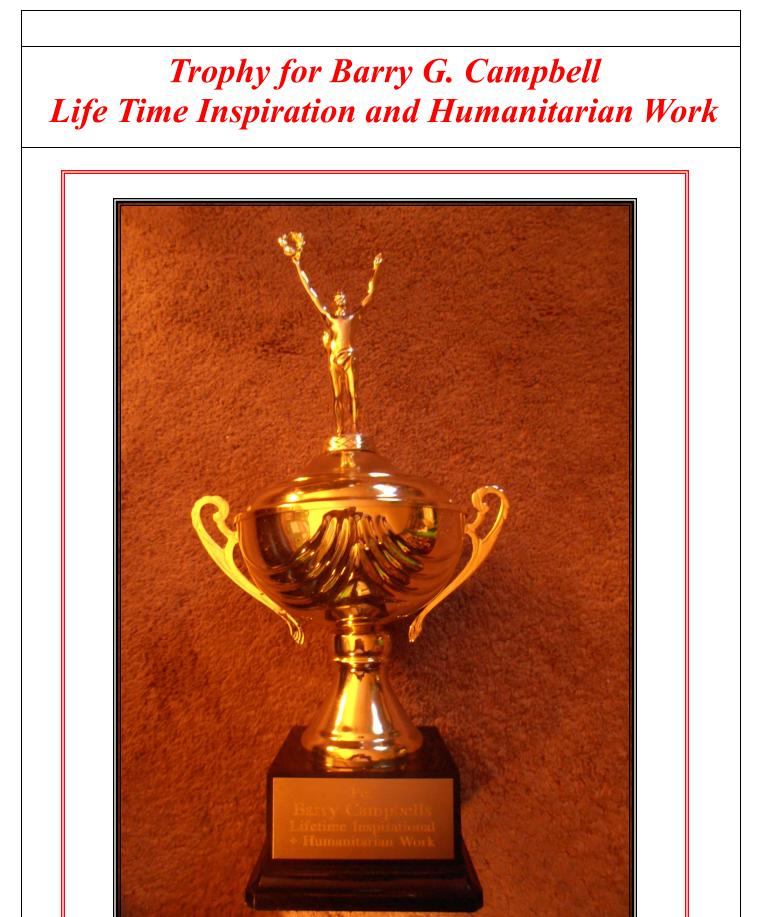


270 Lenox Ave. New York, NY 10027 Tel: 212-831-8891 Office Hours Wednesdays and Thursdays 11:00 AM to 3:00 PM Mailing Address P.O. Box 20829, New York, NY 10025 Website: www.vqlan.org





VETERANS QUALITY OF LIFE ACCESS NETWORK INC.

The organization opened on February 2, 1999 by Mr. Barry G. Campbell a recipient of three Purple Heart Citations and a Proclamation from the U.S. House of Representatives for going above and beyond the call of duty for Veterans in need.

The organization is a non-profit. The organization is an information bank geared to helping Veterans and their families. I believe Veterans can better help themselves when they help others and the community works together as one unit without prejudices. We hold a deep conviction that we understand what America needs. The thing that holds us together is the service to our country.

We are dealing with many issues such as V.A. claims, education, community involvement and much more. Our organization will enable Veterans to get first hand information on how to apply for their basic needs, i.e. welfare, food stamps, pensions, social security, etc. We will also provide assistance for locating housing, jobs, schools and more. The organization will treat all Veterans and their families fair and at the same time give the Veterans the opportunity to help others by volunteering using their experiences.

I have been helping Veterans throughout the country for years and seeing the need for a more aggressive root-based organization through my life experiences, this organization was developed.

The organization will be fair by treating people the way every human being would like to be treated.

The organization is a good thing, a God thing, to help Veterans in need to the best of our ability. It's about doing the right thing by Veterans. Making people feel good again.

The *mission* statement is *HOPE*.

The *vision* statement is, in the end the organization will help anybody who wants to help themselves to a better life.

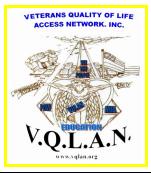
We want each one to teach one and take it back to their community to help the people in the streets.

The program is desperately needed. A lot of people are hurting. I have proven this myself by helping thousands with no support. The odds have always been greatly against me. Now with the right support, I have proven we can help. *God Bless!*

FOUNDER/PRESIDENT BARRY G. CAMPBELL







VQLAN'S VETERANS ALERT

SECONDARY CONDITIONS (KNOWLEDGE IS POWER)

For more than 50 years secondary conditions have been passing Veterans like trains in the night because 'no one told us or showed us how to link it. 'I have been using secondary conditions and teaching how to use it for years. Now it's time for every Veteran to know the <u>truth</u> and how it <u>works</u>. (proven) Secondary conditions don't work without the set-up first. <u>Remember</u>, all <u>primary conditions</u> have <u>secondary conditions</u>.

