

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America



Meeting Notice

17 September, '14

Elks Lodge

5555 W. Good Hope Rd.

Board Meeting 6 p.m.

Chapter Meeting 7 - 8 p.m.

Meetings are held on the third Wednesday each month. You are also invited to join members for conversation and discussion after the meeting.

Chapter web page :

National web page: www.vva.org

Future Meetings

2014

15 October, 19 November, 17 December

2015

21 January, 18 February, 18 March, 15 April

Chapter 324 Officers

President - Pat Ciofani 702-7734

Vice Pres. - Oliver Williams 538-4416

Secretary - Dennis Symanski 453-3600

Treasurer - Pat Moore 354-2533

Director - Ron Coppersmith 262-255-2832

Director - John Morgan 871-9274

Director - Joe Murray 262-389-7325

Director - Mike Ducette 262-968-5508

Combat Stress Found to be Persistent

http://www.nytimes.com/2014/08/08/us/combat-stress-found-to-persist-since-vietnam.html?emc=eta1&_r=0

Most veterans who had persistent post-traumatic stress a decade or more after serving in the Vietnam War have shown surprisingly little improvement since then, and a large percentage have died, a new study finds, updating landmark research that began a generation ago. Members of minorities who enlisted before finishing high school were especially likely to develop such war-related trauma, as were those veterans who had killed multiple times in combat, the study found.

The new analysis, financed by the Department of Veterans Affairs, is part of the first effort to track a large, nationally representative sample of service members through their adult lives, and it is likely to have implications for post-traumatic stress treatment and disability-benefit programs for years to come, the authors said. Both issues have been hotly debated during the drawdown from the wars in Iraq and Afghanistan.

The study, which was to be presented on Friday, confirms that a vast majority of veterans learn to cope. Yet most of those who do not — 11 percent, in the Vietnam sample — could live with traumatic

stress for the remainder of their lives. An estimated 13 percent of current active-duty soldiers and 10 percent of Marines have post-traumatic stress disorder, or PTSD, characterized by disabling flashbacks, hyper-arousal and sleep problems, and about 120,000 sought treatment in 2012, according to government figures.

“This study shows us what the road ahead is going to look like,” said an author, Dr. Charles Marmar, chairman of psychiatry at NYU Langone Medical Center and director of the NYU Cohen Veterans Center. “A significant number of veterans are going to have PTSD for a lifetime unless we do something radically different.” More than 18 percent of those with PTSD had died by retirement age, about twice the percentage of those without the disorder.

Just as its precursor, a study conducted three decades ago, stirred debate about post-traumatic stress, the new research is likely to raise new questions about why war trauma persists in some veterans longer than in others, the effectiveness of current PTSD treatments and whether disability compensation affects motivation to recover.

Continued on Page 3

VIETNAM VETERANS OF AMERICA
Milwaukee Chapter 324
July 16, 2014

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 the POW/MIA's and their families and for all serving our country.

Pledge of Allegiance

Prayer – Mike DuCette

Minutes of the June 18, 2014 meeting reviewed and accepted

Treasurer's Report – Pat Moore

Attendance – Dennis Szymanski, Pat Ciofani, Oliver Williams, Mike DuCette, John Zutz, Milan Mursec, Joe Herbert, Pat Moore

COMMITTEE REPORTS

VVA Membership – Joe Herbert – Holding Steady

Allied Veterans Meeting – Discussion on the value of our membership in this group

Fund Raising – Miller Park information

OLD BUSINESS

Wauwatosa July 4th Parade – 4 members represented our chapter before a very enthusiastic and appreciative crowd

Cav Reunion in Milwaukee – Due to the exclusiveness of this event, it was decided to table any chapter involvement

National Veterans Creative Arts Festival – Oct. 27 – Nov 2 – Discussion on making a donation and on how the chapter can be involved as a group in this national event.

