



Volume 16 • Issue 3

VVA Chapter 12 ♦ Newsletter

March, 2016



**Vietnam Veterans of America Chapter 12
PO Box 276, Allenhurst, NJ 07711**

'For those who fought for it, Freedom has a special flavor the protected will never know.'



OFFICERS AND E-BOARD

Dennis Beauregard	President	908-902-8789	vva12p@verizon.net
Ernie Diorio	1 st Vice President	732-245-5552	litetrop67@aol.com
Don Davison	2 nd Vice President	732-988-4056	soulpony@aol.com
Tony Corbella	Secretary	732-272-8770	paddybella@optonline.net
Richard Brandon	Treasurer	518-966-8347	richbrandon1952@yahoo.com

COMMITTEES

Bob Lopez	Minority Affairs	732-988-9241	seabees7@verizon.net
Charles Wuth	PTSD	732-241-1846	cwuth@verizon.net
John Rahill	Transportation, Cremains	732-495-2593	gladnan@juno.com
Don Davison	School Speakers Program	732-988-4056	soulpony@aol.com
Tom Milmoie	Agent Orange	732-859-8783	milmoie7@aol.com
Ernie Diorio	School Speaker Program	732-245-5552	litetrop67@aol.com
Bob Hopkins	Membership, Grievance	732-531-2574	herc3000@aol.com
	Chaplain		
Bucky Grimm	POW/MIA	732-222-9376	wheat1111@comcast.net
Rich Gough	Product Sales, Cremains	732-539-0206	rpg3706@aol.com
	Public Affairs		
Rich Magovern	Cremains, Community	732-842-2950	richandnema@verizon.net
	Affairs		
Michael Quilty	Homeless Vets, Car	732-939-8938	quiltym@gmail.com
	Show		
Ernie Diorio	Finance, Fund Raising	732-245-5552	litetrop67@aol.com
Joe McCreary	Veterans' Health Care	732-228-7852	joecmbg@yahoo.com
Dan Higgins	Cremains, Product Sales	732-581-9715	
			danielhiggins123@coccast.net

STATE COUNCIL DELEGATES

Michael Berman, Delegate
Paul Bausch, Delegate
Tony Ponzo, Delegate

Mike Quilty, Alternate Delegate
Dan Higgins, Alternate Delegate

OTHER CONTACTS

Margaret Wojciechowicz VVA National Service Officer 973-297-3227
margaret.wojciechowicz@va.gov

Bob Parrella

AVVA Liaison

732-303-1689 bobpark4@aol.com

Rob Ford

BITW Editor & Web Master

732-687-3846 nlvva12@gmail.com

Please remember our fellow Chapter members, and their families in your prayers, as they continue to face very serious medical conditions.

Please visit and like our [Face Book](#) page, "Vietnam Veterans NJ Shore Area Chapter 12" for info on what we are doing – photos, and more.

Please visit our Chapter web site – www.vvachapter12.net for photo albums, News Letter Archive's, Chapter History.

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We have been informed that in lieu of specific items to send to troops on deployment, gift cards to the PX would be appreciated. The troops can get almost anything in the PX, but could use the help via gift card. This is also a money and effort saver on our part. Donations to the PX gift card fund are being accepted. **We are also switching from actual food to gift cards for our food bank as this will better serve our veterans in need.**

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Anyone needing a ride to the VA, please contact Ernie Diorio for assistance.

If you are able to provide transportation ,please let Ernie know, so the same people aren't doing it all the time.

If you are looking for a fellow vet that you lost track of, or someone that you served with, that might have information you need, please send it to us and we will put it in the monthly newsletter.

Check this link out if you need help with an appeal, or know a Vet that does. Keep it moving, and pass it on to all other Vets you know. <http://www.vetsprobono.org/index.htm>

Anyone wanting to submit an article, picture, or story please send it to: vva12p@verizon.net or nlvva12@gmail.com by the 25th of each month. Anything received after that will be placed in the following month's newsletter. (Make sure it can be verified)

PRESIDENT'S MESSAGE

Can you believe that it is 2016 and your Chapter will be celebrating 34 years as part of VVA? Thanks to all who have supported our programs that allow us to assist our Veterans, and grow in membership. Our Chapter, number 12, reflects that we have been there from the start. There are 650 Chapters in the community of VVA, and our membership is the largest in the state and 18th in the country.

In the next three months we have a very busy schedule. Our team of educators will be visiting six high schools in Monmouth County, we are teaming up with our brother Chapter 721 from Hazlet for a town hall meeting on Veterans that were EXPOSED TO TOXIC SUBSTANCES DURING THEIR MILITARY SERVICE on May 15, 2016 at VFW Post 2179 Port Monmouth. I have attended all 5 of VVA town hall meetings throughout the state during the last two years, I believe that between Chapter 721 and Chapter 12 this will be the largest in attendances with everyone's help.

For years VVA has been fighting our government on Veterans issues. This fight on Toxic Substances will be, in my eyes, our biggest battle and will be the Legacy of VVA. Spread the word on this meeting date.