THE SET UP:

- Step 1 Go to your primary-care doctor for a consult to see a specialist example service connection i.e.
 - A. <u>Orthopedic</u> service connected disability and depression. Get consult from psych doctor.
 - B. Prostate Cancer

Get consult to go for impotency or psych for depression.

(whatever bothers you from your service connected disability.)

- Step 2 The words to use (Most important make the link) Say the following or similar words.
 "I am here because I'm service connected for this condition and this condition is bothering me from the service connected disability."
- Step 3 A. Once you create the paper trail and know it's there (the doctor's evidence is on paper)
 - **B.** Put the claim in as a 'secondary' to your service connected condition.

Now I have saved million with this. Share your knowledge

PRES. - GOD Bless — Too many have suffered.

Co-Occurring Disorders and Mili*tary Justice*

Women Veterans with Co-Occurring Disorders

Mental and substance abuse disorders are prevalent among female and male veterans. The presence of both disorders is connected to other negative outcomes such as justice involvement, homelessness, family disruption including violence, and unemployment. In community studies, Post Traumatic Stress Disorder (PTSD) alone and co-occurring with substance abuse is more common in women. This might be due to the type and frequency of trauma that community women are exposed to and its impact on developing PTSD. With co-occurring disorder of PTSD and substance abuse, comorbid conditions often include diagnoses such as depression, physical illness, lower compliance with treatment, and poorer social outcomes.

Women and PTSD

Soldiers who experience combat-related trauma such as being in a firefight, being shot at, handling dead bodies, and seeing or knowing someone who is killed are more likely to develop PTSD. The likelihood of developing PTSD is also higher among wounded soldiers. The U.S. Air Force has the highest percentage of women (20 percent) compared with Army (14 percent) and Marines (6 percent). Army and Marines have the highest number and length of deployments to Iraq and Afghanistan, which might account for the lower rates of combat-related PTSD among female soldiers. However, when women soldiers are exposed to combat trauma, they are more likely to develop PTSD. This, in turn, increases risk of co-occurring disorder.

Co-occurring disorders in women and stress

Stress is often at the heart of co-occurring disorders and is connected with relapse among individuals in recovery. Women and male soldiers report high levels of stress across the spectrum of their lives, and women (22 percent) and men (30 percent) both report using alcohol — as well as healthy means— to cope with stress. Heavy drinkers (compared with non-drinkers) in the military are more likely to report:

- "a lot" of stress at work and at home
- that their mental health interfered with usual activities
- suicidal thoughts in the past year
- serious psychological distress
- physical or sexual abuse

They are also more likely to meet screening criteria for:

- generalized anxiety disorder
- depression
- PTSD

Co-occurring disorders is a risk factor for justice involvement. While there is no official tally of how many women veterans with co-occurring disorder are in U.S. jails and prisons, the increase of women into the military, multiple deployments, and women in combat are indicators that these numbers will likely increase. Justice involvement has a negative impact on many aspects of women's lives including separation from children, limited housing, and barriers to treatment. While women in the military have, for some period of post-deployment, have access to behavioral and general health care, benefits are often interrupted with incarceration.

Read more about:

- Women and PTSD
- <u>Co-occurring disorders in women and stress</u>
- Domestic violence
- Homelessness among women veterans with co-occurring
- <u>Military sexual trauma</u>

FOR ADDITIONAL READING AND INFORMATION GO TO http://www.samhsa.gov/cp-occurring/topics/military-justice/

HEALTH CONSEQUENCES OF MILI-TARY SERVICE IN WOMEN WHO SERVED

A 2013 Institute of Medicine report noted that, "Research on the health of veterans has focused on the health consequences of combat service in men, and there has been little scientific research . . . of the health consequences of military service in women who served."

Some female veterans say this lack of understanding discourages them from seeking help at the VA, particularly for trauma from sexual attacks while in the military.

"Women already, so often, feel that they don't belong in the military, either they're not wanted or they have to prove to other people or themselves that they deserve to be there," said Harvard psychologist Paula Caplan. "When you are traumatized and you're devastated . . . then you think, 'But I have military training, I'm supposed to be tough, I'm supposed to be resilient.""

Jessie de Leon said she was raped while serving as an Army medic in Bamberg, Germany, from 2007 to 2009. Once back home in Florida, she said she found no comfort with therapists at the West Palm Beach VA and ended up at the <u>Healing Horse</u> <u>Therapy Center</u> with other female veterans in Loxahatchee.