NEW BUSINESS

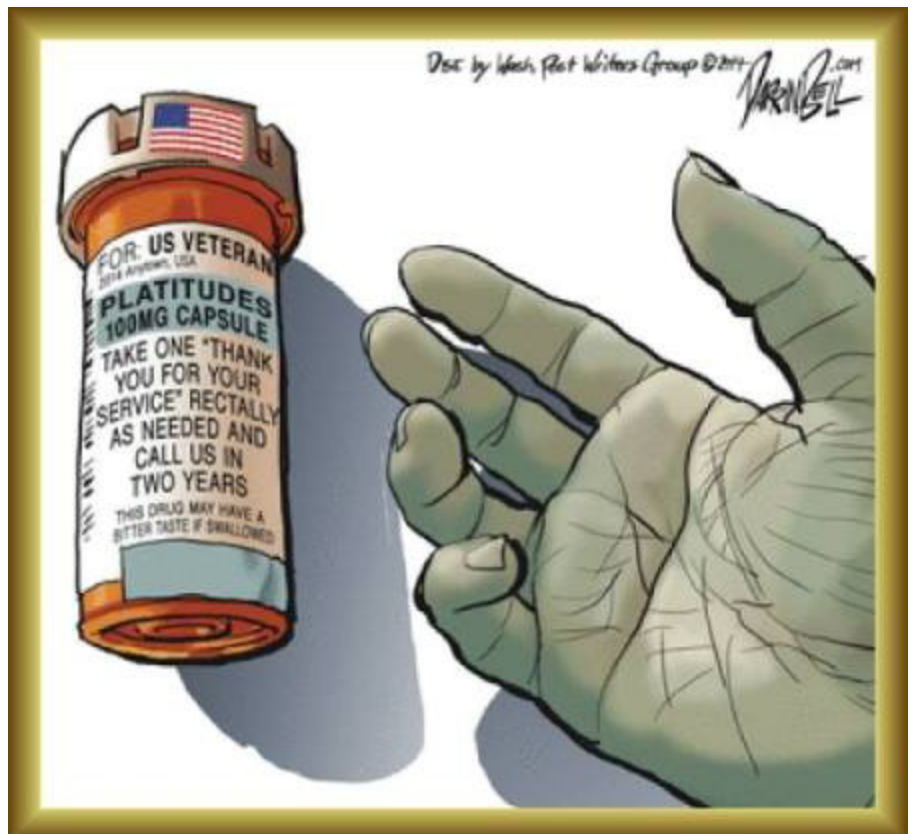
September State Council Meeting – September 13, 2014

NO AUGUST MEETING – Next meeting is September 17, 2014

For the Good of the Chapter –

Acupuncture is now available thru the VA – See your primary care physician

Adjournment – 7:35



Combat Stress from Page 1

“We have funded lots of projects to improve PTSD treatment, but this study shows that we need to do better,” said F. Alex Chiu, of the office of research and development in the Department of Veterans Affairs. “We need to understand these chronic sufferers, and it’s going to be a learning process on our side.”

The new report is more than an update or a bookend, experts said: It is also a beginning. “This is a tremendously important effort, tracking the course of war-related trauma from young adulthood past middle age — we have nothing else like this,” said Bruce Dohrenwend, a professor of epidemiology and social sciences at Columbia University who was not involved in the study. “Now, we need to dig in and figure out what these results mean.”

It was the first installment of this historic V.A. study — the National Vietnam Veterans Readjustment Study, published in 1992 — that put PTSD on the map as the signature mental injury of that war, prompting the government to invest heavily in the treatment of traumatized veterans and payment of disability benefits. It also set off a furious debate over the prevalence of the disorder, its definition and appropriate treatment that continues to this day.

That original study, an in-depth survey of 2,348 Vietnam veterans, found that about 30 percent of them had had PTSD at some point in the years since the war. By the late 1980s, when the survey ended, about 15 percent still qualified for the diagnosis, said Dr. Marmar, a principal investigator on both the original study and the follow-up.

Scientists and policy makers have debated those numbers ever since, and critics of the Department of Veterans Affairs have questioned whether the agency’s mental health services accelerate recovery from post-traumatic stress or — in some cases — retard it. The agency’s focus on the disorder can prime people to see the diagnosis as a catchall for any postwar mental problems, these critics say, and to see disability benefits as an incentive to stay sick.

Rick Weidman, executive director for policy and public affairs for the Vietnam Veterans of America, said his group had called on the department to track treatment effectiveness more carefully. But he added that V.A. services had helped many Vietnam veterans, saying, “We know a lot of people who are alive today because of the V.A. medical centers; they may not be getting better, but they’re not offing themselves.”

In the follow-up analysis being presented on Friday, a research team led by Dr. Marmar and William Schlenger of Abt Associates, a research firm based in Cambridge, Mass., tracked down nearly 80 percent of the original group, had them fill out questionnaires and participate in phone interviews. The team used standardized diagnostic tools to assess symptoms and performed intensive, hourslong clinical interviews on 400 of the veterans.

Some of the findings are likely to fuel further debate. Veterans with lifetime, war-related PTSD were heavy users of veterans health services, and two-thirds of them reported discussing mental health issues in those visits in the past six months, compared with 11 percent without the disorder.

Doctors inside and outside the V.A. who treat trauma say that countless patients — including tens of thousands of veterans — have improved in therapy and that the criteria to qualify for a diagnosis has already been tightened in recent decades, partly as a result of the 1992 study.