This year's Chapter Dinner Dance is booked for May 7, 2016, which is Vietnam Veterans Day in New Jersey. Last year your support was unbelievable with just over 150 in attendance. With that in mind, we are asking you to purchase your tickets at Chapter meetings so we can plan properly. Remember it is our only fundraiser for the year. If you can sell a Chapter Ad it would be great, forms can be picked up at Chapter meetings, or call Ernie at 732-245-5552 or me at 908-902-8789.

THE COLONEL



UPCOMING CHAPTER EVENTS

The next Chapter meeting will be on Wednesday, March 2nd, at 7:30PM. Location is at VFW 2226, 210 Norwood Ave., Oakhurst, NJ.

Chapter Elections, April 6, 2016

Run for the Fallen, Beef & Beer

Kristin Kinlin Fund Raiser

BIRTHDAYS AND ANNIVERSARIES

March 20, Preston Goode

Anyone born in March ?? Please let me know so I can put it here!!

If you wish to post a birthday or anniversary please submit the info by the 20th of the month for the next month's news letter.

ELECTION NOTICE

As required by the Constitution and By Laws of Vietnam Veterans of America, The New Jersey State Council, and VVA Chapter 12, this is notice that the Annual Election of Officers, Board of Directors, Nominations Committee, and State Council Representatives will take place at the Annual Meeting of Chapter 12 on Wednesday, April 6, 2016, which meeting will commence at 7:30 PM.

The Offices of President, 1st Vice President, 2nd Vice President, Secretary, and Treasurer are for a term of one (1) year. The open positions, five (5) in number, for Board of Directors, are for a term of two (2) years. There are three (3) open positions for the Nominations Committee, which are for one (1) year terms. There are three (3) positions open for Delegate and two (2) for Alternate Delegate to represent the Chapter on the New Jersey State Council, Vietnam Veterans of America. The three highest vote getters will be the Delegates, with the remaining two being the Alternates.

Any member in Good Standing (membership dues paid to date), with a DD214 or other proof of eligibility on file with the Chapter, may run for any office. Simply notify the Nominating Committee, in writing, of your desire to run, or contact one of the Nominating Committee members listed below. Nominations and notifications of a desire to seek a specific office are open up to the recitation of the Nominating Committee final report on the night of the elections (April 6, 2016).

Bob Hopkins
Nomination Committee Chair
January 21, 2016

NOMINATING COMMITTEE MEMBERS:

Bob Hopkins	(732) 531-2574	herc3000@aol.com
Jay Vaughn	(732) 922-0304	jv4910@gmail.com
Rich Gough	(732) 539-0206	rpg3706@aol.com

Beef & Beer

**Saturday
March 12, 2016**

**6:00pm ~
10:00pm**

**The Bolero
Resort**

**3320 Atlantic Ave,
Wildwood, NJ 08260**



Food ~ Fun ~ Music

All proceeds are used to cover the expenses of the Run and provide support for our military runners, Gold Star Family members and support teams. *Tickets are \$20.00 in advance or \$25.00 at the door and can be purchased on our website or by contacting;*

www.NJRunForTheFallen.org

A room package is available by calling the Bolero Resort directly at 609.522.6929

Eileen Kreis at 609-846-6121

Mike Simpson at 732-688-6745

Ed (Tug) Devine at 856-417-5865

Donna Zabe at 732-513-2004

Andy Malson at 609 - 335 - 4852

Kristin Kinlin Memorial Fundraiser

Is attached as a separate file

From: Paul Sutton
Date: Feb 6, 2016 10:29:53 AM
Subject: VA M21-1 Updates

From Military-Veterans Advocacy: (please like our Facebook page). Blue Water Navy Update

Yesterday we received confirmation that the VA will make no changes to their Blue Water Navy policy, effectively excluding tens of thousands of veterans from earned disability benefits. Worse, they have said they will no longer grant the presumption for borderline areas. They have decided to take the strictest possible construction of regulations as they apply to the Blue Water Navy sailors. In doing so they have defied the United States Court of Appeals for Veterans Claims, the United States Congress and have again breached faith with tens of thousands of veterans.

The insane and irrational approach taken by the VA is sure to inflame and infuriate our allies in Congress. The VA failed to even provide a courtesy notification to the Veterans Committee staff. Instead, in a well orchestrated Friday afternoon barrage they issued their arbitrary and capricious regulation, a "fact sheet" and responses to the fourteen Senators who had demanded that they take action. All documents were released simultaneously. The substance of their policy is merely the same deceptive and mendacious hollow arguments that have been rejected by Congress, the courts and people who possess good will and common sense.

I Would say that I was surprised and shocked but I really am not. I had hoped that Deputy Secretary Sloan Gibson was a better man and my meetings with him were certainly cordial. But it turned out he was either being deceptive or was overruled by "Secretary Bob." We've been betrayed by the VA before so perhaps continued treachery was inevitable. Still, we had to give them a chance.

So where do we go from here. We keep fighting.

I talked with Congressman Gibson's staff last evening and they are prepared to move forward. Plans were in the works for a Sub-Committee hearing on HR 969, which would extend the presumption of exposure to the territorial seas. We currently have almost 300 co-sponsors on that bill. The VA's action will only accelerate plans for that hearing.