"No one was forcing you to talk, nobody was saying you had to do anything," de Leon said of the therapy center. "I didn't realize you could gain so much confidence, gain so much selfmotivation, get back your self-esteem, just by working with a horse, who never said a word to you."

Women also are less likely to find a job than male veterans and more likely to be single parents with children to support, interviews and records show. In September 2012, the unemployment rate for post-9/11 female veterans hit a high of 19.9 percent before falling to 12.5 percent, three percentage points higher than the annual average for male veterans.

Employment – and underemployment – are issues for both men and women veterans in spite of highly visible efforts by Congress, state legislatures, businesses and philanthropists to push job initiatives. As of July, about 160,000 post-9/11 veterans of wars had not found work.

Job fairs, though highly touted and backed by the best of intentions, have had minimal success, according to data reviewed by News21. Hiring Our Heroes, a series of job fairs sponsored by the U.S. Chamber of Commerce Foundation, has helped fewer than 10 percent of participating veterans find work.

The Obama administration has prodded states to recognize military experience as sufficient for state licensing – certifying truck drivers, nurses and paramedics, among others. But most state licensing boards have so far delayed, forcing veterans to duplicate the training they received in their military jobs. Sometimes, though, veterans who do get jobs can't keep them, because of the residual effects of war or because their own failure to seek help interferes with their success.

"When I came back I was a little torn up because we had lost one of our (explosive ordnance disposal) guys, the guy who was teaching us how to deactivate mines," said Victor Nunez Ortiz, 31, who deployed to Iraq in 2004. "Around the same time, my greatgrandmother who raised me passed away. I was notified when I was overseas. I was really sad most of the time, sad and angry towards the end of my deployment. When I came home I wasn't able to let that go."

"I wasn't able to hold my job, any job, for a year or longer," said Nunez Ortiz. "The last time before I really realized that I needed to, like, seek help, I was the manager at Panera Bread. They let me go because they said I was a loose cannon." He began drinking, he said, and had a child, but no income. "It became a roller-coaster ride of emotions," he said. Ortiz now lives in Massachusetts and works for Veterans Advocacy Services.

Retired Lt. Gen. Benjamin C. Freakley, an Arizona State University professor who is based in Washington, D.C., said most of the nation has little contact with the military since "the military represents just 1 percent of the population."

"That means," he told News21, that 99 percent of Americans "don't know what a family is going through, don't know what a military child is going through with a mom who deploys overseas ... there's a disconnection."

This report is part of a series of upcoming articles produced by <u>News21</u>, a national investigative reporting project that involves college journalism students across the country and headquartered at the Walter Cronkite School of Journalism and Mass Communication at Arizona State University. News21 is funded by the John S. and James L. Knight Foundation and the Carnegie Corporation. The Ethics and Excellence in Journalism Foundation, the Hearst Foundations, the Donald W. Reynolds Foundation, Women & Philanthropy at ASU and the Peter Kiewit Foundation funded the work of individual fellows.



VETERANS QUALITY OF LIFE ACCESS NETWORK

BUILDING STRONG COMMUNITIES





THE MERGER

Serving Communities Since 1977

EXECUTIVE SUMMARY

Development Outreach, Inc., also known as "DOI" is a not for profit 501c(3) tax exempt Corporation incorporated in December of 1977 under the provision of New York State to specialize in providing housing, and community services to low to moderate income families, seniors and Veterans. The Company also implements its expertise on Housing Construction, Accounting Services, Real Estate Management/Development/Rehab and Estate Brokerage.

Our expertise comprises of housing entailing multitudes of properties and projects managed and rehabbed by Development Outreach. Currently, we manage as well as co-sponsor two senior housing facilities located in the Greater Harlem, New York District. We are currently involved in obtaining the acquisition/purchase/lease of a residential facility in the Bronx, New York for Veterans.

In our alliance with Veterans Quality of Life Access Network, Inc., a not for profit 501c(3) tax exempt Corporation, incorporated in 1999 we are now concentrating in supplying housing and supportive services for our returning Veterans. We have instrumented a five year plan for Veteran housing and are looking at a 5 story 57 unit, 38,000 square foot property.

Our Community Services implemented by Development Outreach extends to Senior Meal Programs, Youth Mentorship, After-School Program and assisting Veterans needs. Our commitment to the community is predicated on our initiative to help the underserved.

Objectives

- 1. Develop Permanent Housing for the Veterans
- 2. Ensure safe surroundings in the Community
- 3. Increase Margin Revenue after 2 years
- 4. Ensure Reserve Fund accumulates yearly



DEVELOPMENT OUTREACH, INC.

