



The  
**Perimeter Guard**  
Vietnam Veterans of America  
Chapter 17



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**Vietnam Veterans of America**

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Will The  
Flame of Hope For  
VA Healthcare  
Keep Burning ?

# VVA Chapter 17 *Perimeter Guard*

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OFFICIAL PUBLICATION OF CHAPTER 17  
VIETNAM VETERANS OF AMERICA

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2nd. SATURDAY EACH MONTH  
9:00 AM

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Newsletter  
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***And now a word  
from your  
President and  
Publisher...***



***Region 9  
Director Report  
By Dick  
Southern.***

After several years and the tenacity of thousands of supporters, Las Vegas' McCarran International Airport finally has a USO. The facility opened on, appropriately, Veterans Day, 2010. For them, the real work has just begun. According to Doug Bradford, the local USO Director, they have to be self sufficient within three years. For the first three years, USO National will make up any budget deficit. After that, the local USO is on their own. They are hard at work soliciting donations to keep the USO open for our traveling veterans. Chapter 17 is currently discussing options in order to support our USO and make sure it remains here in Las Vegas for many years to come.

Preparations are underway for this year's JROTC awards presentations. I already have the presentation date and the name of the cadet for the first of 17 schools with a JROTC program. The awards are presented by volunteers from Chapter 17. Scheduling is always a challenge, however, we manage to get the job done. Missing an awards ceremony is not an option.

This year, Nevada is proud to host the VVA National Convention in Reno. Chapter 17 will, once again, provide the Marshals for the convention. We are still several months away from opening ceremonies, and there is much work to be done. In preparation for the convention, there will be a joint Region 8/9 conference on June 10- 12, 2011 at the Silver Legacy in Reno, for the delegates and other interested parties. I look forward to seeing you at both the conference and convention.

**Tom George**



I was unable to attend your Nevada State Council meeting October due to my commitments to the California State Council Meeting that same weekend. I am looking forward to the February NVSC meeting in Tonopah. That is, if the weather holds out and we can make it over Carson Pass to the Silver State. I hear that there is a good breakfast at the Best Western.

I am not sure how things are on your side of the Sierras but on this side there is an effort about to reduce the budget for County Veteran Service Officers and doing other budget cuts that will reduce the amount and quality of VA claims by veterans. We all must engage our legislators, our County and City governments to educate them about the positive economic results of veterans getting pensions and compensation from the VA. We need to continue to reach out those 75% of Vietnam Veterans that have not had any contact with the VA over the last 40 years and are approaching the age where the Vietnam experience catches up with them health wise. Presumptive diseases are showing up more and more in our population and those veterans that served can get compensation and health care for those diseases.

I am planning ahead with the August 2011 VVA National convention coming to the Silver Legacy in Reno and so I have scheduled the Region 8/9 Pre-Convention Conference for June 11, 2011, at the Silver Legacy Resort Casino in Reno. This traditional event gives delegates to the convention and those interested in the convention activities a chance to hear the amendments and resolutions that will be presented at the convention and to speak with some of the candidates for the National Board of Directors that will be attending the conference. Mark your calendars now for the date and plan to attend the conference in preparation for the national convention. I would encourage chapters to do some fundraising to get all of their delegates to, at least, the National conven-

tion. Remember, that as the hosting Region for the convention, Region 9 will have up front and center seating. The best seats in the house!

In closing, I want to encourage you to keep up your recruiting and retention of members in VVA. It is the time for us to keep adding numbers to our membership totals.

As always, I am available on email at [southern@lodelink.com](mailto:southern@lodelink.com) or by phone at either 209-928-3848 or 209-768-9841 if needed for anything.

## ***Gender Linked to Mental Health Diagnosis.***

A recent study has found that female Iraq and Afghanistan veterans were more likely to be diagnosed with depression than their male counterparts, who were more likely to be diagnosed with posttraumatic stress disorder (PTSD). The authors of the study noted that these results “contribute to a better understanding of the characteristics of women seeking VA health care as well as how these characteristics may differentially be associated with mental health outcomes.” An abstract of the study is available on the American Journal of Public Health (ALPH) website.

## ***Military Beneficiaries, Vets Shielded From Health Reform.***



The national health reform bill passed by the House last month and the Senate version to be debated in early December pose no threat to current health care benefits provided to military families, retirees or veterans, say advocates for these beneficiaries as well as congressional committee staffs.

The House-passed Affordable Health Care for America Act (HR 3962) states in Section 311 that “nothing” in the bill “shall be construed as affecting” authorities used by the departments of Defense and Veterans Affairs to provide TRICARE programs or VA health care benefits.

The Military Officers Association of America

(MOAA), the Fleet Reserve Association of America, the American Legion and other veterans’ service organizations have studied the legislative language of both bills. Their own reviews, and assurances they’ve received from relevant committees, give them confidence that the bills won’t impact benefits or fees charged by TRICARE or VA, nor will these beneficiaries be exposed to any new tax liabilities.

“We have not talked to anybody – Republican, Democrat, anyone in the [Obama] administration or serving in Congress — who is trying to do anything to affect military people” as part of national health reform legislation, said Steve Strobidge, MOAA’s director of government relations. “They all are trying to hold military beneficiaries harmless.”

Steve Robertson, legislative director for the American Legion, said he has assurances from the armed services committees, veterans’ affairs committees and congressional leaders including House Speaker Nancy Pelosi that health reform will not impact TRICARE programs or VA health care.

“My comfort level is pretty high,” Robertson said.

Confusing the issue for many beneficiaries has been an e-mail being passed among military retirees that warns falsely that the Congressional Budget Office has drafted legislation to attach new fees to TRICARE for Life, the prized insurance supplement relied on by Medicare-eligible retirees.

The e-mail is filled with misinformation. CBO has no authority to draft legislation. CBO did release a report last December presenting options for holding down federal health care costs; a few of those options would raise fees on military retirees and veterans. But neither the Obama administration nor any members of Congress have embraced any of these ideas.

“Everyday I get to answer e-mails from people who are still telling me that this ‘CBO legislation’ is moving through rapidly,” said Robertson.

Other military retirees and disabled veterans are worried by news reports that national health care reform will impose an excise tax on “Cadillac” health insurance programs. Will that include TRICARE or VA health care? It will not, say service groups and informed congressional

staffs.

Strobridge noted that the Senate bill, the Patient Protection and Affordable Care Act (HR 3590), doesn't contain the same specific language of the House bill does to shield TRICARE programs and VA health benefits.

However, the Senate bill's provision to allow an excise tax on "applicable employer-sponsored coverage" lists, among government plans, only the Federal Employees Health Benefits Plan for possible inclusion. TRICARE and VA health care benefits are not named. Finance committee staffers have explained that this was intentional to shield these programs.

MOAA has urged senators to add three clarifying provisions to their bill. One would duplicate language of the House bill that nothing in the legislation alters health care program authorities for DoD and VA.

Other language is sought to explicitly exclude TRICARE, TRICARE for Life and VA health care programs from any health reform bill excise tax on certain employer-provided plans. Finally, MOAA wants language in the Senate bill calling for a study of national health reform's impact on veterans to include a study of the impact on TRICARE and TRICARE for Life.

Military people who seek assurance that the Senate health reform bill won't impact them negatively end up "looking for something that isn't there," Strobridge said. The Senate, like the House, should make it clear, he said.

"There are lots of people out there who would like to raise military fees" on health benefits, Strobridge said. "But they are not trying to do it in this legislation...As far as we can see, everybody in Congress is trying to bend over backwards to protect the military. And that's true of both parties."

The only real threat to military and veteran benefits posed by national health reform, he continued, is the likelihood that it will add to the annual federal budget deficit which was \$1.4 trillion last year. That will increase political pressure, over time, to curb federal entitlements including military health care and retirement plans, said Strobridge. Pressure on defense budgets already is enormous.

"That's why Defense leaders have been saying for years 'I don't want to pay this \$10 billion for TRICARE for Life that we put in the defense bill

every year.' I want to shift more costs to the beneficiary.' That is what the Bush administration said the last three years," Strobridge said.

"We haven't even started to talk about the effect of the baby boom generation on Medicare and Social Security" on future budgets, he added.

Given that pressure, MOAA has been pressing Congress to define in law that military members and retirees have earned through service certain unassailable rights to promised retirement and health care benefits.

"What we're concerned about is that budget pressure will drive arbitrary decisions. That is what has hurt us in the past," said Strobridge. Congress should take steps to spell out what military folks have earned.

"If you don't have any rules to rely on," he said, "when the budget tidal wave comes it will sweep you away."

## ***VA: New Focus on Patient-Centered Care.***

The Department of Veterans Affairs (VA) is creating a new office to develop personal, patient-centered models of care for veterans who receive health care services at more than 1,000 VA points of care across the nation. The new VA Office of Patient Centered Care and Cultural Transformation began operations on Jan. 17 and is based in Arlington, Va. The VA Office of Patient Centered Care and Cultural Transformation will have four regional implementation teams at select VA medical centers across the country: Birmingham, Ala; East Orange, N.J.; Dallas; and Los Angeles.



**If you live or visit the East Coast, you might need one on these.**



## ***Arlington refuses burial of U.S. ally from Vietnam War.***

By Larry Shaughnessy,  
CNN

***Maj. Gen. Vang Pao led thousands of Hmong soldiers as they fought alongside the United States.***

Washington (CNN) — The family of a man who fought alongside U.S. troops in Vietnam have been told their relative will not be allowed to be buried at Arlington National Cemetery.

Major General Vang Pao led thousands of Hmong soldiers as they fought alongside the United States against the North Vietnamese Army during the war in Southeast Asia, according to a news release from Congressman Jim Costa of California.

Costa, on behalf of Pao's family, asked the Army to grant an exception to Arlington's rules to allow Pao to be buried in the nation's most hallowed burial ground.

Pao died recently of complications from pneumonia, according to Costa.

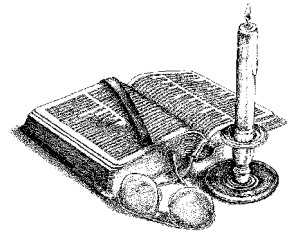
"The Vang Pao family's request for an exception to the burial policy was thoroughly reviewed by a board comprised of senior military and civilian officials. ... After a comprehensive analysis, the board unanimously recommended denial of the request for exception to policy. Upon receipt of the board's input, the Secretary carefully reviewed and deliberated on this matter and accepted the board's recommendation," according to a statement from the Army released Friday evening (February 3rd).