I also met with the Senate Committee staff late yesterday afternoon to discuss the new VA developments. They intend to push S-681 forward to a "mark-up" hearing probably in the Spring. We now have 37 co-sponsors in the Senate.

On March 10 we have an important oral argument at the Court of Appeals for the District of Columbia to ascertain whether the federal district court has the ability to review the VA actions under the Administrative Procedures Act. If we win this case, we can force the VA to show why their position is not arbitrary and capricious and/or unsupported by substantial evidence. Additionally, we now have three court cases pending in the Court of Appeals for Veterans Claims. One case concerns Da Nang Harbor, another Nha Trang Harbor and the third the territorial seas. We intend to press forward with those cases and point out to the court how the VA has defied them.

How can you help? Several ways.

First of all we do not need any more co-sponsors in the House of Representatives. Please concentrate on the Senate. Keep writing them or using the contact form. Get your friends and family to do the same. Please concentrate

on the Washington DC office. If you are planning to go to Washington, please call and schedule an appointment with the Military Legislative Assistant. You can download our Senate testimony from our website, www.militaryveteransadvocacy.org. Please review it and take it with you

If you can, come to the March 10th oral argument. It starts at 9:30 am at the federal Court of Appeals for the DC Circuit, 333 Constitution Ave., NW Washington DC.

I would like to see a protest demonstration if someone can organize it. We can protest at the VA 810 Vermont Ave NW, Washington DC. There are many things that have to be done including securing a permit but it can be done. The problem is that we need quantity. Twenty people would be viewed as a joke. Two hundred would catch the eye of the media. I know that people are ill and that money is scarce so this might not happen.

We will be posting a press release within a couple of days. Please take it to your local newspaper, radio and television. Ask them to cover the story and to follow it up.

Don't get discouraged. This is much like a war and sometimes peace negotiations break down before the final push to victory. We are strong, we must stay united and we must be determined. Please focus your anger where it belongs - on the VA, The problem is not with Congress or one political party or the VSOs. The problem is the VA. Let's focus our anger there.

"Secretary Bob's" cell phone number is out there. He won't answer but you can leave a message for one of his toadies to tabulate. Try to be polite but leave a message that we are not going away.

Let's go kick VA's butt!

Commander John B Wells, USN (Retired)
Executive Director
Military-Veterans Advocacy

Causes of Gulf War Illness Pinpointed

MONDAY, Feb. 1, 2016 (HealthDay News) -- Exposure to pesticides and other toxins appears to be the cause of Gulf War illness in U.S. veterans, a new analysis states.

The Boston University researchers reviewed studies on Gulf War illness, and said their findings "clearly and consistently" show a link between the disorder and exposure to pesticides and taking pyridostigmine bromide (PB) pills, which were meant to protect troops against the effects of nerve gas.

There's also evidence of a connection between Gulf War illness and exposure to the nerve gas agents sarin and cyclosarin, and to oil well fire emissions, according to the findings published in the January issue of the journal *Cortex*.

These toxins damaged troops' nervous and immune systems, and reduced the amount of white and gray matter in veterans' brains, said study leader Roberta White in a news release from the university. White is a professor of environmental health at Boston University's School of Public Health.

The main causes of Gulf War illness are like so-called "friendly fire," said study co-author James Binns. "We did it to ourselves," he said in the news release.

"Pesticides, PB, nerve gas released by destroying Iraqi facilities -- all are cases of friendly fire. That may explain why government and military leaders have been so reluctant to acknowledge what happened," Binns said.

About 700,000 U.S. troops fought in the first Gulf War 25 years ago, and as many as 250,000 veterans of that conflict have Gulf War illness, the researchers said. It is a debilitating disorder that features symptoms such as fatigue, joint and muscle pain, headaches, concentration and memory difficulties, gastrointestinal problems and skin rashes.

For years, Gulf War veterans have claimed that the U.S. Department of Veterans Affairs did not take Gulf War illness seriously. In 2008, a committee created by Congress and directed by the White House released a report that said Gulf War illness is a real disorder that's distinct from stress-related syndromes.

The report from the Research Advisory Committee on Gulf War Veterans' Illnesses called for research into the causes and treatments of the illness. Binns was chairman of that committee.

Efforts to find effective treatments for Gulf War illness have been unsuccessful, but recent research has started to offer promising leads, the researchers added.

More information

The U.S. Centers for Disease Control and Prevention has more on [Gulf War illness](#).

SOURCE: Boston University Medical Center, news release, Jan. 26, 2016

Good day VSO Partners,

On March 29, 2016, the Department of Veterans Affairs' Newark Regional Office will be hosting an event (Town Hall Meeting/Claims Clinic) for Vietnam Veterans at the NJ Vietnam Veteran Memorial Foundation in Holmdel, NJ as part of the VA's Commemoration of the 50th Anniversary of the Vietnam War.

We would like extend an invitation for you to set up an information table regarding the services you provide to Veterans during this event. Please let me know no later than COB/Friday, February 19th, if you are interested so we can prepare accordingly to ensure tables are set up to accommodate you.