Hattiesburg Mississippi * New York, New York E-Mail: DEVELOPMENTOUTREACH@NYC.RR.COM WEBSITE: WWW.DEVELOPMENTOUTREACHINC.COM

VETERAN AND SENIOR HOUSING

Barry Campbell, a United States Veteran Administrator and Founder of V.Q.L.A.N. (Veterans Quality of Life Access Network Inc.) in conjunction with Development Outreach, Inc. have formed an alliance to acquire the resources to develop traditional Housing for United States Veterans coming home.

Mr. Campbell working out of his New York office has been diligently involved in the veteran field for over 30 years, ensuring that Veterans of the United States are being serviced fairly. He has been instrumental in helping those who come home become knowledgeable about acquiring the benefits due to them.

The website <u>www.vqlan.org</u> created by Barry Campbell is dedicated to championing the cause of all Military Veterans, which list a plethora of programs and referral services available including:

- 1. Housing & Up to Date Apartment Listings
- 2. Jobs
- 3. Schools
- 4. Government, State, City and V.A. Hospital Services
- 5. Drug and Rehab Services
- 6. Homelessness
- 7. Social Security Claims
- 8. Free Food & Clothing
- 9. Training Programs
- 10. Attorney Assistance

These are just some of the services VQLAN Inc. and Mr. Barry Campbell provides. Development Outreach, Inc. is excited to join forces with such a reputable and caring individual to help assist in giving our Veterans a better quality of life.

RETURNING AFGHAN AND IRAQ WAR TIME VETS FIND LITTLE GOVERNMENT SUP-PORT, INVESTIGATION FINDS



Photo by Staff Sgt. William Tremblay

By News21 Staff by Florida Center for Investigation Reporting

In the 12 years since American troops first deployed to Afghanistan and Iraq, more than 2.6 million veterans have returned home to a country largely unprepared to meet their needs. The government that sent them to war has failed on many levels to fulfill its obligations to these veterans as demanded by Congress and promised by both Republican and Democratic administrations, a News21 investigation has found.

Many of these combat veterans, returning from war with what will be lifelong illnesses and disabilities, are struggling to get the help they were promised in the form of disability payments, jobs, health care and treatment for such afflictions as post-traumatic stress disorder, traumatic brain injuries, physical disabilities and military sexual trauma.

Veterans who survived Taliban and al Qaida attacks, roadside bombs, mortar fire and the deaths of fellow soldiers told News21 that they have returned home to a future threatened by poverty, unemployment, homelessness and suicide. "The hardest thing you can ever do isn't joining the military. It is hard," said 30-year-old Luis Duran, a New Yorker who entered the Marine Corps after 9/11, deployed to Iraq and survived a suicide bomb. "The most difficult part is getting out."

By far, the most vexing and public failure of the federal government has been its inability to distribute timely disability compensation to veterans with physical and mental injuries associated with their service – at a critical point in their transition home.

The News21 investigation found that as the lengthy backlog of delayed and mishandled claims began to surge dramatically, more than twothirds of the claim processors in the Department of Veterans Affairs collected more than \$5.5 million in bonuses.

Claim workers were effectively encouraged, based on a performance "credit system," to process less-complex claims first, leaving to languish those claims involving multiple war injuries and missing paperwork.

Complex claims, the workers said, require calling and sending followup letters to veterans and requesting federal documents and medical records, all of which received zero points on the Veterans Benefits Administration performance evaluation for processors until December 2012, when the system was changed.

A local union representative for Boston claim processors, Roger Moore, said employees set aside complicated claims to preserve their jobs. "It's like, 'He's gotta wait, because I have to get my numbers or my job is in jeopardy," Moore told News21.

Members of Congress continue to demand that the claims of the more than 500,000 veterans waiting more than 125 days be processed and paid, but so far the VA's fixes have not cleared the backlog.

"They (soldiers) were put in these incredibly stressful situations and they also put their civilian jobs and education on hold, so it's not like they win the lottery when they come back," said Rep. Tim Walz, D-Minn., of the benefits promised to veterans. "It's meant to put them back on par with their peers, who had an advantage in the civilian sector while these men and women were gone."

Large numbers of post-9/11 veterans are seeking treatment and compensation for post-traumatic stress disorder and traumatic brain injury, considered nearly epidemic among those veterans. Both are widely claimed as an injury, and they are often difficult to assess and treat.

PTSD and TBI are "the two most prolific wounds coming out of the war," said retired Gen. Peter Chiarelli, the Vice Chief of Staff of the U.S. Army from 2008 to 2012 and now CEO of One Mind, a research and advocacy nonprofit for mental health and brain diseases.