According to the cemetery's policy, Pao would

have had to have served in the U.S. armed forces to be eligible for the honor.

The family can still ask Defense Secretary Robert Gates and President Obama to make an exception. A Pentagon spokesman said he did not know if any request regarding Pao's burial had reached Gates as of Friday afternoon.

## ***Chaplains Try New Path to Deal With PTSD.***



Associated Press

DENVER - A Colorado theology school is teaching Air Force chaplains to consider the religious beliefs of servicemen and women to better help them cope with post-traumatic stress.

The goal is to build trust so a chaplain can encourage service members to draw on their individual concepts of God and spirituality, said Carrie Doehring, an associate professor of pastoral care at the Iliff School of Theology in Denver.

Doehring helped develop the one-year program for the Air Force, which wanted another way for its chaplains to respond to the stress of deployments amid two protracted wars.

Doehring said she believes it's the only program of its kind in the country.

One student graduated last year and four are enrolled this year.

"This is incredibly helpful when dealing with trauma survivors," the graduate, Air Force Chaplain Dallas Little, said in an e-mail to The Associated Press. Little, a captain, is deployed in southwest Asia but said he couldn't disclose where for security reasons.

Little said he starts by trying to understand a service member's religious views. Trust and acceptance come more quickly, he said, and that person is more likely to relate the traumatic experience to Little so he can help.

Little said he's used the approach in a veterans hospital, an Air Force hospital, a base chapel and on deployment, and it has worked well in each setting.

He also said it also discourages him from "pre-

mature judgment, hasty moralizing or proselytizing.”

Chaplain Matt Boarts, one of the students currently in the program, said he’s learning to help others find the right words to express their traumatic experiences or to phrase the questions they may have.

“They come back having seen things they don’t know how to share,” said Boarts, an Air Force major. “They become isolated. They don’t know how to ask it or they think the words in their head might be offensive.”

If people want to ask for his spiritual advice about their experience, he will give it, said Boarts, a Lutheran, but refraining from proselytizing isn’t a dilemma for him, he said.

The issue of proselytizing is a delicate one, Doehring said.

“If they were leading worship where people have come to a Christian service of worship, of course they would lead out of their own tradition,” she said of the chaplains. “Or if they’re leading a prayer before troops go on a mission and the troops have volunteered to come to that prayer, they would use their own traditions.”

But when people go to a chaplain for help with post-traumatic stress or other issues, they want someone who respects their views and won’t try to impose other beliefs on them, she said.

Some military organizations, including the Air Force Academy in Colorado Springs, Colo., have been accused of tolerating unwanted proselytizing by conservative Christians. That wasn’t a factor in the Air Force’s decision to support Iliff’s program, said Abner Valenzuela, a chaplain and a major in the Air Force Office of the Chief of Chaplains.

“We’re just responding to the emerging needs,” he said, referring to the stresses of deployment.

Measuring the training’s success is difficult, Valenzuela said, as it is with most things chaplains do.

“You can kind of find out that what you are doing is effective based on the feedback from the person you are helping,” he said.

The Air Force pays for the training. Iliff officials declined to release how much the Air Force is paying but said tuition for a one-year, full-time masters program is about \$16,000 a year.

Students are required to have a Master of

Divinity degree to enter and are awarded a Master of Arts in pastoral and spiritual care when they graduate. Required courses include “Impact of War on Pastoral Care of Families,” “Post-Traumatic Stress Disorder: Pastoral Psychological and Theological Responses,” and a comparative religion course.

## ***DOD Takes Steps to Combat Childhood Obesity***



**By Elaine Wilson  
American Forces  
Press Service**

WASHINGTON, Feb. 9, 2011 - The Defense Department has joined forces with the nation to combat a childhood obesity epidemic that not only is a matter of health or nutrition, but also is a national security issue, a Pentagon official said.

“When the nation as a whole lacks in this issue, it’s pervasive,” Barbara Thompson, co-chair of DOD’s working group to combat obesity, told American Forces Press Service, noting obesity’s impact on everything from recruiting to the nation’s health system.

Today, First Lady Michelle Obama marked the one-year anniversary of her “Let’s Move” campaign, a nationwide initiative to promote making healthy food choices and increasing physical activity within homes, schools and communities. The aim, Obama has said, is to solve America’s childhood obesity epidemic within a generation.

“The physical and emotional health of an entire generation and the economic health and security of our nation is at stake,” Obama said at the Let’s Move launch last year.

America’s childhood obesity rates have tripled in the past 30 years, according to the Let’s Move website. Today, nearly one in three American children and about one in four military children are overweight or obese. This issue has a tremendous impact on the health system, and from a military standpoint, it can affect everything from recruiting and retention to the force’s ability to

fight, said Thompson, who also serves as the director of the Pentagon's office of family policy, children and youth.

Thompson cited a report called **"Too Fat to Fight,"** which states that 75 percent of Americans ages 17 to 24 are unable to join the military for various reasons, with being overweight or obese the leading medical cause.

"When you take into account that 50 percent of military youth enter the military or consider entering the military, that's a huge pool we need to be focused on," Thompson said.

Spurred on by the first lady's efforts, the Defense Department formed a childhood obesity working group in August, with a committee of nearly 30 helping professionals from a variety of military backgrounds and expertise, Thompson said. The group includes pediatricians, family medicine physicians, dietitians, nurses, public health professionals, military and civilian personnel experts, family and child and youth professionals, and representatives from the Defense Commissary Agency, the Department of Defense Education Activity, and morale, welfare and recreation.

To tackle a daunting task, the group divided into four subcommittees: nutrition and health for children from birth to age 18, the Military Health System, food and fitness environments and education and strategic communications.

The committee then set out on a mission to improve the health and nutrition of military families, Thompson said.

"We're developing a strategic action plan that cuts across the DOD's food environment," she explained. "We have to look at our food courts, our school menus, how physically friendly is the installation so children can walk to school and bike to school to increase their physical activity, for example.

"It's a very comprehensive look at what we can do as a department to help our families make the right choices for their families," she added.

They've already made considerable progress,

Thompson noted. With the Army taking the lead, officials are creating standardized menus for child development centers to ensure the centers are meeting children's nutritional needs. They're also working with vendors who supply the centers' food to ensure they're getting the freshest vegetables, lower-fat cuts of meat and less processed food laden with fats, salt and sugar.

Since children receive about two-thirds of their daily nutrition requirement while in military child care centers, these efforts are poised to have a significant impact, Thompson said, also noting that military youth and child development centers serve about 700,000 military youth on any given day.

"It's a wonderful opportunity to impact the way they think about healthy lifestyles," she said.

Additionally, the committee is working to develop community gardens, healthy cooking classes and classes on the relationship between finances and food. Eating at home, for example, generally is less expensive than eating out, Thompson said.

Thompson also cited progress within the civilian sector that the military can adopt. The first lady is working with a major "super store" chain to reduce the number of products high in fat, salt and sugar and to boost the number of fruits and vegetables it offers, she explained,

and commissary officials are looking into this as well. Commissaries already have increased the sales of fresh fruits and vegetables, she noted.

Additionally, the department is working to offer more healthy choices in vending machines, schools, dining facilities, clubs, bowling centers, food courts, and any other on-base locale that offers food, she said.

These changes not only will affect children in the short term with better stamina and well-being, but also will have a significant impact on their long-term health, Public Health Service Cmdr. (Dr.) Aileen Buckler, working group co-chair and TRICARE population health physician, told American Forces Press Service.

a report called **"Too Fat to Fight,"** which states that 75 percent of Americans ages 17 to 24 are unable to join the military for various reasons, with being overweight or obese the leading medical cause.

When a child is overweight or obese, particularly obese, she explained, they're at a much higher risk of cardiovascular risk factors such as high blood pressure and elevated cholesterol, as well as increased blood sugars, which can lead to higher rates of Type 2 diabetes at younger ages than what was seen in the past.

Weight issues often follow children through the years, Buckler noted. Studies show that about 85 percent of children ages 10 to 15 who were overweight became obese by age 25, she said. And children who are obese before age 8 are more likely to have more severe obesity as an adult, which can lead to greater risks of cardiovascular disease, stroke, certain types of cancer, osteoarthritis and even infertility, she added.

To keep these health issues from snowballing, Buckler's Military Health System subcommittee is taking action within health care offices nationwide. Members are working on a policy memo aimed at helping pediatricians, family physicians and civilian health care providers properly diagnose overweight and obesity in children, track trends and offer parents ideas of how they can help at home.

They're also evaluating civilian and military toolkits on childhood obesity so they can develop a standardized toolkit for military and civilian providers, she added. This will ensure they reach the widest scope of children, including those of National Guard and Reserve families.

Along with new initiatives, the committee is taking current, effective programs into account, Thompson said. The committee has gathered an inventory of current service programs to learn from effective practices with an aim to expand those programs across the department, she said.

But the department can't accomplish this alone, Thompson noted. "It takes a village to make good change," she said. "We need to bring the message to the important adults in their lives. And as adults, we need to be good role models for our children."

Thompson summed up a healthy family goal with the aid of a few numbers: five-two-one-zero. People, she explained, should aim for five servings of fruits and vegetables a day, two hours or less of screen time, one hour of physical activity and zero sugary drinks.

About 40 percent of children's calories are empty ones, she noted. "That is a real concern

that they're not getting enough vitamins and fiber," she said.

The working group is factoring in the additional challenges military families face, Buckler noted, such as multiple deployments and frequent moves. During a deployment, for example, the at-home parent may find it more difficult to find time to shop for healthy foods or take children to physical activities such as soccer or basketball, she said.

"It probably makes eating healthy and getting activity into your life harder," she acknowledged.

But military parents can take smaller steps toward change to start, she noted. They can choose skim milk instead of whole or reduced-fat milk or take a family walk or bike ride after dinner rather than turning on the TV.

"You can go play kickball or throw a ball around," she suggested. "The goal is to get out of the house, get moving and away from the television."

Thompson said she's optimistic about the changes that have occurred and what is yet to come.