The event will start at 11AM – 4PM.

Thanking you in advance.

Below is a brief synopsis.

Background

In 2007, the 110th Congress incorporated language in H.R. 4986 authorizing the Secretary of Defense to conduct a program commemorating the 50th anniversary of the Vietnam War. The Department of Veterans Affairs (VA) is a commemorative partner with the Department of Defense (DoD) -- the lead federal agency authorized by Congress. The 50th Anniversary of the Vietnam War Commemoration recognizes and thanks Vietnam Veterans for their service and sacrifices. VA will host events across all administrations on **March 29, 2016**, to proudly support this noble endeavor.

Respectfully,

Jennifer E. Myers

Also see VA web site

http://benefits.va.gov/compensation/claims-postservice-exposures-camp_lejeune_water.asp

<http://www.usmedicine.com/agencies/department-of-veterans-affairs/about-15000-vets-eligible-for-camp-lejeune-benefits/>

About 15,000 Vets Eligible for Camp Lejeune Benefits ***'Presumptive' Process Expected to Take a Year***

By Sandra Basu

WASHINGTON — About 15,000 veterans would be eligible for expanded disability compensation because of exposure to contaminated water at Camp Lejeune, NC, between August 1953 and December of 1987, change to: ***according to the VA.***

It might be a while before a program is in place, however.

VA announced in December that it will propose a presumption of service connection related to Camp Lejeune for the following conditions:

- Kidney Cancer
- Liver Cancer
- Non-Hodgkin Lymphoma
- Leukemia
- Multiple Myeloma
- Scleroderma
- Parkinson's Disease
- Aplastic Anemia/Myelodysplastic Syndromes

This is expected to ease the process for veterans to receive benefits, because it will be presumed that the listed condition was caused by military service.

“The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was,” VA Secretary Robert McDonald said in a recent statement.

VA's proposal would also expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune for any length of time from August 1, 1953, through December 31, 1987.

“The VA is finally granting some justice to veterans who were exposed to contaminated drinking water while assigned to Camp Lejeune,” Sen. Thom Tillis (R-NC) said after VA's announcement.

“This is victory for those who have long suffered as a result of the toxic exposure to chemicals while serving our country at Camp Lejeune,” added Sen. Richard Burr (R-NC).

Scientific Investigation

In August, VA announced it was beginning the process of amending its regulations to establish presumptions of service connection for certain conditions resulting from exposure to the contaminated drinking water at Camp Lejeune.

Weeks after that announcement, lawmakers urged the agency to move quickly to ensure veterans with conditions linked to all toxic exposures receive benefits.

At a hearing, Burr pointed to the length of time it has taken for progress to be made on the Camp Lejeune issue and charged that “resistance inside the VA to the scientific data and facts for Lejeune demonstrates how VA has dealt with the scientific facts of toxic exposure, overall.”

“The government’s scientific investigation into Camp Lejeune began in 1989, but we’ve only seen significant progress in the last five years, spurred by the uncovering of critical Navy and Marine Corps records and the completion of long-overdue studies on the effects of the contamination,” he said during that hearing.

The VA said recently that full implementation of the new Camp Lejeune presumptives could take as long as a year, because the agency has to follow legal requirements of the federal rulemaking process.

Until the regulations are finalized, VA said it will “continue to grant claims for disabilities claimed to be associated with exposure to the contaminants that can be granted under current regulations and review of the evidence in each case.”

The agency said it “encourages veterans who have a record of service at Camp Lejeune between Aug. 1, 1953, and Dec. 31, 1987, and develop a condition that they believe is related to exposure to the drinking water at the base, to file a disability compensation claim with VA.”

The agency also explained that, “if a claim for service connection for one of the proposed presumptive conditions would be denied under current regulations, the denial will be stayed until VA issues its final regulations.”

The latest proposal for expansion of benefits follows a bill signed into law in 2012 that requires VA to provide healthcare to veterans and their family members who have certain diseases and conditions as a result of exposure to the contaminated water at Camp Lejeune.

VA’s recent proposal followed discussions with the Agency for Toxic Substances and Disease Registry (ATSDR).

“We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water,” VA stated in its announcement.

ATSDR determined that, from 1953 to 1987, the drinking water at Camp Lejeune was contaminated with perchloroethylene, trichloroethylene, vinyl chloride, benzene and other petroleum contaminants, which increase the risk of certain health conditions.

Posted by: "Colonel Dan" [<colonel-dan@sbcglobal.net>](mailto:colonel-dan@sbcglobal.net)



VVA supports Agent Orange and Toxic Exposure Legislation - VA DOES NOT

PRESS RELEASE

VIETNAM VETERANS OF AMERICA

IMMEDIATE RELEASE February 12, 2016 No. 16-5

Contact:
Mokie Porter
[301-585-4000](tel:301-585-4000)

Toxic Exposure Research Legislation Is Needed for Veterans of every Generation

(Wash., D.C.)— On February 10, Department of Veterans Affairs Secretary Bob McDonald told Members of the House Committee on Veterans Affairs that no legislation on Agent Orange or Toxic exposures is needed. This statement by the DVA Secretary is in line with testimony, delivered before Congress on three occasions in the last eight months, in which the VA claims no research legislation is needed as other Agencies of the Federal Government are doing all of the research studies needed.