Other findings are unlikely to be controversial, experts said. Veterans who enlisted before graduating from high school were at especially high risk of developing chronic PTSD, as were those involved in intimate, close-combat killing. Previous studies have found the same.

Hispanics veterans were three times as likely as whites to develop the disorder, and blacks twice as likely. Those ethnic differences had turned up in other studies as well, though the gap was mostly explained by differences in education and combat exposure — minority soldiers and Marines generally had less education upon enlistment and saw more combat, compared to whites. The new report found that minority veterans were at high risk of developing chronic PTSD even after correcting for education and combat.

“We really don’t know the reasons for the difference,” Dr. Marmar said. “That’s something we’re going to have to look at more closely.”

The death rates are not a matter of debate. About two in 10 of the veterans who participated in the landmark study at the beginning, in the 1980s, died prematurely, by retirement age. Those with lifetime PTSD were twice as likely to have died than those who did not have the disorder, their lives often claimed by the rough hand of a life on the margins: injuries, accidents, suicide and homicide.

“These are the costs of war, over a lifetime,” Dr. Schlenger said in an interview.

Reclassification of PTSD may exclude soldiers diagnosed previously

Thursday 14 August 2014 <http://www.medicalnewstoday.com/releases/280984.php?tw>

A new head-to-head comparison of screening questionnaires for posttraumatic stress disorder (PTSD), published in The Lancet Psychiatry journal, shows a worrying discordance between the previous version of the PTSD definition in the Diagnostic and Statistical Manual of Mental Disorders - fourth edition (DSM-IV) and DSM-5, released in 2013 [1].

The authors, led by Dr Charles Hoge of the Walter Reed Army Institute of Research, Silver Spring, Maryland, USA, found that just under a third (30%) of soldiers who screened positive for PTSD under the old DSM-IV criteria were excluded when DSM-5 criteria were used, and just under a quarter (20%) of those who met criteria under DSM-5 would not have been identified using the older DSM-IV criteria. The study is the first to directly compare the original DSM-IV and DSM-5 checklists in a large group of infantry soldiers.

During the revision process prior to the publication of DSM-5, the diagnosis of PTSD underwent many more changes than other mental disorder diagnoses affecting adults. The new definition of PTSD raises the number of symptoms from 17 to 20, and eight of the original 17 symptoms were substantially reworded.

According to Dr Hoge, "After twelve years of war, and over 25 years of solid clinical and research experience with the previous definition, the reclassification of the PTSD diagnosis in DSM-5 presents concerns for the evaluation and treatment of service members and veterans who have served in Iraq and Afghanistan. Although we found that roughly the same percentage of soldiers met criteria for PTSD according to the two definitions, and the new PTSD screening tool was equivalent to the one we've used for many years, we also found that the two PTSD definitions did not identify the same individuals. The new definition also did not appear to have greater clinical utility than the previous one."

Writing in a linked Comment, Professor Alexander McFarlane, at the Centre for Traumatic Stress Studies, University of Adelaide, Australia, said, "We think there should be a period of transition between legal use of DSM-IV and DSM-5 so that potential effects of these changes can be examined and that deserving individuals are not denied their legal rights. There is an obligation not to let this unintended consequence of a fashion of psychopathological formulation prevail."

Arizona: State's Medical Cannabis Program To Include Post-Traumatic Stress

Phoenix, AZ: State health officials have agreed to changes in the state's medical cannabis law to permit patients with post-traumatic stress to be eligible to use cannabis therapy.

Regulators agreed late last week to expand the state's list of qualifying conditions to include the physician-recommended use of cannabis for the palliative care of post-traumatic stress symptoms. Doctors will be legally able to authorize the therapy to qualified patients starting on January 1, 2015. The decision marks the first time that state health officials have expanded the list of eligible conditions since Arizona voters legalized the physician-authorized use of cannabis in 2010.

Arizona is one of a growing number of states - including Connecticut, Delaware, Maine, Michigan, New Mexico, Nevada, and Oregon - that explicitly allows for the use of cannabis to treat symptoms of post-traumatic stress.

Clinical trial data published in recent weeks reports that the administration of the synthetic cannabinoids nabilone and absorbable THC are both associated with significant improvement in the treatment of post-traumatic stress symptoms.

In 2013, researchers at the New York University School of Medicine published findings indicating that subjects with post-traumatic stress experience a decrease in their natural production of anandamide, an endogenous cannabinoid neurotransmitter. They hypothesized that an increase in the body's production of cannabinoids would likely restore subjects' natural brain chemistry and psychological balance. "[Our] findings substantiate, at least in part, emerging evidence that ... plant-derived cannabinoids such as marijuana may possess some benefits in individuals with PTSD by helping relieve haunting nightmares and other symptoms of PTSD," they concluded.