"The committee's members are very passionate and committed to making positive changes," she said. Thompson said the group plans to publish a full report with the group's progress and recommendations in the spring.

Meanwhile, for more information on a healthy lifestyle, people can visit a service health and wellness facility, check in with a base fitness center or visit the Let's Move campaign website at <http://www.letsmove.gov> or Military OneSource at <http://militaryonesource.com>.

## Zen Sarcasm

Always remember that you're unique. Just like everyone else.

If you tell the truth, you don't have to remember anything.

A closed mouth gathers no foot.

Never miss a good chance to shut up.

# Chapter 17 Holds 14th Annual Open House and Awards Ceremony At The January Meeting.



Peter Fabiani receives the “Special Recognition” award for his all around help he has done for the chapter.



Lyle Hoy also received a “Special Recognition” award for his hard work tearing up the old floor and installing the new floor.



This year, Cliff Wood received the first ever “Most Active New Member” award. Cliff shows up helping whenever help is needed.



Mike Giancola presents a “In Memory of Mike Culotta” plaque to Lorrin Bond and Julie Flynn from “The Point” 97.1 radio station. Lorrin was Mike Culotta’s partner on the afternoon shows and Julie is program director for the station. Mike Culotta was a huge supporter of Chapter 17.



Plenty of good food was served up and everyone walked away full.



Hard too believe that 14 years have passed and “We Are Still Here”.

Photos by Steve Sawchuk, Jr.

# Family Angered by Marine's Death at Hospital



Virginian-Pilot

PORTSMOUTH — Lance Cpl. Ezequiel Freire got out of Afghanistan alive, but a stateside hospital stay proved fatal.

The 20-year-old Marine's death from a prescription drug overdose at Portsmouth Naval Medical Center has left his family reeling, outraged and frustrated by what they see as an absence of accountability for those charged with his care.

Freire died of a toxic cocktail of powerful narcotics and sedatives as he was awaiting chemotherapy treatment for cancer. The case underscores the dangers inherent in the many potent painkillers on the market today, which have helped drive an alarming rise in overdoses.

Overdose deaths from prescription drugs now exceed those from illegal drugs.

The Freire case also leaves unanswered the question of what, if any, consequences there were for the doctors involved in his care.

There were ample warnings available on the drug labels and in the medical literature about the risks of the multidrug therapy that was used in Freire's case.

But there is no record of any public disciplinary action against any of the doctors by the Virginia Board of Medicine.

A hospital official said the case has prompted several ongoing investigations that have resulted in corrective actions.

The final insult, in the eyes of Freire's family members, is that they have no legal recourse against his caregivers. That's because of a 60-year-old legal precedent known as the Feres Doctrine, which prohibits lawsuits when military service members are injured or killed by negli-

gence.

"We trusted them, and they killed him," said Federico Freire, the dead man's older brother and a fellow Marine. "It just sickens me."

The Freire family moved to Bradenton, Fla., from their native Argentina when Federico was 10 and Ezequiel was 4.

From an early age, both brothers were attracted to the military life. They were fond of dressing up in camouflage gear and playing with paintball and BB guns in the woods.

Ezequiel Freire, the baby of the family, joined the Boy Scouts, a local rescue team and the Bradenton police explorer program.

"He was a good kid," said his sister Julie Freire. "He never had any enemies. He was always the mediator. He was always trying to help everyone."

Following his brother's footsteps, he joined the Marines in May 2008, going straight to boot camp from high school. Federico Freire, an infantry rifleman now stationed at Camp Pendleton, Calif., went to Iraq. Ezequiel, an anti-tank missile gunner, drew Afghanistan.

Ezequiel Freire was in more than 50 firefights during his six-month deployment in 2009, his brother said. Ambushes, roadside bomb-

ings and rocket-propelled grenade attacks were commonplace.

"He was knee-deep in it," Federico Freire said. "He had to pull buddies out of Humvees with their bodies cut in half."

Every day, he and his fellow Marines thought they were going to die, Julie Freire said, but he counseled his buddies not to be afraid, telling them: "You shouldn't fear death, because what we're living right now is hell. What better place to be than in paradise?"

When he came home at Thanksgiving in 2009, the combat clearly had taken its toll. He suffered flashbacks and blackouts. When he picked up his car, he kept making sudden stops on the drive home as if scouting for bombs.

When the family went out to dinner with his girlfriend's family, he repeatedly stepped outside, gripped by anxiety attacks. He told his sister: "Julie, I can't go in there. There's too much noise. They're starting to ask me questions. I just can't

**Overdose deaths from prescription drugs now exceed those from illegal drugs.**

handle it. I feel like I'm going to go crazy."

When the family lit fireworks to celebrate the New Year, he locked himself in his room and put pillows over his head to muffle the noise.

"Nothing made him happy," his sister said. "He just wanted to be alone."

Back at Camp Lejeune, N.C., he was diagnosed with post-traumatic stress disorder.

There was something else wrong, too. Increasingly, he was troubled by chest pains.

His sister had noticed it over Christmas. When she joked with him, he'd say "Julie, stop making me laugh. My heart hurts."

X-rays at the base clinic revealed a large mass in his chest. He was taken by ambulance to the Portsmouth naval hospital, where a biopsy led doctors to suspect Hodgkin's lymphoma, a type of cancer.

Federico Freire arrived at his brother's bedside five days later after a 12-hour trip from California. It was after visiting hours in the evening, and after 20 minutes he was told he had to leave. He refused.

At that, "a gang of four security guards escorted me out of the hospital in the middle of a snowstorm," he said. "Then my brother had a panic attack. He thought I'd been kidnapped by the Taliban. He unhooked himself from his IVs and wandered the halls looking for me."

The doctors later apologized and let him back in, Freire said.

A port was placed in Ezequiel Freire's chest in preparation for chemotherapy. The plan was to deliver the first round of chemicals in Portsmouth and then transfer him to a medical facility near his home in Florida for the rest of the treatments.

By then, Freire's chest pain had become chronic. He was given a series of high-powered drugs for the pain — first morphine, then oxycodone and its time-release variant OxyContin, supplemented by Dilaudid. Simultaneously, he was receiving a series of sedatives for anxiety — first Ativan, then Xanax, and finally Klonopin — plus Ambien and then Lunesta for insomnia.

"He had so many doctors, and every one had a different opinion about his treatment," Federico Freire said. "Every day, it became more frustrating."

As many as 20 doctors were involved in his care over the three weeks he was in the hospital,

according to his medical records.

Around midday on Feb. 12, the doctors switched his pain medication again — this time to fentanyl, a narcotic 100 times more potent than morphine, delivered directly to the bloodstream via a patch placed on the skin.

On the theory that the fentanyl would not take effect for 36 hours, Freire was also given his scheduled doses of oxycodone and OxyContin that evening.

Family members say they expressed concern to Freire's caregivers about the number and levels of drugs.

"My sister and I spent two hours with the nurses, telling them, 'You guys are giving him a cocktail of death,'" Julie Freire said. "And the nurses agreed. They said, 'You're right. One Advil will put him over.' He had so much buildup in his system. That fentanyl patch is what did it."

"His last text message was to his best friend. It said: 'Hey, dude, I just took a bunch of pills. I'm about to pass.' It was like he could feel that his time was coming."

Around 4 a.m. on Feb. 13, a nurse found Freire unresponsive and was unable to revive him. He died in his brother's arms.

The cancer was not the culprit. In fact, Freire stood a good chance of recovery. The five-year survival rate for Hodgkin's lymphoma is close to 90 percent.

In a meeting with the family soon afterward, one of his doctors acknowledged that an overdose was to blame, Federico Freire said.

Later, the autopsy report confirmed it: The cause of death was "multidrug toxicity."

Freire had a level of fentanyl in his blood and urine "within reported toxic ranges," according to the report. In addition, 10 other drugs were found in various levels.

The powerful combination of drugs caused him to stop breathing, the report concluded.

Capt. Darin Via, deputy commander of the naval hospital, said the staff was "very saddened" by Freire's death. He said the case prompted an ongoing quality assurance review whose goal is "to identify areas where we can improve health care delivery to all patients."

Already, he said, the hospital has taken steps to "ensure that all of our providers and patients are aware of the risks associated with the use of

fentanyl patches.”

There was a separate investigation by the Naval Criminal Investigative Service; its findings have not yet been made public.

The available warnings about multidrug therapy such as was used in the Freire case are explicit.

For example, the website of Johnson & Johnson, manufacturer of the fentanyl patch sold under the trade name Duragesic, warns that the simultaneous use of the patch with other central nervous system depressants, including sedatives and other opioids — a medical term for narcotics such as oxycodone — may cause respiratory depression and a coma.

“When such combined therapy is contemplated, the dose of one or both agents should be significantly reduced,” the warning states. “Overestimating the Duragesic dose when converting patients from another opioid medication can result in fatal overdose with the first dose.”

John Horn, a professor of pharmacy at the University of Washington and an authority on drug interactions, called the dose of fentanyl prescribed for Freire — 75 micrograms — “a fairly robust dose.”

“The first thing that would occur to me is, is that too much?” Horn said. “Is that too big a patch?”

Even if it was, Horn suggested, Freire’s death might have been avoided with better monitoring.

“Typically, people don’t go from normal respiration rates to dead,” he said. “They have slower and slower respiration rates until they get down to a rate that’s not compatible with life. If you catch it early, it’s pretty easy to reverse it. But all of that requires monitoring.

“Something like this is not supposed to happen in a hospital. It does, of course. It can happen anywhere. But it’s much more common at home, where nobody’s monitoring the patient.”

Horn said an increase in narcotic-induced deaths over the past few years has prompted heightened scrutiny of hospital procedures by accrediting agencies.

Freire’s relatives have consulted lawyers but have been told that even in a case of demonstrable malpractice, a lawsuit would be hopeless because of the Feres Doctrine, a legal precedent based on the ancient common-law principle of sovereign immunity — the idea that the govern-

ment can do no wrong.

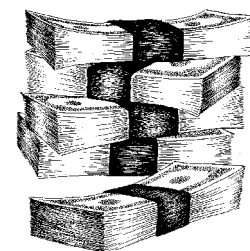
The precedent bars lawsuits over injuries “incident to military service.”

Critics say the doctrine has created a culture of impunity in military medicine, resulting in substandard care.