John Rowan, National President of Vietnam Veterans of America (VVA) responded, "With all due respect to the Secretary, he could not be more wrong. Furthermore, we have yet to receive a list of these research studies referenced in VA testimony which purportedly pertain to veterans and their progeny."

"The events in the past week highlight the shameless wall of ignorance erected by the VA bureaucrats. Case in point is the Secretary's recent policy regarding the Blue Water Navy veterans of Vietnam. The policy states that a 'bright line' can be drawn across the mouth of a flowing river, with those on the inland side of that imaginary line being 'exposed,' and those two feet away, on the harbor side of the line, 'not exposed,'" said Rowan. "Those 'exposed' are eligible for presumptive service connection for certain conditions, and therefore medical care and compensation, while those who served two feet away are not. We are leaving our Navy veterans out in the cold, and sadly, many of them have died and their widows have been abandoned."

"Also on Wednesday, the Institute of Medicine (IOM) released a report on Gulf War illness, which I find troubling," noted Rowan. "Psychiatrists/psychologists comprised half of a panel charged with evaluating medical conditions, most probably caused by exposure to toxic chemicals. It comes as no surprise that this recent report ignores the many toxins to which Gulf War veterans were exposed and reverts to the canard that unless 'causality' can be proved by a specific toxin, there can be no forward movement. One would hope the VA and DOD would be looking for an 'association' of exposure to one or more toxic substances and the presence of adverse medical conditions, rather than placing an emphasis on the 'mind-body continuums.'"

"Yes, technically the VA is able to do what is needed without legislation," said Rowan. "However, the VA has made its case repeatedly that, in the absence of legislation, there will be no justice accorded veterans with Toxic Wounds, nor for their innocent children and grandchildren. America's veterans of every generation DO need early passage of S. 901 and H.R. 1769, the Toxic Exposures Research Act, and vigorous oversight after enactment to ensure that VA actually does what is mandated in law; we need immediate passage of the Blue Water Navy Vietnam Veterans Act of 2015, H.R. 969 and S.681; and we need to push for the extension and expansion of the Agent Orange Act of 1991, to include veterans of recent and future wars, so that a system is in place to systematically review battlefield exposures, and they won't need to refight the battles we have."

Vietnam Veterans of America is the nation's only congressionally chartered veterans' service organization dedicated to the needs of Vietnam-era veterans and their families. VVA's founding principle is "Never again will one generation of veterans abandon another."



VA Secretary: 'absolute confidence' in embattled regional administrator

By Emily Wagster Pettus, Associated Press 7:30 a.m. EST February 8, 2016

(Photo: Rogelio V. Solis/AP)

JACKSON, Miss. — The U.S. secretary of veterans affairs said Friday that he stands by his appointment of a regional health care executive who was accused of misleading Congress about how long veterans waited to receive care at a VA facility where she worked in Los Angeles.

Secretary Robert McDonald said he has "absolute confidence" in Skye McDougall to oversee veterans hospitals and clinics in Texas, Louisiana, Arkansas, Mississippi and Oklahoma.

McDonald and McDougall spoke to veterans during a public meeting at the G.V. (Sonny) Montgomery VAMedical Center in Jackson, Mississippi.

The entire congressional delegation from Mississippi and most of the delegation from Louisiana publicly opposed his appointment of McDougall. They raised concerns about reports that she gave false testimony to Congress about the length of waiting times VA facilities she oversaw in Southern California.

Fred Lucas, a veteran from Raymond, Mississippi, asked McDonald why he would stick with the appointment of McDougall in the face of congressional opposition.

"If a person could mislead Congress, couldn't they mislead us all?" Lucas asked.

McDonald responded: "She did not mislead Congress."

McDonald said McDougall misheard a question she was asked during a congressional hearing. He said she was asked about the waiting time in Southern California for new VA patients to receive health care, but she didn't hear the word "new" and gave numbers based on waiting times for all patients.

McDonald also said he met with members of Congress who expressed concerns about her appointment to the Jackson-based job as head of the South Central Veterans Health Care Network, which oversees 10 veterans hospitals and associated clinics. McDonald notified Congress in December that he was appointing McDougall.

"I explained to the congressional delegation that she did not mislead Congress — she did not lie; there was no intention to lie," McDonald said.

McDougall had been scheduled to start in November as regional director of the VA Southwest Health Care Network that includes Arizona. In October, Arizona Sen. John McCain asked McDonald to reconsider McDougall's appointment because of questions about whether she misled Congress about veterans waiting in California.

Lucas, the Mississippi veteran, asked McDonald on Friday why McDougall did not go to the region that included Arizona. McDonald said that region was eliminated as the VA moved from 21 to 18 regions.

McDonald said he trusts McDougall based on work he has seen her do in Los Angeles and Albuquerque, New Mexico.

"This lady's leadership can help us in the southern part of the United States in VA by bringing innovative technology here," McDonald said.

