, Hopkins began experiencing wild swings in blood pressure. And he had other symptoms:

about it with veterans who share our experiences. It's nearly impossible to do it with people who have never served.

So, when you walk into a VA facility it's more than just walking into a CVS MinuteClinic. You work with providers that understand that, "well, Agent Orange exposure is linked with diabetes" or a number of other conditions that requires a special diagnosis and treatment. Then, instead of battling with an insurance company to find a specialist, the VA will coordinate the care for you – often with a provider in the same facility.

To top it off, you're surrounded by veterans who you can commiserate with about those toxic exposures and wounds of war. Veterans who are peer support specialists and VA staff are trained to recognize symptoms of crisis in veterans. When they do, veterans can step just down the hallway to talk to someone who is skilled in veterans' mental health care.

The many recent stories about veterans taking their life at VA facilities are no doubt tragic. But in fact on-campus suicides are actually decreasing while suicides by veterans who do not use VA care is rising. We hope Trump VA Administration officials have properly vetted and educated the Community Care Network partners in recognizing a veteran in crisis and evidence-based care to care for them.

So as veterans begin to be referred outside the halls of the VA on June 6, it's important to remember: The Veterans Health Administration is a system that cannot be replicated or replaced by the private sector.

crippling nausea, constant dizziness, a skyrocketing heart rate. He was given a diagnosis of common high blood pressure, and for a while he felt better by keeping himself on a high dose of a medication for that condition.

He was on deployment in Afghanistan when the nausea returned, with migraine symptoms, abnormal thirst and muddled thinking. Medical tests were inconclusive, leading military doctors and commanders to suspect depression, post-traumatic stress disorder or, worse, "malingering".

However, it turned out he had Chronic Lead Poisoning, a known hazard of military service.