Attempts to repeal it have surfaced periodically in Congress for more than 20 years, but all have failed.

“There’s no accountability,” Ezequiel Freire’s sister Julie said. “For him, the most dangerous place was the hospital.”

## *Pentagon demands money from husband’s benefit back*



By Rich Phillips  
CNN

Brooksville, Florida (CNN) — Freda Green thought the battle was over when her husband returned from the Vietnam War.

But more than seven years after his death in 2003, she says the U.S. Defense Department is demanding she repay more than \$41,000 in benefits the government shelled out as part of an insurance policy he paid into.

“They gave me 45 days to pay it back,” said Green, 74, who claims the federal government began garnishing her benefit payments when she couldn’t pay it all back at once.

“They said 45 days, and two weeks later they started taking it out of my check,” she said.

Green says \$577 is now being deducted from her military benefit check each month.

The reason: She got remarried last year.

It is a confusing section of a federal law that affects some 57,000 military spouses — and their children — who receive military benefits and are now being forced to pay Uncle Sam back after walking down the aisle again, according to Norb Ryan, a retired Navy vice admiral and president of the Military Officers Association of America.

“Here we are taxing the groups that have done the most for this country,” said Ryan. “If I were in

the Pentagon, I'd be awfully embarrassed by this situation."

A Pentagon spokesman declined to comment on Green's case.

Green's first husband, Jerry, a 33-year Air Force veteran who served during World War II, Korea and Vietnam, elected to pay monthly premiums on an insurance policy for supplemental survivor benefit coverage, she said.

The program is a Department of Defense plan, similar to an annuity, that provides the benefit to the surviving spouse.

When her husband died from heart and lung problems that the Air Force determined were military-related, Green had to choose between collecting his pension or a separate monthly benefit from the Veterans Administration.

She chose the latter.

In addition to the monthly benefit, the Pentagon sent her more than \$41,000 from the government-sponsored insurance policy her husband purchased.

Green said she received the lump-sum check shortly after his death.

It prompted her to call the Defense Department for an explanation, she said.

"I called Air Force finance, and they said, 'No. That's your money.' I was afraid the money wasn't mine and they made a mistake."

The letter from the Air Force reads: "Because Jerry died from 100 percent service connected disabilities, all of the money he paid for survivor's benefits is to be refunded."

"That's what they told me," she recalled.

Green said she then cashed the check, paying more than \$6,000 in taxes.

In 2009, a federal judge ruled survivors could get both of the original benefits if they remarry after the age of 57.

Green — who was remarried last April — then became entitled to collect her husband's pension in addition to the separate Veterans Administration benefits.

Uncle Sam is now paying both, but wants the \$41,000 back from the supplemental insurance policy, plus 6% interest — all because of her marriage.

A bill that Rep. Joe Wilson, R-South Carolina, introduced is meant to fix the issue.

"A cost of war is not just guns and ammunition

and tanks and airplanes," said Sen. Bill Nelson, D-Florida. "A cost of war is taking care of veterans and also taking care of the deceased service members widows, widowers, and orphans."

The issue may be cost.

In congressional testimony, Pentagon officials have opposed eliminating the offset because they believe it would create an inequity as some spouses would receive two benefits while others would receive only one.

Ryan said it will cost more than \$600 million each year to fully cover all 57,000 remarried military spouses.

"The military gave her the money back when he died," said Suzanne Gerstner, a spokeswoman for Gold Star Wives of America, a nonprofit organization dedicated to helping military widows. "Now they want it back."

Gerstner also said it is unfair that Green, and others like her, have to repay the full amount, including the \$6,000 dollars she lost in government taxes.

"She paid taxes (and) she's going to pay taxes again," Gerstner said. "This isn't right under anybody's book."

Green says Congress needs to change the law.

"They need to fix it now," she said, saying she feels as though Pentagon and elected officials are "waiting for the military widows to die off."



Ain't That The Truth.....

It is said that if you line up all the cars in the world end to end, someone would be stupid enough to try to pass them.



## **Researchers test new approach when best treatment for dangerous sleep apnea fails**

By LAURAN NEERGAARD  
AP Medical Writer

Loud snoring may do more than irritate your spouse: It can signal sleep apnea, depriving you of enough zzzz's to trigger a car crash, even a heart attack.

Now scientists are beginning to test if an implanted pacemaker-like device might help certain sufferers, keeping their airways open by zapping the tongue during sleep.

Wait, what does your tongue have to do with a good night's sleep?

One of the main causes of obstructive sleep apnea is that the tongue and throat muscles relax too much during sleep, enough to temporarily collapse and block breathing for 30 seconds or so at a time. The person jerks awake and gasps, a cycle that can repeat itself 30 or more times an hour, depriving patients of crucial deep sleep.

The idea behind the experimental implant: Stimulate the nerve that controls the base of the tongue with a mild electrical current during sleep, and maybe it will stay toned and in place like it does during the day rather than becoming floppy.

By the end of January, Minneapolis-based Inspire Medical Systems plans to begin enrolling 100 apnea patients in a key study in the U.S. and Europe to see if so-called hypoglossal nerve stimulation really could work. Two competitors are developing similar implants: ImThera Medical of San Diego says it hopes to begin U.S. studies later next year, and Apnex Medical of St. Paul, Minn., has announced some small-scale testing.

"In this kind of research, we're not looking for little changes," says Dr. Meir Kryger, a sleep medicine specialist at Gaylord Hospital in Connecticut, who is helping to lead Inspire's study. "What we're looking for is actually cure."

More than 12 million Americans have obstructive

sleep apnea, according to the National Institutes of Health. It's particularly common in people who are overweight and in middle-aged men, but anyone can have it.

Today's undisputed best treatment, called CPAP, uses special bedtime masks to gently blow air through the nose to keep airways open. But studies suggest at least 30 percent of diagnosed apnea patients won't or can't use CPAP. They cite masks that fit poorly and leak, or say they feel claustrophobic, or rip them off while tossing and turning during the night.

Yet going untreated is more dangerous than just feeling tired. Sleep apnea stresses the body in ways that increase the risk of high blood pressure, heart attack, stroke and diabetes. More immediately, severe apnea increases the chance of a car crash sevenfold. Last year, the National Transportation Safety Board recommended that pilots, truck drivers and other commercial transportation operators start being screened for apnea, saying it has been a factor in incidents involving every mode of transit.

Surgeons sometimes try removing part of the roof of the mouth or other soft tissues to treat apnea by widening airways. But it's hard to predict when these difficult operations will help, so they're usually reserved for the most severe cases.

"It got to the point where I'd dread going to bed," says Rik Krohn, 67, of suburban Minneapolis. Sleep studies showed his apnea was awakening him an average of 35 times an hour. He tried five different CPAP masks unsuccessfully before giving up in frustration, and surgeons turned him away.

Enter hypoglossal nerve stimulation.

With Inspire's system, doctors implant a small pacemaker-like generator under the skin near the collarbone, and snake a wire up under the jaw to that tongue-controlling nerve. A sensor at the diaphragm detects when a patient takes a breath, signaling the implant to zap the nerve. Researchers adjust the power so that the nerve is stimulated just enough to keep the tongue from falling backward during sleep but not to stick out. Patients turn on the device at bedtime with a remote control, complete with a timer they can set so they fall asleep before the pulses begin.

"I don't have any idea while I'm sleeping that it's on," says Krohn, the Minnesota man who'd

given up on apnea treatment until volunteering for an early Inspire study last year \_ and says he now gets a good night's sleep. "It's a game-changer for me."

A caveat: Potential participants in Inspire's upcoming study must undergo a special exam where a tube snaked down the airway documents whether a tongue collapse or a problem with some other tissue is the true cause of their apnea, stresses Connecticut's Kryger.

"It's very important to see where the obstruction is and tailor the treatment," agrees Dr. Rick Odland, Krohn's surgeon at Minneapolis' Hennepin County Medical Center. He turned away another potential candidate in earlier testing when that exam showed zapping the tongue would have targeted the wrong spot.

These experiments are only now beginning, with a handful of implants performed so far \_ and while it's an interesting concept, frustrated patients should try some proven steps first, cautions, Dr. Amy Atkeson of Columbia University Medical Center in New York.

Her advice: Don't give up on CPAP without first seeing an experienced sleep technician to adjust humidity levels and take other steps that not every CPAP prescriber knows to try \_ and if you're overweight or obese, apnea greatly improves with weight loss.

"The Nevada chapter of the 1st Cavalry Division Association meets at 10:00 a.m. on the first Saturday of each month at American Legion Post 8 located at 733 Veterans Memorial Drive, Las Vegas 89101. The chapter president is Ken Gallagher ([abnrngr-nam71@hotmail.com](mailto:abnrngr-nam71@hotmail.com)), the vice president is Virgie Hibbler ([vvastatecouncil@alo.com](mailto:vvastatecouncil@alo.com)), the treasurer is Bill Anton ([polar\\_bear\\_01@fastmail.fm](mailto:polar_bear_01@fastmail.fm)), and the secretary is George Hitzman ([the-hitman@outdrs.net](mailto:the-hitman@outdrs.net)). Troopers from all eras are welcome.



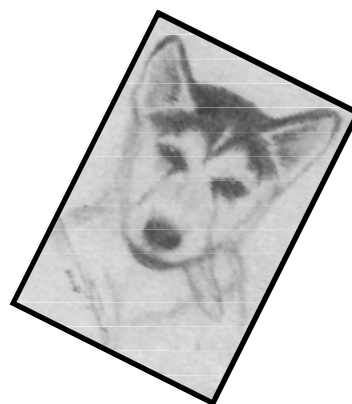
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## ***Congressional Commission Studies Women in Combat***

**By Karen Parrish  
American Forces  
Press Service**

WASHINGTON, - The Defense Department will review the recommendations of a congressional commission studying the role of women in combat when the group's report is complete, a DOD official said.

Congress established the Military Leadership Diversity Commission as part of the 2009 National Defense Authorization Act. The commission's task is to evaluate and assess policies that provide opportunities for promotion and advancement of minority members of the armed forces.

The commission's report, expected in March, will include the findings and conclusions of the commission as well as its recommendations for improving diversity within the armed forces.

"DOD will look at the recommendation and go from there," Pentagon spokesman Marine Corps Col. Dave Lapan said. "We'll see what the nature of the report is when it's done."