McDougall on Friday did not address questions about what she told Congress. Instead, she discussed a new telemedicine project the VA will start in Mississippi in coming months. She said veterans will be able to use smartphones or tablets to connect with health care providers

to receive some services remotely. She said the technology could be used for dermatology appointments or to check incisions weeks after surgeries or to do checkups for patients with neurodegenerative diseases such as ALS.

"When you don't feel good, it's really not good to be driving very long distances to come in and get your health care," McDougall said.

Military's Treatment of Depression and PTSD Fall Short

The military's health program falls significantly short in providing mental-health care to service members, according to a Rand study published last week.

The study focuses on depression and post-traumatic stress disorder, the two most common mental-health conditions experienced in the armed services.

It finds some good news: The Military Health System, which is operated by the Defense Department, is effective at contacting active-duty personnel diagnosed with one of the conditions. In addition, a vast majority of those diagnosed with PTSD or depression receive at least one session of talk therapy, the study finds. In that regard, the military system outperforms civilian health services.

But the system faces difficulties ensuring that patients continue with treatment, either by continuing to see a psychotherapist or following up with a doctor after being prescribed medication.

"It's essential to provide excellent care for these service members because of how much we ask of them," said Kimberly Hepner, the study's lead author and a senior behavioral scientist at Rand.

The study examined medical records for service members diagnosed with one of the two conditions between January and June 2012. About 15,000 had PTSD, and about 30,000 had depression. About 6,000 had both.

About 1 in 3 patients newly diagnosed with PTSD got the appropriate follow-up care - typically, that's at least four visits to a psychotherapist within two months. For those with depression, less than a quarter completed those four visits.

Only about 40 percent of patients who were prescribed medication followed up with a doctor afterward. Those visits are essential, Hepner said, because the physician can make sure patients take their medication and help them manage side effects. A physician's involvement also ensures that medication doesn't counteract other drugs being taken.

"Service members received a tremendous amount of medical treatment," she said. "That's why it's even more critical to make sure that it's a successful experience."

Combat can contribute to mental health problems, according to the Department of Veterans Affairs. Meanwhile, research has found that suicide attempts seem to

be more common in service members than in civilians, though it can be difficult to make such comparisons.

The study is the first part of an overarching project to assess mental-health care in the military. The research, which was commissioned by Defense, hasn't yet delved into such questions as why patients stop their therapy and medication.

Potential explanations could include insufficient access to mental-health professionals, said Joe Davis, a spokesman for the Veterans of Foreign Wars. Many service members might also fear judgment from their peers for asking for help.

"It's very easy for senior leaders to say there is no stigma, but far different on the ground at the small-unit level, where everyone relies on their buddy . . . and vice versa," he said in an email.

Service members might also have been unhappy with the care they got, he added, and therefore chose not to return.

The shortage of providers is one of the biggest barriers to continuous mental-health care, said Elspeth Cameron Ritchie, a former military psychiatrist. As the number of service members deployed to Iraq and Afghanistan has increased, she added, the need for doctors has grown.

It may also be true that appointments are not available at convenient times, Hepner said. "We ask a lot of service members, and they have a lot of demands on their jobs."

Because they travel a lot, it can be difficult for them to keep up good, continuous access to care, Ritchie said. That difficulty can compound reluctance to keep up with mental-health care. Many, she added, worry about others' perception if they are seen regularly visiting a psychiatrist.

"If you need to go to the doctor all the time, people will think, 'Oh, what's wrong with that person?' " Ritchie said. "There's a lot of talk about how we should treat this as a broken leg, and there shouldn't be a stigma. But there is a stigma."

The Defense Department's commissioning of the study is encouraging, Hepner said, because it suggests an interest in trying to improve mental-health care and access to it. DOD could build on efforts to publicly measure how good its providers are, she said. The department has begun doing that, but Hepner said the public needs more information about quality of care.

The Rand findings may have understated the difficulty of obtaining mental-health care, Hepner added. The study focused on patients who had been diagnosed, but it probably missed some who either hadn't seen a doctor at all or who had but hadn't been diagnosed.

Even when they go to the best doctors, service members must ask for help, which can be difficult, Davis noted.

For instance, everyone in the Rand study had been identified as needing help. That makes it easier to connect them with care, which may have influenced the high proportion who had an initial visit, Hepner said.

"The real risk here is the people we are not addressing," she added.- Kaiser Health News

Military women are at the same risk of PTSD as men.

Veterans Affairs, DoD and community partners strategize to tackle veteran suicide, 'invisible wounds'

- By Arthur Mondale Pentagon Staff Writer

The U.S. Department of Veterans Affairs has a new strategy to combat the number of veteran suicides, one that includes reducing the number through social engagement.

Department of Veterans Affairs Secretary Robert A. McDonald and Dr. David J. Shulkin, VA's under secretary for Health, addressed a packed audience inside the Washington Plaza Hotel in Washington, D.C., Feb. 2 during a summit on mental health entitled, Preventing Veteran Suicide: A Call to Action.

Attendees included Department of Defense leaders, national mental health professionals, reps from the Centers for Disease Control and Prevention, members of Congress, civil rights leaders and other distinguished guests.