"I have to be considered a horrible failure in my ability to get a handle on this problem," Chiarelli said, noting the number of troops suffering from PTSD and TBI increased dramatically during his tenure.

Stephen Leon served two tours in Afghanistan and won the Army Commendation Medal for valor after a firefight with three suicide bombers outside a gate in Kabul in 2011. The blast from one of their bombs left him with wrist, neck, knee, back and ankle injuries, as well as traumatic brain injury and PTSD.

When he returned home July 2011, Leon couldn't get his mind off Afghanistan, the battles and the friends he lost. "You're used to a life of being at peace, with yourself and your family and having a nice time with your family, when you go over there all that breaks up," he said.

More than a year later, Leon received his disability rating and compensation. Without it, he said he likely would be homeless or dead.

"It's a waiting game" for veterans, said Mike Salois Regional Executive Director for the Volunteers of America of Greater Ohio, which provides housing for homeless veterans in Ohio. "And when you particularly are already suffering from something on top of the disability, whether it be a mental illness or substance-abuse problem ... they are not knowing how to cope with putting that off any more."

America's post-9/11 veterans are the most diverse group of soldiers in the nation's history, not only by race and gender, but by age, a News21 demographic analysis shows. They are overwhelmingly young, more than half were between the ages of 18 and 32.

By comparison, about 37 percent of the nonveteran population is over 50, and less than 29 percent of the nonveteran population is between the ages of 18 and 32.

This younger generation of veterans will count on the VA's assistance to stabilize their lives and help them readjust for many years to come.

Veterans told News21 that the collateral consequences of PTSD, financial instability and other injuries associated with their disabilities sometimes triggered depression, anxiety, aggressive behavior and thoughts of suicide.

"All I ever considered when I thought about (suicide) was the guilt I was feeling and just wanting a way out, wanting to not have those memories anymore," said Clinton Hall, 35, who served in Iraq and Afghanistan as an infantryman and now lives in Portland, Ore. His friend and fellow soldier killed himself shortly after returning home.

Despite intervention initiatives by the Department of Defense and VA, more than 46,000 veterans nationwide died by suicide between 2005 and 2011, according to state mortality data collected from 49 states by News21 in its eight-month investigation.

In every year over the last decade, the percentage of veteran suicides has significantly exceeded – usually by double or even triple — the suicide rate of the general populations, the analysis shows. For example, Arizona's 2011 veteran suicide rate was 43.9 per 100,000 people, more than three times the civilian suicide rate of 14.4.

Among states with the widest disparities and highest rates, Idaho had an average annual veteran suicide rate of 58.3 per 100,000 people, according to News21 analysis, compared to 22.8 for civilians. Montana had an average annual veteran suicide rate of 53 per 100,000 compared to 18.8 for civilians.

"(Veterans) have different rules and different expectations and ways of seeing themselves and their roles in society," said Craig Bryan, Research Director at the University of Utah National Center for Veterans Studies. "What we see in society doesn't always translate as well into the military."

About 25 percent of post-9/11 veterans have been diagnosed with post-traumatic stress disorder, and 7 percent have traumatic brain injury, according to Congressional Budget Office analysis of VA data. The average cost to treat them is about four to six times greater than those without these injuries, the CBO reported.

The post-9/11 veterans use the VA more than other veterans and their numbers are growing at the fastest rate, records show. Many will require care for the rest of their lives.

Yet, no government agency has calculated fully the lifetime cost of health care for the large number of post-9/11 veterans with lifelong ailments and disabilities. It is certain to be high, given the veterans' survival rates, longer tours of duty, and multiple injuries.

There are veterans like Erik Castillo, who has been living with traumatic brain injury for nine years and goes to the VA three times a week for therapy. The shrapnel that entered Castillo's brain from a bomb in Baghdad in 2004 burned a portion of his frontal lobe, which had to be removed. "I'll utilize the VA for the rest of my life," he said.

"Medical costs peak decades later," said Linda Bilmes, a professor at Harvard's Kennedy School of Government and co-author of "The Three Trillion Dollar War: The True Cost of the Iraq Conflict."

Post-9/11 veterans cost the VA \$2.8 billion in 2012, out of its total \$50.9 billion health care budget for the year, records show. And that number is expected to increase by \$510 million in 2013, according to the VA's budget.

"And their needs will change as they age. And we don't know with the TBIs and the multiple TBIs how those will evolve," said Susan Lucht, Program Director of the VA Polytrauma Network Site in Tucson. "So VHA (Veterans Health Administration) is committed to doing lifetime care management for these injuries."