Congress repealed the combat exclusion laws in the January 1994 National Defense Authorization Act, but requires the services to submit proposed changes to existing assignment policy to Congress for review, Lapan said.

"For example, when the Navy recently changed its policy to enable women to serve on submarines, that would go through that process," he said. "So the Navy would have to inform Congress it was going to make a change."

The Marine Corps also triggered congressional review when it opened some intelligence positions to women, Lapan said, but female Marines serving on engagement teams in Afghanistan are in line with department policy on women's assignments.

Lapan said the U.S. military currently prohibits women from serving in combat units below the brigade level. The Marine women on engagement

teams are not assigned to combat units, but are augmenting them for a specific mission, he said.

"Part of the reason to do that was because the infantry battalions that were out there didn't have any women, because they couldn't," he explained.

Women make up 14.6 percent of the active duty military. By service, the percentage ranges from 7.5 percent in the Marine Corps to 19.2 percent in the Air Force, according to statistics compiled by the Women in Military Service for America Foundation.

## ***Final Rule on DMZ Agent Orange Exposure***



Due to a final regulation just issued, VA officials will now presume herbicide exposure for any veteran who served between April 1, 1968, and August 31, 1971, in a unit determined by VA and Department of Defense officials to have operated in an area in or near the Korean DMZ in which herbicides were applied. Veterans with covered service in Korea who have medical conditions that may be related to Agent Orange are encouraged to submit their applications for access to VA health care and compensation as soon as possible

**Patti Metz**  
INDEPENDENT CONSULTANT

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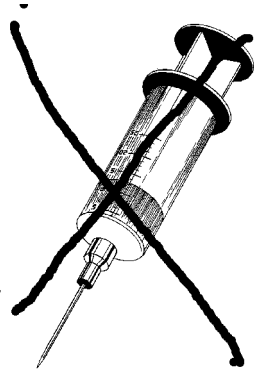
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## **TRICARE Debunks Myths About the Flu Vaccine**



FALLS CHURCH, Va. – Many have heard the stories, “I got the flu shot and the next day I got the flu. The flu shot won’t protect you against the flu.” Despite the stories, rumors and myths, getting the vaccine is the best way to guard against the flu and protect public health.

Seasonal influenza is a contagious respiratory virus that affects millions of Americans every year. “The flu vaccine is the best method of protection,” said Lt. Col. Susan Lahr, deputy director for scientific affairs, Military Vaccine Agency (MILVAX). “Although some people who are vaccinated may still get the flu, getting a flu shot dramatically improves your chances of staying healthy.”

One common myth is that the flu vaccine causes the flu. Like other vaccines, flu shots contain killed viruses.

“Dead viruses cannot cause infection, but they do help the body’s natural defenses recognize living viruses and kill them before you get sick,” said Lahr. “The most common side effect from the flu shot is temporary soreness at the site of injection, which is a sign the body is actually producing the antibodies needed to fight the real virus in case of exposure.”

Because the influenza virus mutates so quickly, there are several different strains of the flu. Each year, researchers at the World Health Organization (WHO) select three strains of influenza, based on which strains are circulating and how they are spreading, to include in the vaccine. The 2010-2011 flu vaccine protects against three different flu viruses: H3N2, influenza B and the H1N1 virus that made many people sick last winter.


“It is possible for a person to be exposed to an influenza strain that was not in the vaccine,” said Lahr. “That is why the flu vaccine does not have the same perfect record as some other vaccines. It is due to the nature of the virus, not a drawback of the vaccine.”

There is also an intranasal vaccine, which con-


tains live, weakened flu viruses that replicate in the nasal passage in order to stimulate a robust immune response. This vaccine is licensed for healthy people ages 2 to 49. It may cause brief flu-like symptoms, it gives recipients an active immunity to the strains of influenza it contains. Pregnant women should not receive the nasal spray version of the vaccine.

TRICARE beneficiaries can get the flu vaccine (and a vaccine for pneumonia) at no cost to them at military treatment facilities, and through TRICARE-authorized providers and participating network retail pharmacies (call 1-877-363-1303 to find a participating pharmacy). In 2010 over 265,000 TRICARE beneficiaries got their flu shot at retail pharmacies.

For more information on the flu and getting vaccinated, go to [www.tricare.mil/flu/](http://www.tricare.mil/flu/).



### **DID YOU RECEIVE A PURPLE HEART?**



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## Troops Urged to Quit Smokeless Tobacco

Tricare News Release

FALLS CHURCH, Va., Feb. 10, 2011 - When the Defense Department weighs in on kissing and spitting, it's with good reason — two good reasons, in fact: love and health.

Using smokeless tobacco can pose a stinky, unsavory obstacle to sharing a kiss with a loved one, parent, child or sweetheart. It also may cause a slew of serious health problems. That's why TRICARE wants military personnel to participate in the Great American Spit Out on Feb. 24, and kiss the spit goodbye for a day.

About 19 percent of 18- to 24-year-old men in the armed forces use smokeless tobacco — that's more than double the national rate. The DOD Quit Tobacco — Make Everyone Proud campaign at [www.ucanquit2.org](http://www.ucanquit2.org) is focusing on helping those who spit and chew tobacco to develop a personalized cessation plan.

"Many of our servicemen started using smokeless tobacco at a young age due to peer pressure and became addicted before realizing the negative effects it could have on their personal relationships and health," said Navy Cmdr. (Dr.) Aileen Buckler, a U.S. Public Health Service officer and chairman of the DOD Alcohol and Tobacco Advisory Committee.

Throughout the month of February the DOD website hosted a special Great American Spit Out page, [www.ucanquit2.org/facts/gaspo/](http://www.ucanquit2.org/facts/gaspo/), where service members can publicly post their pledge to quit.

Also on the website, Navy Capt. (Dr.) Larry Williams, public health emergency officer, will answer questions about smokeless tobacco. Installations planning cessation events will find ideas, an event registration page, pledge cards, and downloadable promotional materials.

Service members and their friends, families and other supporters were invited to join the event on Facebook at [www.facebook.com/ucanquit2.org](http://www.facebook.com/ucanquit2.org). Those planning to quit can get a "Kiss me, I'm

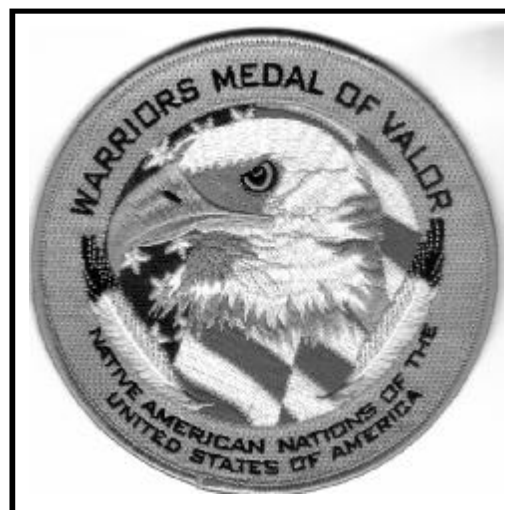
Tobacco Free" badge to post on their Facebook page.

The website showcased graphic photos of the devastating effects of surgery for oral cancer, which has been linked to smokeless tobacco use. Those who use smokeless tobacco are marked by bulging cheeks, gunk stuck in teeth, permanently discolored teeth, and spitting cups — all universally unappealing. Visitors will also find hard-hitting facts that dispel the myth that smokeless tobacco is a safe alternative to smoking. For example, almost half of those who contract oral cancer die within five years, and one American dies from oral cancer every hour.

"Don't let spitting and chewing get in the way of your personal relationships," Buckler urged. "Take this opportunity to do something for yourself and those you love. Kiss smokeless tobacco goodbye and experience the benefits to your social life and health."

Enrolling in the website's comprehensive support system, Train2Quit, can be the first step in the journey to saying goodbye to smokeless tobacco. The system features interactive components such as quit tools, self-assessment questionnaires, and quizzes.

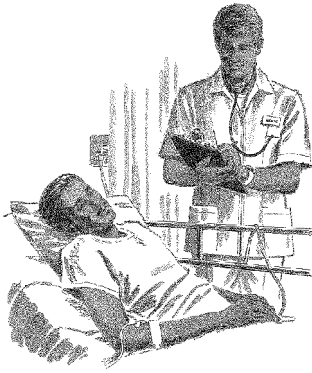
Service members can create a customized quit plan with a calendar to track progress and learn how to beat cravings, overcome weight gain and cope with nicotine withdrawal. The site also has personal quit coaches, available 24/7, to get answers to questions about becoming tobacco free.



The Warriors Medal of Valor patch is now available for purchase from chapter 17. They come in two sizes, 5 " and 10". The 5" will sell for \$10 and the 10" will sell for \$20. These patches will be available in the company store during the regular chapter meetings



# ***New and Enhanced VA Benefits Provided to Caregivers of Veterans***



## ***Unprecedented Law Augments Commitment to Nation's Most Vulnerable Veterans***

WASHINGTON - The Department of Veterans Affairs (VA) is launching the first of a series of new and enhanced services supporting family caregivers of seriously ill and injured Veterans. In May 2010, President Obama signed the Caregivers and Veterans Omnibus Health Services Act of 2010 legislation authorizing VA to establish a wide range of new services to support certain caregivers of eligible Post 9/11 Veterans.

"Caregivers make tremendous sacrifices every day to help Veterans of all eras who served this nation," said Secretary of Veterans Affairs Eric K. Shinseki. "They are critical partners with VA in the recovery and comfort of ill and injured Veterans, and they deserve our continued training, support and gratitude."

"DAV is happy to hear that caregivers of Veterans are getting additional support and services to care for our Nation's heroes and unprecedented new services for our most recent severely ill and injured," said David W. Gorman, executive director of the Washington Headquarters of the Disabled American Veterans. "We understand there are challenges to implementing the new law; including ensuring that critically ill and injured Veterans of all eras are similarly supported."

In addition to the new benefits and services for eligible Veterans who were disabled in the line of duty since Sept. 11, 2001 (Post 9/11 Veterans), VA will also begin providing enhanced benefits and services to caregivers of Veterans of all eras who are already enrolled in VA care, including:

- \* Access to VA's toll-free Caregiver Support Line: 1-855-260-3274,
- \* Expanded education and training on caring for Veterans at home,

- \* Other support services such as counseling and support groups and referral services; and

- \* An enhanced website for caregivers.