Shulkin, the VA's newest chief executive officer, told the crowd that he is focused on stemming suicide among vets, a health issue for more than a decade as the nation fought wars in the Middle East.

"When I was going through the confirmation process many members of Congress said that this needs to be a top priority, and that's why we're focusing on this," Shulkin said. "Just seeing the number of suicides [among veterans] is just not acceptable."

But some summit speakers and guests argued that reducing the number of veteran suicides will not only require more engagement and dialogue among VA health care partners, but a societal change as well.

"We're expecting our veterans with problems to do something that we in our country don't do. We're expecting them to say excuse me, I've got Post Traumatic Stress Disorder and I'm hurting.

Excuse me I feel suicidal, weak and I feel down,’” said Dr. Barbara Van Dahlen, founder of the non-profit Give An Hour. “We don’t do that in our country, in this society. We do not talk about mental health and mental well-being. We don’t value mental health and mental well-being, mental fitness. You can give it whatever term you want, we’re not there yet.”

According to statistics released by the VA Serious Mental Illness Treatment Resource and Evaluation Center, there are five suicides per day among veterans receiving care in the Veterans Health Administration, alarming to Shulkin and others in an era of increased outreach and in-house training within the administration.

Moreover, from 2007 to 2015, the VA’s Veteran Crisis Line (1-800-273-8255; press 1), accepted 2 million calls from veterans, relatives and family members; 53,000 resulted in the “dispatch of emergency services to callers in imminent suicidal crisis,” and 320,000 calls ended in referrals, according to statistics released by the VA Office of Public Affairs.

Even with statistics that show many veterans are actively seeking VA services, the number of suicides are still unsettling to VA senior executives.

“There are tragedies out there every day,” Shulkin said.

Tragedies were highlighted at the summit during poignant discussions from veterans who were previously suicidal, and parents of veterans who took their own life. But VA senior executives aren’t excluding the current active duty population, many of who, will leave the military and enter the VA health care system this year, adding to the approximately 29,000 veterans who live in Washington, D.C., alone, according to the National Center for Veterans Analysis and Statistics (NCVAS).

Shulkin told the Pentagon regardless of military affiliation he wants to hear about the issues that are preventing people from accessing care.

VA leaders are already aware of barriers like privacy and confidentiality concerns, according to Shulkin. And senior VA leaders are promoting options for concerned active duty personnel to consider, to include seeking help at a VA readjustment counseling services (RCS) center. Currently there are five physical locations in the National Capital Region.

“The vet centers are a wonderful resource that veterans use, and active duty military can use them, too,” said Dr. Maureen Fay McCarthy, deputy chief, Patient Care Services officer and acting assistant deputy under secretary for Health for Patient Care Services. “And this includes veterans that have been dishonorably discharged.”

For example, approximately 400 active duty personnel sought help for Military Sexual Trauma at VA readjustment counseling service centers nationwide last year alone; confidentiality could have been a factor for why these hundreds sought treatment in RCS centers instead of within Department of Defense clinics, McCarthy said.

“The active duty personnel feel safer going to our vet [RCS] centers because of privacy issues,” she said. But she warned, “We may be in a situation where we have to disclose [information].”

Still, VA leaders are intent on taking “actionable steps” to change the current mental health culture, and the fear that prevents both active duty and veterans from seeking help.

“One thing that I know as a physician is that everyone needs somebody advocating for them...particularly for people with mental health disorders, said Shulkin. “people aren’t able to advocate for themselves the way they would if they were healthy.”

Home Depot

ON FEB.6 MEMBERS OF CHAPTER12 helped IN A HOME DEPOT WORK PROJECT IN FREEHOLD WITH STORE MANGER TOM WOLF. TONY CORBELLA ,ERNIE DIORIO,DAN HIGGINS,MIKE QUILTY OUR SINGER AND BOB LOPEZ WHO WAS WOUNDED WORKING WHILE HELPING KIDS WITH THERE [PROJECTS.IT](#) WAS A FUN DAY FOR ALL.



Train Show

ON FEB. 14 MANALAPAN VETERANS COMMITTEE HAD THEIR FIRST FUND RAISER TO HELP VETERANS IN OUR TOWNSHIP. IT WAS A SUCCESS, AND I WANT TO THANK CHAPTER 12 FOR SUPPORTING US, AND STEPHEN BAKER TDM FROM THE SUPER BOWL NEW YORK GIANTS FOR THEIR HELP.



Alligator Alley





LAUGH TIME

Lost Words Of Our Youth.....

Heavens to Murgatroyd! Would you believe the email spell checker did not recognize the word murgatroyd?

Words gone as fast as the buggy whip! Sad really! The other day a not so elderly (65) lady said something to her son about driving a Jalopy and he looked at her quizzically and said what the heck is a Jalopy? OMG (new) phrase! He never heard of the word jalopy!! She knew she was old but not that old.

Well, I hope you are Hunky Dory after you read this and chuckle.

by Richard Lederer

About a month ago, I illuminated some old expressions that have become obsolete because of the inexorable march of technology. These phrases included "Don't touch that dial," "Carbon copy," "You sound like a broken record" and "Hung out to dry." Back in the olden days we had a lot of moxie. We'd put on our best bib and tucker to straighten up and fly right.