Women constitute an unprecedented 17.4 percent of the post-9/11 veteran cohort, more than twice the percentage of women in the overall veteran population, the News21 demographic analysis shows. More women will have served in Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom than in all previous conflicts combined, based on projected population numbers. More than a quarter of those women are black, almost twice the proportion found in the entire U.S. population.

Yet, these same women return to a nation that historically defines 'veteran' as male, which in the post-9/11 era has meant a lack of female-specific resources.

"I think because the VA has dealt with men for so long, through all the previous wars, they're not set up to handle females," said Ohio Army National Guard veteran Crystal Sandor. "But we've been at this war for 10 years, it's about time they figure it out."

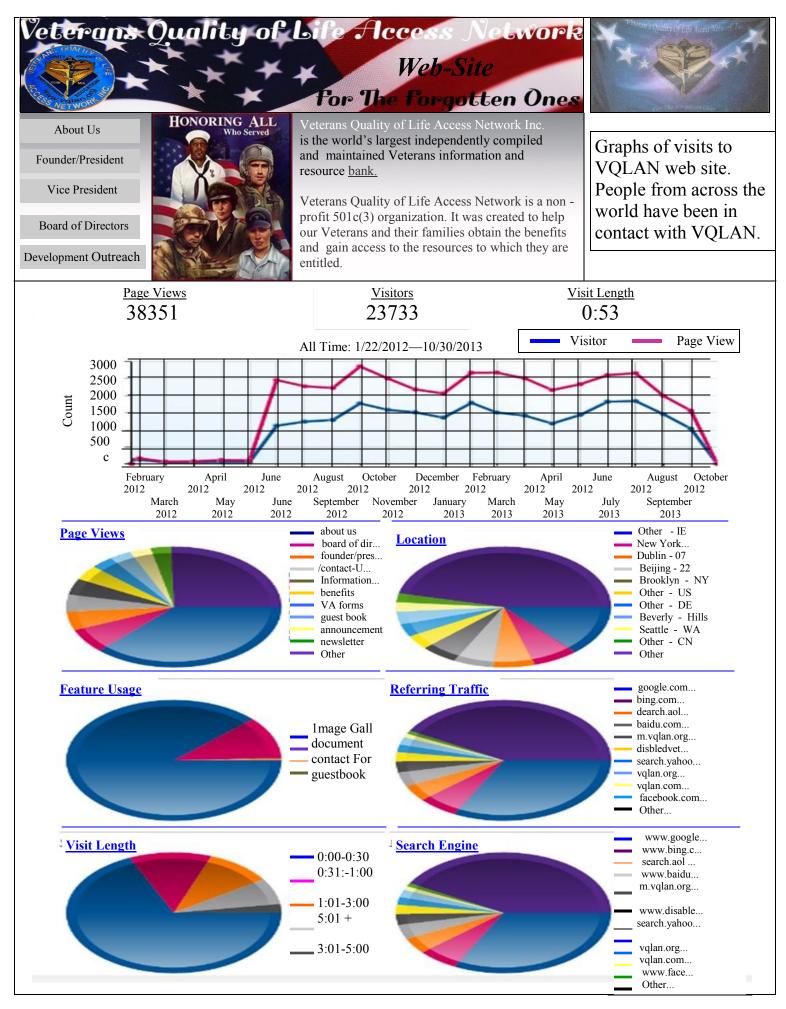
Though their numbers have been historic, with more than 280,000 women returning from deployments, female veterans said in interviews with News21 that they have trouble finding care and camaraderie within the VA services.

"I don't think I've talked to one female veteran who goes to the VA who has had a good experience, that has been treated and received the care that they deserve," Sandor said.



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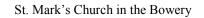
A HARD DECISION A Musical Production and Reading Honoring Our Veterans

WESTLEY THOMAS "A HARD DECISION"

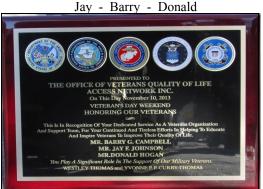




November 10, 2013 Time 3PM







1. Music (Emme Kemp)

- 2. National Anthem, Star Spangled Banner / Soloist, Brenda Jones
- 3. Welcome / Yvonne Curry
- 4. HONORING OUR VETERANS:

Melba Brown, Izzy Hanson-Johnston, Actors Equity / SAG ELIGIBLE, Kelly Kenefick, Westley Thomas, Leslie Shreve, SAG-AFTRA, Shenia Thompson, David Thornton, Michelle Murray

 Excepts from A HARD DECISION, Part I Music: WAR / Edwin Star Soloist: Vea Williams / Amazing Grace Dancers: Czerney Shury / Elizabeth Grantt Music: Caldonia ITERMISSION (10 Minutes)