Some of the new benefits of the Caregivers and Veterans Omnibus Health Services Act are restricted by law to the caregivers of the most seriously ill and injured Post 9/11 Veterans. Those additional benefits include:

- \* A monthly stipend,

- \* Health care coverage,

- \* Travel expenses, including lodging and per diem while accompanying Veterans undergoing care,

- \* Respite care; and

- \* Mental health services and counseling.

VA will take the opportunity to report to Congress in the future on the feasibility of expanding the enhanced services to family caregivers of Veterans of all eras.

While some of these enhanced benefits are available now, many of the other significant newly-enacted benefits will require the issuance of regulations. These additional benefits include monthly stipends, pay for travel costs, medical coverage, training, counseling and respite care designed to prevent institutionalization of Veterans whenever possible. The law requires detailed regulations for determining eligibility, designating and approving caregivers, and providing stipends and health care coverage to primary family caregivers. The complex process required to implement these regulations will provide Veterans, caregivers and the general public the opportunity to provide comments before those regulations are finalized.

"VA has supported caregivers of Veterans of all eras for almost eight decades," said Deborah Amdur of VA's Care Management and Social Work Service, "and we know from our experience and research that Veterans are best served when they can live their lives as independently as possible surrounded by caring family and friends."

Each VA medical center has designated caregiver support coordinators who will assist eligible Veterans and caregivers in understanding and applying for the new benefits. VA also has a Caregiver Support Web page, <http://www.caregiver.va.gov>, which will provide general information once final regulations are published.



## **US submarine fleet gets used to life without cigarettes**

**By ERIC TALMADGE  
Associated Press**

As if life on a submarine wasn't already stressful enough, with its cramped quarters, long work hours and weeks at sea, thousands of smokers on the U.S. Navy's submarine fleet recently got an unwelcome ultimatum from Uncle Sam.

As of January 1st, all submarines in the U.S. Navy are officially smoke free, and it's been a tense transition.

For some officers and sailors, the new policy aiming to reduce secondhand smoke risk has been that extra push they needed to make the decision to quit. But for many more, it means a little more effort at irritation management and a lot more stocking up on nicotine patches, chewing tobacco and snuff before heading out to sea.

During a recent port call in Japan by the nuclear-powered USS Charlotte attack submarine, Petty Officer Luke Riblet said his first extended smokeless assignment at sea has been rough.

"You can feel it. It's like a pull at your chest," the 26-year-old from Cocoa Beach, Florida, told The Associated Press. "You get irritated a lot easier. It was nice to have a smoke and wind down. This lifestyle can be pretty stressful."

Riblet, a submariner for seven years, still smokes about half a pack a day, just not when he's at sea.

"It's definitely been hard on some of the guys. But it's going smoother than I expected," said Cmdr. Richard Young, commanding officer of the Charlotte.

"Everybody understands the policy, there's no smoking on board," he said. "That's as clear as can be. But I'm not sure everybody is 100 percent sold on the idea."

Young said that of the 140 or so crewmembers on the Charlotte, which is based in Pearl Harbor,

about one-third were regular smokers before the ban. Other officers aboard put the figure at closer to one-half.

"A lot of people smoked," Young said. "Some more than others."

Like most submarines, the Los Angeles-class Charlotte had a "smoke pit," or designated smoking area, in the engine room at the very back and very bottom of the boat, a spot that typically was the boat's nerve center. Only three men were allowed to light up at a time, so lines formed quickly.

Young said when he first entered the Navy, smoking was common all over the subs.

He said the order to go completely smokeless was made largely because of the impact of secondhand smoke on the crew as a whole, rather than simply the health of the smokers themselves. A 2009 study found that nonsmoking submarine sailors were testing positive for nicotine exposure after returning from patrols, despite smoking being confined to certain areas.

Smoking is still allowed on surface ships, which have better ventilation.

"As a non-smoker, it's nice to be able to walk around without walking through smoke," Young said.

After the decision to go smokeless on the Navy's fleet of 71 submarines, commanders had a few months to decide how to best implement the orders on their individual boats.

Young said that on his sub officers were trained in how to help crewmembers quit, smoking cessation classes were put together and the boat's sick bay was stocked with nicotine gum and nicotine patches. Prescription drugs to help kick the habit, such as Chantix and Zyban, aren't available to submariners because psychotropic drugs are forbidden for the 11,600 sailors assigned to subs.

Sailors, of course, are also finding other ways to get their nicotine fix.

"Smokeless tobacco hasn't been banned, so a lot of people have turned to dip and snuff," said Benjamin Grover, the Charlotte's chief hospital corpsman. Grover, 36, of Rockville, Maryland, said he hasn't seen any major nicotine fits, though some of the crew have been noticeably more on edge.

"The heavier smokers just seem to have time on their hands that they don't know exactly what

to do with," he said. "They used to have smoke breaks or smoke after they finished their shifts. Now, they aren't sure what to do with themselves during the time they used to spend smoking."

## ***VA Expands Outreach to American Indians, Hawaiians, Alaska Natives***



### ***New Office to Serve as Advocates for Tribal Veterans***

WASHINGTON - The Department of Veterans Affairs has announced the creation of a new Office of Tribal Government Relations to ensure the more than 200,000 Veterans who are American Indians, Alaska Natives, Hawaiian Natives or are part of the Alaska Native Corporations receive the VA benefits they have earned.

"There is a long, distinguished tradition of military service among tribal peoples," said Secretary of Veterans Affairs Eric K. Shinseki. "VA is committed to providing these Veterans with the full range of VA programs, as befits their service to our nation."

About 200,000 Veterans are represented by the 800 tribal governments officially recognized by the United States. Although VA has long provided benefits to Veterans in tribal lands, the new office will further strengthen and expand that relationship.

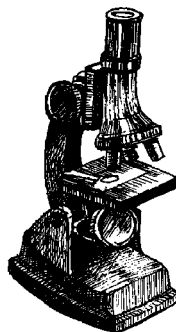
Stephanie Elaine Birdwell, an enrolled member of the Cherokee Nation from Oklahoma, has been selected as the office's first director. A former social worker, she has spent nearly 15 years working on tribal issues with the Bureau of Indian Affairs and, most recently, the Bureau of Indian Education.

She will oversee a six-person office responsible for "establishing, maintaining and coordinating a nation-to-nation, federal-tribal relationship," according to a VA briefing.

The office has a charter that officially extends

to Veterans who are American Indians, Alaska Natives, Native Hawaiians and Alaska Native Corporations.

## ***Looking for "Volunteers" of Chem-Bio Testing***



VVA is a plaintiff in a lawsuit seeking to illuminate the long-term harm done to service members who "volunteered" for

testing of chemical and biological agents at Edgewood Arsenal, Aberdeen Proving Ground, Maryland, from the 1950s through the 1970s.

The law firm that is representing VVA, the organization Swords to Plowshares, and six individual veterans, is seeking the names of "each and every" VVA member who is a "former member of the armed services who participated in programs of human experimentation into drugs, chemicals and other substances" . . including the dates that these members participated in the programs and the specific "drugs, chemicals and other substances," if known, that were tested on each of these members.

Any VVA member who participated in this testing should please contact ASAP Bernie Edelman, VVA's deputy director for policy and government affairs, at 1-800-882-1316 ext. 118, or via e-mail at [bedelman@vva.org](mailto:bedelman@vva.org) .

**A man who is good enough to shed his blood for his country, is good enough to be given a square deal afterwards.**



Theodore Roosevelt

## ***Oldest living member of 'Band of Brothers' dies***

By **TIMBERLY ROSS,**  
AP

OMAHA, Neb. — A member of the “Band of Brothers” who fought in some of World War II’s fiercest European battles, Ed Mauser shunned the limelight and kept his service with the Army unit a secret, even from some of his family.

His role came to light only after a friend loaned him a copy of the HBO miniseries “Band of Brothers,” said his daughter, Laurie Fowler of Omaha. Mauser, who died Friday, told his family that some of the things in the miniseries, like the locations of buildings, weren’t quite what he remembered from being there in person.

“He said, ‘I know all those places,’” Fowler said.

But before that, “he never talked about it for years and years and years,” said Terry Zahn, president of the Midwest chapter of the 101st Airborne Division Association. He met Mauser during a 2009 Honor Flight trip to Washington, D.C., to see the World War II memorial.

Mauser, 94, was the oldest living member of Easy Company, which is often better known now as the “Band of Brothers.”

Born Dec. 18, 1916 in LaSalle, Ill., he was drafted in 1942 and volunteered for the 101st Airborne Division. He was assigned to Company E, 506th Regiment — Easy Company — which participated in the D-Day invasion of France and the follow-up Operation Market Garden. The 101st also helped defend Bastogne during the Battle of the Bulge.

Historian Stephen Ambrose interviewed Easy Company leader Dick Winters for the 1992 book “Band of Brothers,” upon which the HBO miniseries that began airing in September 2001 was based. Winters, of Hershey, Pa., died earlier this month at age 92.

The miniseries followed Easy Company from its training in Georgia to the war’s end in 1945. Its producers included actor Tom Hanks and director Steven Spielberg.

Mauser was not among the soldiers portrayed in the miniseries.

Zahn said Mauser kept his service a secret,

even from his relatives. Besides being “extremely humble,” Fowler said, her father was also sensitive about talking about the war in front of his wife, who had relatives injured in the conflict.

Mauser, who was a watch repairman, worked hard and “prided himself on providing for his family,” Fowler said.

“He enjoyed movies, and he absolutely loved ‘Band of Brothers,’” she said, adding that her father put the DVD on often.

After his actions became known, Mauser reunited with some of his Army buddies and made a few public appearances. He preferred to stay out of the limelight.

“Don’t call me a hero,” Mauser told the Lincoln Journal Star in a 2009 interview. “I was just one of the boys. I did what I was told, and let’s leave it at that.”

Mauser had been fighting pancreatic cancer, Zahn said.

Mauser was preceded in death by his wife, Irene.

A funeral service was scheduled for January 26th in Omaha. He was given a military burial at Calvary Cemetery.