For more information, please contact Paul Armentano, NORML Deputy Director, at: paul@norml.org.

Agent Orange on US Crops?

By Clare Foran July 10, 2014

Dow Chemical is seeking federal approval for an herbicide containing one of the main ingredients in Agent Orange. The company is billing the compound as farmers' best bet in the battle against a new strain of "superweeds"—invasive plants that can't be killed by traditional herbicides and choke crops.

The Environmental Protection Agency, which is tasked with reviewing Dow's application, says that if the chemical, known as 2,4-D, is used in fields, trace amounts could end up in food and drinking water.

Agency officials insist, however, that any amount of the weed-crushing chemical that shows up in food or water would be so small that it would not pose a threat to public health. And Dow says its product bears little resemblance to the Vietnam War-era weapon, which caused a host of medical problems for the troops exposed to it. But pesticide watchdogs are up in arms, asking EPA to keep the proposed pesticide off the market. Green groups say widespread use of the weed zapper could cause lasting environmental damage, while chemical-safety advocates warn of its potentially devastating public health impact.

"If this gets onto the market, it could create a highly dangerous situation," said Linda Wells, the associate organizing director at the Pesticide Action Network.

Thus far, however, EPA appears more likely to side with the chemical firm. The agency has already unveiled a proposal to greenlight the chemical compound, and is expected to make a final decision as early as this summer.

The debate hinges on two questions: Does Dow's weed whacker carry any of the health risks of the wartime weapon? And, long term, would the pesticide create a bigger problem: a new generation of stronger, even harder-to-kill superweeds?

U.S. soldiers sprayed Agent Orange—a mix of two herbicides—over South Vietnam as part of a plan to decimate the jungle and reduce ground cover for North Vietnamese guerrillas. But Agent Orange proved toxic largely because it contained a cancer-causing contaminant that formed when it was manufactured.

Dow says its newly minted product won't be similarly tainted. The company also points out that the Agent Orange ingredient it plans to use has been approved by federal regulators for agricultural use for years.

"The idea that this product is anything like Agent Orange just doesn't hold up," Garry Hamlin, a spokesman for Dow said. "That had a unique contaminant, and it was phased out of use in the U.S. in the 1980s because of those concerns."

But testing conducted by an Agriculture Department researcher using samples collected in the mid-1990s showed that the chemical that plays a starring role in Dow's product can still contain contaminants similar to those found in Agent Orange. The study concluded that there was a "need for more investigation into possible human health effects."

The Agent Orange ingredient in question has also been linked to thyroid problems. And in April, the International Research Agency on Cancer published a review of epidemiological studies showing that exposure to the chemical was associated with a significant risk of developing non-Hodgkin lymphoma, a form of cancer that affects the lymphatic system.

EPA, meanwhile, has not done a cancer risk assessment of the weed killer because the chemical is not classified as a carcinogen.

"We need to be very cautious when we're registering chemicals, and at this point we really don't have all the data," Ted Schettler, the science director for the Science and Environmental Health Network said.

Green groups also warn that use of the product could spur the creation of the next-generation of superweeds. Extensive use of a Monsanto-manufactured weed killer called Roundup has given rise to herbicide-resistant superweeds that are ravaging farmland across the country.

Dow markets its product as the antidote. The company says the release of new herbicides like its own will decrease chemical resistance in plants by multiplying the options farmers have to attack monster weeds.

But environmentalists and some farmers say that all of this won't stop superweeds, it will create even more of them. "Weeds evolve to tolerate the chemicals you use to get rid of them, and then they become much harder to deal with," said Lisa Griffith, the outreach director for the National Family Farm Coalition. "This has already happened, and if we increase the use of these products, the problem is going to get much worse."

Sign Up Now With Vietnam Veterans of America Chapter 324

Anyone can join! Membership Options:

Vietnam Veterans (A copy of your DD214 must be included):

- Individual Member - 1 year \$20 • Individual Member 3 year \$50 • Life Member \$250
- 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)

Please Print

Name _____ Membership # _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

I would like to help Chapter 324 by donating \$ _____

Make checks payable to VVA324 and mail with this application to:

VVA Chapter 324 - Membership, PO Box 18631, Milwaukee, WI 53218



In Service to America

Vietnam Veterans of America #324
PO Box 18631
Milwaukee, WI 53218

Time Valued Material
Correction Service Requested
Forwarding Postage Guaranteed