Excepts from A HARD DECISION PART II

- HONORING OUR VETERANS: Joanne Dorian, SAG-AFTRA, AEA Soloist: Deborah Karpel / You'll Never Walk Alone
- 7. Instrumentalist: Bernard Phillips
- 8. Tribute: In the "USO Show Style" / Solomon Hicks
- 9. AWARD PRESENTATION
- Soloist: Larry Marshall / Battle Hymn of the Republic 10. Closing: Lucien Gross

VESTLEY THOMAS

Thank You:

St. Mark's Church in the Bowery, Cake Chef (S.I.), Robin Sanders (NY1) Patrick, Barbara, Cory; Jeff Goldstein, Joni Falvey, Jeannine Otis, Billy, Gabe, Joelle, Aaron, Gwen Hughes, Crown Trophies (SI), Laughing, Man Coffee, Open Pantry, My girls (Kamaria, Alyson, Tiera) Steve Vendola and everyone at Staples from W.Va. To N.Y., Czerney & Elizabeth, and Lucien

THIS EVENT WAS CONCEIVED, CHOREOGRAPHED, AND DIRECTED BY: YVONNE CURRY / SDC

VQLAN is proud to have Mr. and Mrs. Westley Thomas as life time members of VQLAN !



VA COMPENSATION VA website: http://www.va.gov

Exposure to Contaminated Drinking Water at Camp Lejeune

In the early 1980s at the Marine Corps Base in Camp Lejeune, NC, it was discovered that two on-base water-supply systems were contaminated with the volatile organic compounds trichloroethylene (TCE), a metal degreaser, and perchloroethylene (PCE), a dry cleaning agent. Benzene, vinyl chloride, and other compounds were also found to be contaminating the water-supply systems. The water systems were contaminated from August 1953 through December 1987.

There is limited and suggestive evidence of an association between certain diseases and the chemical compounds found at Camp Lejeune during the period of contamination. VA will consider disability compensation claims based on exposure to the contaminated water at Camp Lejeune on a case-by-case basis.

Eligibility Requirements

You must be a Veteran who was discharged under conditions other than dishonorable.

- You must have served at Camp Lejeune during the period of contamination (August 1953 through 1987)
- You must have a current disease and a medical opinion that states the disease is a result of exposure to the contaminated water at Camp Lejeune

Normally, VA will initiate a VA medical examination and request an opinion regarding the relationship of the disease to Camp Lejeune service.

Evidence Requirements

The evidence must show you served at Camp Lejeune during the period of contamination (August 1953 through December 1987)

The evidence must show you have a current disease and include a medical opinion indicating the disease is a result of exposure to the contaminated water at Camp Lejeune.

How To Apply: Apply on line using eBenefits OR Work with an accredited representative or agent OR

Go to a VA regional office and have a VA employee assist you. You can find your regional office on our <u>Facility Loca-</u> tor page.

For more information on how to apply and for tips on making sure your claim is ready to be processed by VA, visit our <u>How to Apply</u> page.

<u>Health benefits</u> for 15 conditions may be available for Veterans and family members who served on active duty or resided at Camp Lejeune for 30 days or more between Jan. 1, 1957, and Dec. 31, 1987.

SCAPEGOATING VETS

Veterans still have a lot to worry about, even after the government shutdown and the debt-ceiling dispute ("Vets Group To Pay \$20M Amid Shutdown," Oct. 15).

If budget cuts continues, they could lengthen the Veterans Administration claims backlog, which is forcing many wounded Veterans to wait years for their benefits. Cuts could also impact GI Bill payments, which would be detrimental to the future of those who rely on the bill for their education benefits.

There's no good reason to make Veterans scapegoats for our budget problems. There are better ways to save money that both parties agree on: streamline the tax code, reform entitlements and trim gold-plated defense projects.

The Pentagon could cut the struggling F-35 - a \$1.5 trillion fighter jet that test pilots say would get "gunned down every time" in a dogfight, yet has run 70 percent over its already generous budget.

These are common sense solutions to fixing our debt; blindly cutting services and benefits for our Veterans isn't one of them. Alex Pisanello Aviation Ordinance man, 3rd Class (ret) U.S. Navy, Clifton Park.

Dept. of Veterans Affairs Veterans Health Administration (VHA)

On or around October 1, 2013, Veterans should have received a letter and documents from VHA providing an updated copy of the VHA Notice of Privacy Practices as required by the Health Insurance Portability and Accountability ACT (HIPAA) Privacy Rules. You received the Notice because you have been identified by VHA as a Veteran enrolled for health care benefits as of July 1, 2013. The notice describes how medical information about you may be used or disclosed and how you can get access to the information. How VHA may use or disclose your health information without your authority. (please refer to the notice about information for these cate-

gories) Revocation of Authorization. If you provide the VA a written authorization or permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your authority, the VA will no longer use or disclose your health information except to the extent that VHA has relied on your written authority.