***Frank Buckles 110th birthday. Of the 4,734,991 US armed force members that served in WWI, he is the last survivor***



By **Bill Lohmann**

Frank Woodruff Buckles doesn’t get out as much as he used to, and he doesn’t have particularly big plans for his birthday.

But then, he is turning 110.

You read that right: 110 .

For those who may not know, here is perhaps an even more stunning fact about Buckles: He’s

the last known American veteran from World War I, according to the Department of Veterans Affairs, and one of only three survivors worldwide recognized for direct service during the war. The others, as British subjects, served in the Royal Navy and Royal Air Force.

“He’s an unbelievable person,” said David DeJonge, a Michigan photographer and president of the World War I Memorial Foundation who is making a documentary of Buckles’ life and has become his spokesman.

Buckles lives on his West Virginia farm, near Charles Town, with his daughter, Susannah Buckles Flanagan, and round-the-clock caregivers. As you might expect, he is at almost 110 not in a condition to do cartwheels or make long speeches, but DeJonge reports that Buckles “continues to have great daily discussions with his daughter and caregivers.” He occasionally wrestles with illness but is “a fighter and continues to pull through,” DeJonge said.

“His daughter reports he’s in great spirits and looking forward to his 115th,” DeJonge said with a laugh.

I visited Buckles last year at his farm. We chatted about one of his favorite people, Gen. John J. “Black Jack” Pershing. How many people can you talk to who actually knew Pershing when he was leader of the U.S. forces in Europe in World War I?

When they met, Buckles was still a kid; he’d grown up on a farm in Missouri and fibbed about his age so he could enlist in the Army at 16 and head off to war. Pershing noted Buckles’ Missouri dialect and asked where he was born. Buckles told him. Pershing’s reply: “Thirty-three miles, as the crow flies, from where I was born.”

“I had great respect for Pershing,” Buckles said. “He was real tough. He didn’t have a smile on his face, but that was all right with me.”

Seeking the quickest route to the western front, Buckles joined the ambulance service and shipped to England in late 1917. He arrived in France a few months before the shooting stopped in November 1918. After the war, he escorted prisoners of war back to Germany.

World War II was a more painful experience, though he was no longer in the military. He was working as a civilian in the steamship business in the Philippines when he was captured by the

Japanese and held as a prisoner at Los Baños for more than three years.

Through fate and good health, Buckles has become the modern face of The Great War, and he has lent his voice to the call to restore and rededicate the World War I Memorial in Washington.

DeJonge met Buckles four years ago as he began work on a documentary about the last U.S. survivors of the war. Within a matter of months, Buckles was the last one, and DeJonge began spending considerable time with him, conducting interviews on camera “to get every ounce of memory out of him,” DeJonge said.

DeJonge has several hundred hours of interviews and other footage he hopes to transform into a documentary, “Pershing’s Last Patriot.” Actor Richard Thomas, of “The Waltons” and “All Quiet on the Western Front,” has agreed to provide the narration, said DeJonge, who is trying to piece together the funding for the documentary, as well as a proposed larger-than-life bronze statue that has been designed by Pennsylvania sculptor Gregory Marra. The planned statue depicts Buckles with Pershing’s riderless horse, and, depending on available financing, could be placed near Buckles’ home in West Virginia.

DeJonge has had the privilege of accompanying Buckles to such places as Pershing’s home in Missouri, the Pentagon and the White House for a visit with President George W. Bush in the Oval Office.

A highlight?

“Being corrected on history when we were in the West Wing,” DeJonge said with a laugh.

“I saw that very famous painting of George Washington crossing the river, and I said, ‘Mr. Buckles, look, there’s George Washington crossing the Potomac.’ He said, ‘I believe that’s the Delaware.’”

Say What ??????????

I am a Nobody.  
Nobody is Perfect.  
Therefore I am Perfect.



## *New flag to honor veterans isn't liked by all who served \_ They say Old Glory is enough*

By KRISTEN WYATT  
Associated Press

DENVER – The simple banner is designed to honor those who served and died in the military. But a national campaign to add the red-and-white “Honor and Remember” flag to official U.S. flag displays on military holidays is creating painful divisions among veterans and the relatives of loved ones killed in action.

For lawmakers nationwide, the “Honor and Remember” debate forces an uncomfortable question: Who can say what should be done to honor people who died for the country?

The banner \_ a red-and-white background with a star, an eternal flame and the words “HONOR AND REMEMBER” \_ was conceived by a Virginia man, George Lutz, who lost his son in Iraq in 2005.

Lutz has visited all 50 states to promote its display beneath the American flag and the POW/MIA flag adopted by Congress in 1989. Delaware, North Carolina, Oklahoma and Virginia have adopted the banner, and federal legislation to do so is pending for a third consecutive year in Congress.

“It’s public recognition of the price of freedom, and I don’t think we can do that enough,” said Lutz, of Chesapeake, Va., who has gathered signatures of support from countless relatives of fallen service members and many public officials, including governors and members of Congress. Lutz says the campaign helps him mourn his son, Pfc. George Anthony “Tony” Lutz II, killed at age 25.

“It’s a great idea,” said Rep. Randy Forbes, R-Va., who has sponsored bills in Congress requiring the “Honor and Remember” flag to be flown under the national flag and POW/MIA flag at fed-

eral buildings on federal holidays.

“There was no flag that was separate and apart to honor those who had given their lives in the defense and honor of the country,” Forbes said.

But many oppose the new banner’s display alongside Old Glory.

In Colorado, state senators rejected a second attempt to have the “Honor and Remember” flag flown over the state Capitol on Memorial Day and Veterans Day. The decision literally brought tears to the eyes of some on the Senate State Veterans and Military Affairs Committee after hours of emotional testimony from veterans. Dozens in the standing-room-only crowd dabbed their eyes.

“We believe Old Glory is the only flag we want representing us,” said Marvin Meyers, former chairman of the Colorado Board of Veterans’ Affairs. “We fought for it. We’re buried under it.”

“We don’t need any other flag other than the United States flag, the flag of our country,” said Ralph Bozella, a Vietnam veteran and current chairman of the Colorado Board of Veterans’ Affairs.

“When troops fallen in battle come home, their caskets are covered in the American flag,” Bozella said. “That’s the flag we fought for, and that’s the flag we honor.”

But others argue that the American flag is too multifaceted to simply honor those killed in war. They point out that while the nation observes the POW/MIA flag, fallen veterans don’t have a flag of their own.

“I know there are some veterans that are adamantly opposed to it, and I respect that,” said Molly Morel of Martin, Tenn., whose son, Marine Capt. Brent Morel, died in Afghanistan.

Molly Morel is president of the nation’s largest organization for mothers who have lost children in battle, American Gold Star Mothers, created after World War I. She’s a passionate supporter of the “Honor and Remember” flag and has one embroidered with her son’s name.

Morel says she doesn’t understand why some veterans chafe at including the flag on official displays.

“Does America have too many reminders about the sacrifices? I don’t think so,” Morel said.

Prominent military historians are skeptical about the new banner. Andrew Wiest, a historian at the University of Southern Mississippi who spe-

cializes in the Vietnam War, says the POW/MIA flag was adopted in “a fit of national conscience and remorse” over how Vietnam veterans were treated when they returned home.

“The national flag is supposed to represent everything, the sacrifice of all veterans,” Wiest said.

The debate is giving public officials an uncomfortable choice between veterans’ groups and grieving relatives. The national American Legion and Veterans of Foreign Wars groups haven’t taken positions on the banner, though many state chapters oppose its inclusion.

“This is gut-wrenching,” said Colorado Sen. Rollie Heath, a Boulder Democrat who cast the deciding vote not to fly the “Honor and Remember” flag above the state Capitol in Denver.

“I happen to believe the American flag is the flag we ought to fly,” he said. “Do I feel good about it? No. This has caused a rift in the veterans’ community. And that’s something that pains all of us.”

## ***VA: New Focus on Patient-Centered Care***

The Department of Veterans Affairs (VA) is creating a new office to develop personal, patient-centered models of care for veterans who receive health care services at more than 1,000 VA points of care across the nation.

The new VA Office of Patient Centered Care and Cultural Transformation began operations on Jan. 17 and is based in Arlington, Va. The VA Office of Patient Centered Care and Cultural Transformation will have four regional implementation teams at select VA medical centers across the country: Birmingham, Ala; East Orange, N.J.; Dallas; and Los Angeles.

*Makes Y a Think.....*

Don't take yourself so seriously. No one else does.

If we all threw our problems in a pile and saw everyone else's, we'd grab ours back.

## ***Cigarette Smoking Linked to Lou Gehrig's Disease***



By Jennifer Warner  
WebMD Health News

Cigarette smoking may raise the risk of amyotrophic lateral sclerosis (ALS), according to a new study that adds new evidence to the growing link between smoking and the rare muscle-wasting disease.

Researchers say previous studies have suggested that cigarette smoking may be a risk factor for ALS, also known as Lou Gehrig's disease, but the results have been conflicting or involved only a small number of participants.

ALS is a neurologic disease affecting the nerve cells in the brain and spinal cord that control many muscles throughout the body. The diseased nerve cells can no longer communicate with muscles, effectively leading to muscle wasting and weakness.

The study involved more than a million participants. Researchers found that current or former cigarette smokers were 42%-44% more likely to develop ALS than people who had never smoked.

More than 5,500 people each year are diagnosed with ALS in the U.S. There is no cure, and there are limited treatment options for the disease, which causes rapid muscle deterioration.

Researchers say the cause of ALS is unknown in about 90% of cases; environmental factors are thought to play a role in affecting a person's risk.

The study looked at the relationship between cigarette smoking and ALS in five different long-term studies involving 1.1 million people, 832 of whom developed ALS.

The results showed current smokers were 42% more likely to be diagnosed with ALS and former smokers had a 44% higher risk.

Among current or former smokers, the risk of ALS increased as the age at which they started smoking decreased.

Although the risk of ALS increased by 10% for each increment of 10 cigarettes smoked per day

and by 9% for each 10 years of smoking, these associations did not persist when the group of never smokers was excluded from the analysis.

“Significant trends in the risk of ALS were observed with the duration of smoking and the number of cigarettes smoked per day, but these trends were largely driven by the low ALS risk among never smokers,” write researcher Hao Wang, MD, PhD, of the Harvard School of Public Health, and colleagues, in the Archives of Neurology.

