

Vietnam Veterans of America

Chapter 324 - PO Box 18631 - Milwaukee, WI 53218

In Service to America



Meeting Notice

20 October, 2021

Elks Club

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

Future Meetings

17 November, 15 December

Chapter web page: www.vietnamvetschapter324.com

National web page: www.vva.org

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

EVERYONE INVITED

30th Anniversary Southeastern Wisconsin Vietnam Veterans Memorial

Saturday October 23rd at 11:00 am

Speeches by Politicians
Speeches by Veterans
Prayers by Rev. Ray Stubbe
Patriotic Songs
Wreath Presentations

Static Display: UH60 Blackhawk Helicopter

Special Thanks to Hmong Vets

Free parking for Vets In War Memorial Lot



VIETNAM VETERANS OF AMERICA

Milwaukee Chapter 324

September 15, 2021

Meeting called to order by President Pat Ciofani

Attendance – John Morgan, John Zutz, Pat Ciofani, Pat Moore, Dennis Szymanski

Minutes from the July 21, 2021 meeting reviewed and approved

Treasurer's Report – Pat Moore - \$4517.36 in our checking account

COMMITTEE REPORTS

Website – Fees were paid for our domain name and for our upkeep of the website

OLD BUSINESS

Donations – Moved and passed to donate \$200 to the Stand Down and \$500 to the Honor Flight

Awards Breakfast – We will skip this years breakfast
Wis. State Council Meeting Sept. 25th – Pat Ciofani will try to attend

Adjournment – 7:40

Help Milwaukee Homeless Veterans Initiative

Our veterans are asking for desks. If you have a gently used desk just taking up space in your attic or garage, please give us a call -- we'll get you on the schedule and pick it up! We're still not going into homes, but we'll grab it from your garage or porch. Call 414-257-4111. THANK YOU!

Afghanistan War Cost \$8trillion: Study

<https://watson.brown.edu/costsofwar/>

SUMMARY OF FINDINGS

- At least 801,000 people have died due to direct war violence, including armed forces on all sides of the conflicts, contractors, civilians, journalists, and humanitarian workers.
- Many times more have died indirectly in these wars, due to ripple effects like malnutrition, damaged infrastructure, and environmental degradation.
- Over 387,000 civilians have been killed in direct violence by all parties to these conflicts.
- Over 7,050 U.S. soldiers have died in the wars.
- We do not know the full extent of how many US service members returning from these wars became injured or ill while deployed.
- Many deaths and injuries among US contractors have not been reported as required by law, but it is likely that approximately 8,000 have been killed.
- 38 million people have been displaced by the post-9/11 wars in Afghanistan, Pakistan, Iraq, Syria, Libya, Yemen, Somalia and the Philippines.
- The US government is conducting counterterrorism activities in 85 countries, vastly expanding this war across the globe.
- The post-9/11 wars have contributed significantly

to climate change. The Defense Department is one of the world's top greenhouse gas emitters.

- The wars have been accompanied by erosions in civil liberties and human rights at home and abroad.
- The human and economic costs of these wars will continue for decades with some costs, such as the financial costs of US veterans' care, not peaking until mid-century.
- Most US government funding of reconstruction efforts in Iraq and Afghanistan has gone towards arming security forces in both countries. Much of the money allocated to humanitarian relief and rebuilding civil society has been lost to fraud, waste, and abuse.
- The cost of the post-9/11 wars in Iraq, Afghanistan, Pakistan, Syria, and elsewhere totals about \$8 trillion.
- This does not include future interest costs on borrowing for the wars.
- The ripple effects on the US economy have also been significant, including job loss and interest rate increases.
- Compelling alternatives to war were scarcely considered in the aftermath of 9/11 or in the discussion about war against Iraq. Some of those alternatives are still available to the US.

VA Produces Better Outcomes at Lower Cost

New Stanford Study Settles the Privatization Debate

By Suzanne Gordon and Russell Lemle, VHPI Policy Fellows

Over the past decade, a heated argument has raged in Congress and the media over the best way to provide healthcare to the nation's veterans. This debate is between two divergent ideologies. One side heralds the wisdom of the private sector and argues that more veterans should have their physical and mental health conditions treated outside the VA. The other camp argues that the Veterans Health Administration (VHA) — the largest and only fully integrated, publicly funded healthcare system in the country — is the best one for the job and must be adequately staffed and supported. The evidence has long favored the latter position. Now, with an unprecedented new study that compares both systems side-by-side, this debate has been all but settled. Researchers have now proven beyond a doubt that the VHA far outperforms the private sector in what they call the “VA advantage.”

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

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

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

The study analyzed immediate, 28-day and

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

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

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

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

More critically, veterans cared for inside the VHA benefit from elaborated systems of care coordination and “more effective information retrieval.” The authors note that this system is entirely unlike “the high degree of fragmentation across

Continued next page

Study continued

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

Countless other studies document the positive impacts of the VHA’s care coordination, not only when it comes to survival after a medical emergency room visit, but also for other medical interventions and treatment. One example of how this makes a difference comes in a study that compared the treatment of older male veterans in VHA with cancer with older non-VA patients seen through traditional, fee-for-service Medicare. The study found that VHA offered care that was as good and often better than that offered by non-VA doctors.

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

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

The authors of this study asked: “What might explain more favorable survival rates in cohort members who used VA dialysis or received dialysis in a dual setting compared with those who received dialysis under Medicare?” Their answer: “Compared with veterans receiving dialysis exclusively under Medicare, those who dialyze exclusively within the VA likely have more ready access to comprehensive care benefits, care coordination due to colocation of

dialysis and non-dialysis services, and informational continuity stemming from VA’s seamless electronic medical record.”

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

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

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

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



Thursday, Nov. 11, 7 pm

A day to celebrate peace, not war

Speakers:



Kathy Kelly. Three-time Nobel Peace Prize nominee. Founding member of Voices in the Wilderness, co-coordinator of Voices for Creative Nonviolence. Went to Iraq 26 times, remaining in combat zones early in US-Iraq wars. In Afghanistan nearly 30 times working with peace activists. Co-coordinator of Ban Killer Drones



Clayborn Benson. Founder/director of Wis. Black Historical Society & Museum. He is a photographer, historian, and National Guard veteran who had a 40-year professional career as a WTMJ-TV photojournalist. He produced an award-winning documentary film, *Black Communities*.

“Blessings & Lessons of a Military Veteran”

*****Music by Frogwater & Harvey Taylor starts at 6:45 *****



MILWAUKEE CITY HALL ROTUNDA, 200 E WELLS

Sponsors: Milwaukee Veterans For Peace, Peace Action-Wisconsin, Milwaukee National Lawyers Guild, Milwaukee DSA, Milwaukee Turners at Turner Hall, Wis. Network for Peace and Justice.



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

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Correction Service Requested
Forwarding Postage Guaranteed

Sign Up Now With Vietnam Veterans of America Chapter 324

Anyone can join! Membership Options:

Life Membership for all veterans \$50:

VVA is only offering LIFE memberships at \$50. If you have been getting a 1 year membership for \$20 you will need to pay \$50 at your next renew or be dropped from the VVA. If you paid \$50 at your last renewal you will become a LIFE member automatically without any further payment. NEW members will only have the \$50 LIFE membership when they join. (with a DD214 submitted).

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 completed application to:
VVA Chapter 324 - Membership, PO Box 18631, Milwaukee, WI 53218