- * Your Privacy Rights
- * Rights to Request Restrictions
- * Rights to Review and Obtain a Copy of Health Information
- * Right to Request Amendment of Health Information
- * Right to Request Receipt of Communications In a Confidential Manner

(VETS NEED TO READ THE ENTIRE



What if you could <u>forget bad memories simply by popping a pill</u>? We're not there yet, but new findings reported by researchers at MIT suggest that we've moved one step closer.

The scientists say they have identified a gene that plays a critical role in "memory extinction," the process by which old memories are replaced by new ones. If a way can be found to amplify the activity of this gene, <u>called Tet1</u>, it could lead to new treatments for addiction and post-traumatic stress disorder (PTSD), according to the researchers.

For the study, the researchers compared learning behavior of mice with the Tet1 gene to similar mice in whom the gene was knocked out. Both groups were trained to fear a particular cage when given a mild electric shock each time they were placed inside.

The "knockout" mice learned to associate the cage with the shock, just like the normal mice. But when the researchers put the mice back in the same cage without delivering the shock, the two groups behaved differently.

What happened? The mice with the normal Tet1 gene lost their fear of the cage, because their memory of being shocked had been replaced by new information. The knockout mice were still traumatized by the experience of having been shocked.

"They don't relearn properly," study co-author Andrii Rudenko, an MIT post-doc, said in a written statement. "They're kind of getting stuck, and <u>cannot extinguish the old memory</u>."

Now, the researchers think that if they can find a way to boost the activity of the Tet1 gene, it might be possible to help people suffering from addiction as well as PTSD.

"We think the most likely way to boost Tetl's activity would be to use some drug: a type of pharmacological activator," Rudenko told Huff Post Science in an email, adding that "such an activator still needs to be identified."

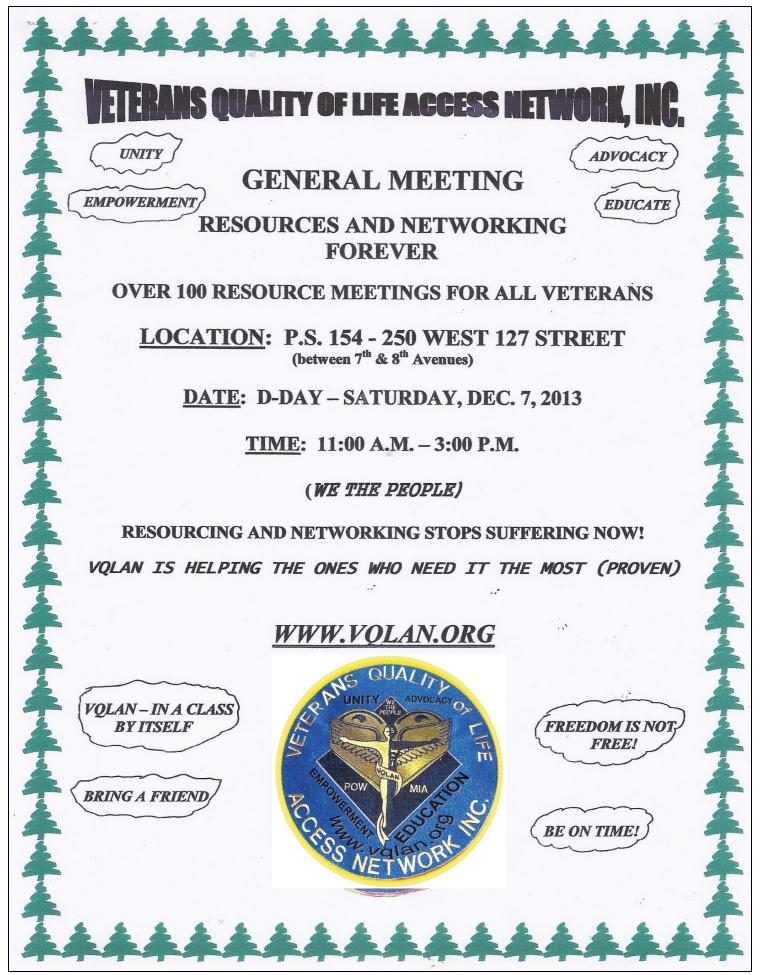
The study was published in the journal Neuron on Wednesday.

(Hat tip, <u>Gizmodo</u>) HUFFINGTON POST by Hunter Stuart

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