Heavens to Betsy! Gee whillikers! Jumping Jehoshaphat! Holy moley!

We were in like Flynn and living the life of Riley, and even a regular guy couldn't accuse us of being a knucklehead, a nincompoop or a pill. Not for all the tea in China!

Back in the olden days, life used to be swell, but when's the last time anything was swell?

Swell has gone the way of beehives, pageboys and the D.A.; of spats, knickers, fedoras, poodle skirts, saddle shoes and pedal pushers.

Oh, my aching back. Kilroy was here, but he isn't anymore.

We wake up from what surely has been just a short nap, and before we can say, well I'll be a monkey's uncle! or, This is a fine kettle of fish! we discover that the words we grew up with, the words that seemed omnipresent, as oxygen, have vanished with scarcely a notice from our tongues and our pens and our keyboards.

Poof, go the words of our youth, the words we've left behind. We blink, and they're gone. Where have all those phrases gone?

Long gone: Pshaw, The milkman did it. Hey! It's your nickel.

Don't forget to pull the chain. Knee high to a grasshopper.

Well, Fiddlesticks! Going like sixty. I'll see you in the funny papers. Don't take any wooden nickels.

It turns out there are more of these lost words and expressions than Carter has liver pills.

This can be disturbing stuff !

We of a certain age have been blessed to live in changeful times. For a child each new word is like a shiny toy, a toy that has no age. We at the other end of the chronological arc have the advantage of remembering there are words that once did exist and there were words that once strutted their hour upon the earthly stage and now are heard no more, except in our collective memory. It's one of the greatest advantages of aging.

See ya later, alligator!

A young ventriloquist is touring Sweden and, one night, he's doing a show in a small fishing town. With his dummy on his knee, he starts going through his usual dumb blonde jokes.

Suddenly, a blonde woman in the fourth row stands on her chair and starts shouting, "I've heard enough of your stupid blonde jokes. What makes you think you can stereotype Swedish blond women that way? What does the color of a woman's hair have to do with her worth as a human being? It's men like you who keep women like me from being

respected at work and in the community, and from reaching our full potential as people. Its people like you that make others think that all blondes are dumb! You and your kind continue to perpetuate discrimination against, not only blondes, but women in general... pathetically, all in the name of humor!"

The embarrassed ventriloquist begins to apologize, and the blonde yells:

"You stay out of this! I'm talking to that little shit on your lap!"

Why Teachers Drink

Answers depend on how you read or hear the question and how well

The following questions were set in last year's GED examination.

These are genuine answers (from 16 year olds).

Q. Name the four seasons.

A. Salt, pepper, mustard and vinegar.

Q. How is dew formed?

A. The sun shines down on the leaves and makes them perspire.

Q. What guarantees may a mortgage company insist on?

A. If you are buying a house they will insist that you are well endowed.

Q. In a democratic society, how important are elections?

A. Very important. Sex can only happen when a male gets an election.

Q. What are steroids ?

A. Things for keeping carpets still on the stairs.

(Shoot yourself now, there is little hope).

Q. What happens to your body as you age?

A. When you get old, so do your bowels and you get intercontinental.

Q. What happens to a boy when he reaches puberty?

A. He says goodbye to his boyhood and looks forward to his adultery. (So true).

Q. Name a major disease associated with cigarettes.

A. Premature death.

Q. What is artificial insemination?

A. When the farmer does it to the bull instead of the cow.

Q. How can you delay milk turning sour?

A. Keep it in the cow. (Simple, but brilliant)

Q. How are the main 20 parts of the body categorized (e.g. The abdomen)?

A. The body is consisted into 3 parts - the brainium, the borax and the abdominal cavity
brain, the borax contains the heart and lungs and the abdominal cavity contains the five

Q. What is the fibula?

A. A small lie.

Q. What does 'varicose' mean?

A. Nearby.

Q. What is the most common form of birth control?

A.. Most people prevent contraception by wearing a condominium.

Q. Give the meaning of the term 'Caesarean section'.

A. The caesarean section is a district in Rome .

Q. What is a seizure ?

A. A Roman Emperor.

(Julius Seizure, I came, I saw, I had a fit).

Q. What is a terminal illness ?

A. When you are sick at the airport. (Irrefutable).

Q. What does the word 'benign' mean?

A. Benign is what you will be after you be eight. (brilliant)

Q. What is a turbine?

A. Something an Arab or Sheik wears on his head. Once an Arab boy reaches puberty, wraps it around his head.

Sometimes they even empty it first !!!

Soon they will vote...!

TAPS

Shore Area Vietnam Vets Called Home By The Lord

Demerest, Wayne, 68, Silver Beach, Army

Lidle, David J., 72, Ocean Gate, Army

Maltese, Frank, 67, Freehold, Army

Rebele, George, 66, Little Egg Harbor, USAF

Scott, Stephen, 69, Long Branch, Army

Wasko, Peter T., 68, Toms River, Navy

Young, Anthony, G., 70, Freehold, Army

REST IN PEACE BROTHERS