Researchers say further studies are needed to confirm this link between ALS and cigarette smoke.

But they say there are several possible ways in which cigarette smoking may increase the risk of ALS. For example, nitric oxide or other components of cigarette smoke may cause direct damage to neurons, and chemicals in tobacco may generate free radicals that may also damage cells associated with the disease.

## ***Utah Army post reopens after hours-long lockdown ordered while nerve gas unaccounted for***



SALT LAKE CITY (AP) \_ The Dugway Proving Grounds, where military weapons are tested, has reopened after it was locked down for hours to resolve a “serious concern,” officials said.

Personnel were allowed to enter early Thursday, January 27th and people inside were allowed to leave shortly after that, said Army post spokeswoman Paula Thomas.

Post commander Col. William E. King late Wednesday announced that gates were locked to both incoming and outgoing personnel, saying there was a serious concern but that no one was in danger.

Officials did not indicate what triggered the lock-down at about 5:24 p.m. MST Wednesday, January 26th but said no one was injured and no

damages were reported. About 1,200 to 1,400 people were inside Dugway at the time \_ military personnel, contractors and civilian workers.

“All of our employees are safe and there is no damages that I know of,” Bonnie Robinson, a post spokeswoman, said Thursday morning.

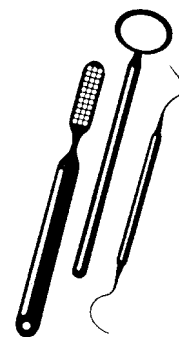
In his statement Wednesday, King said: “We are working as quickly and as thoroughly as possible to resolve a serious concern within the Test Area. ... Measures like these (lock down of our gates) are not taken lightly. No one is in immediate danger but these steps are required.”

Dugway is about 85 miles southwest of Salt Lake City. Military weapons are tested there but its primary mission is defending troops against biological and chemical attacks.

Encompassing more than 800,000 acres of Utah’s west desert, the post also is used by the U.S. Army Reserves and the U.S. National Guard for maneuver training.

## ***VA clinic testing veterans possibly exposed to hepatitis, HIV***

By Nina Golgowski  
CNN



(CNN) — More than 500 veterans in Ohio are being contacted by a clinic where they may have been exposed to hepatitis and HIV during routine dental work, according to Ohio Veterans Affairs communications officer Todd Sledge.

The Dayton, Ohio, VA clinic is contacting 535 veterans who received treatment during an 18-year period from a dentist who admitted to not washing his hands or changing gloves between patients. There are 100 to 130 additional patient records still to review, according to Sledge.

“We’re taking a very aggressive approach and a well-planned intervention to make sure that we’re contacting these folks,” Sledge said.

By Tuesday evening, February 8th, 436 of the 535 patients had been contacted by phone, letters and visits to shelters, according to Sledge.

Individuals sought by the center are known to have been treated directly by the clinician

between January 1, 1992, and July 28, 2010, according to a release by the medical center.

The center is offering free tests to those involved and the clinic will provide all necessary care and treatment without charge should a veteran test positive for the viruses, Sledge said.

“The encouragement to get tested is strictly a precautionary measure,” Sledge said. “It’s a very low risk that there’s any potential contamination.”

While Sledge said the testing stemmed from “invasive procedures ... done by one single clinician,” He did not identify that clinician and he did not release specifics about the clinician’s health.

Sledge said the clinic is taking full accountability for those involved, whom he calls, “our nation’s heroes.”

Last year the clinic closed for a month for “re-education on infection control standards” for the staff, Sledge said. Veterans could still receive care at other facilities, Sledge said.

The dentist, who is currently still on staff but handling non-clinical duties, self-reported himself during an internal inspection.

An investigation is now underway involving reports that other workers at the clinic brought the dentist’s hygiene to the attention of the center, concerns that Sledge said were valid.

The center is taking an “ongoing in-depth look at a lot of aspects surrounding the allegations,” Sledge said.

“When someone brings those things to your attention,” Sledge said, “you need to review what practices are happening.”

More information and a list of labs in contractual agreement with the Dayton center is available by calling the VA’s hotline at 1-877-424-8214.

## ***Disabled troops, vets misled on service dogs***



By Rick Maze  
Staff writer

Some service members and veterans are being misled and possibly harmed by well-meaning charities promising to provide a trained service dog to help with medical needs, according to representatives of a major veterans service organization.

What often happens, according to officials from the organization AmVets, is that disabled veterans who might benefit from a dog trained to do certain tasks may end up with an animal that a charity group has rescued from a pound, has been taught no special skills and might not be a true “service dog” for legal purposes.

“A dog with little or no training might be a great companion, but that’s all,” said Cristina Roof, AmVets legislative director.

Is it a real service dog?

Minimum training standards for service dogs established by Assistance Dogs of America:

- \* 90% of the time, a service dog must respond the first time it is asked to do a basic obedience and skill task.
- \* By voice command or hand signal, a service dog must sit, stay, lie down, come and heel.
- \* A service dog must perform at least three tasks to mitigate a disability.
- \* The dog must be clean, well-groomed and not have an “offensive odor.”
- \* Unnecessary barking, growling, whining or soliciting attention from other people is not allowed. That includes begging for or stealing food from the general public.
- \* When working, a dog should be calm and quiet, and not distracted (even by cats or squirrels). When not working, it should lie quietly without blocking aisles or doorways.
- \* Unless told otherwise, a dog should be within two feet of its handler at all times.
- \* In public, a service dog must wear a cape, harness, backpack or other clothing or equipment



***Grampa’s GPS***

Submitted by Mike Giancola

identifying it as a service dog.

Roof said some media stories about nonprofit groups providing veterans with dogs rescued from shelters give the incorrect impression that an untrained dog is essentially the same as a trained service dog.

“It is incredibly important to remember a service dog may not be a good fit for everyone,” Roof said. “It is also crucial to remember that a service dog is in no way a replacement for your rehabilitation, either.”

Roof said service members and veterans should never pay for a service dog and should try to deal only with groups accredited by Assistance Dogs International <<http://www.assistancedogsinternational.org>> , which sets training guidelines and placement standards.

Dogs not officially recognized as service dogs - sometimes called therapy dogs or emotional support dogs - are pets, and although they may have some basic training, they are not covered by the Americans with Disabilities Act. They may not have access to public spaces and may not enter military and veterans hospitals and clinics.

Roof said ADA rules cover guide dogs for the blind or deaf, seizure-alert dogs, and mobility dogs trained to pull a wheelchair, pick up dropped items and perform similar tasks. A month-old ADA policy revision now also allows public access for psychiatric service dogs if they are trained to perform a specific task.

The Veterans Affairs and Defense departments don't have to abide by ADA rules, Roof said. VA operates on rules dating to 1994 that allow only seeing-eye dogs into VA facilities, but allow case-by-case access for other types of service dogs.

DoD has similar rules, giving discretion about allowing dogs into hospitals and clinics to base commanders, Roof said.

Roof said access restrictions on dogs can be embarrassing for service members and veterans who believe they have a trained and officially recognized dog but are later barred from bringing the animal into public buildings and medical facilities.

Having a companion dog rather than a recognized service dog also can make a difference in terms of benefits. VA can provide financial help to

veterans for service dogs, covering some costs for food and health care, but those benefits don't extend to emotional support or therapy dogs, said AmVets spokesman Ryan Gallucci.

“It's a confusing situation,” Gallucci said.

One example of a potentially confusing message is from Pets For Vets, a California-based charity that takes animals from shelters and pairs them with veterans.

Pets for Vets does not claim its dogs are certified as service dogs, but says in promotional material that their program is “a win-win way to give back to our troops who have given so much to us.”

Veterans with physical and mental injuries can have a difficult transition to civilian life, and having a companion can help, the group says. “Our goal is to heal their wounds by bringing together man's best friend and our returning soldiers while showing them both that we have not forgotten,” the group says.

Roof said there is no industrywide standard for what skills a dog may need to be certified to help a veteran with post-traumatic stress disorder or other mental health issues. VA is in the early stages of research to

devise standard requirements for dogs to be trained to help veterans suffering from PTSD.

A Laurel, Md., nonprofit group, Fidos for Freedom, trains dogs in specific skills. They can be trained to open and close doors, retrieve objects, help someone keep their balance while walking, help someone get in or out of a chair, pull a wheelchair for short distances, assist in dressing or undressing, or help someone who has fallen get back on their feet.

The group also trains dogs to help the deaf or hearing impaired by responding to the phone, smoke detector, alarm clock, microwave, someone knocking at the door or calling a name, the sound of something being dropped or even a baby's cry.

**Dogs not officially recognized as service dogs - sometimes called therapy dogs or emotional support dogs - are pets, and although they may have some basic training, they are not covered by the Americans with Disabilities Act.**



# Once We Were Soldiers

M. Ferguson,  
Vietnam 68-69

Once we were soldiers, young and so full of life. Saving those grateful and ungrateful from horror and strife. No matter what country, no matter what war. Each for the same reason gave their lives and much more.

No futures for many, no building families, no playing in the sun. Yep, they did it for all of us, each and every one. Whether you are thankful, indifferent or in denial. If not for them you would not be walking your mile.

Without them the world would be a much different place. You can't understand it; it's a fact of time and space. No right, no wrong, it is just mankind's choice to war. To make our world somehow better than it was before.

I am one of the thankful ones for I believe they were right. Their honorable motives is what we who are left should sight. Those left know by experience what horrors war can do. We went for love of country and that, by the way, is all of you

For I once was a soldier, 19, and took my turn Saw many of my mates killed, horribly maimed, or burned. We did our best - hell, we played a good game. And for years suffered rejection, no acceptance, just blame

Hey, not all wars make sense (do they ever add up?). Take a look around the world to see the end product. Just remember the warriors for what they have done. We are all beneficiaries from the courage of these treasured ones



# Michael Ferguson - Viet Nam - A brief chronology

- \* Arrived in Ben Hoa in March 1968 – left on 14 May 1969
- \* Assigned to 1st Infantry Division in Phu Loi, north of Saigon
- \* Attached to the 8th Battalion, 6th Field Artillery
- \* Performed ammunition and weapons resupply and liaison with other combat equipment (mortars, parts for our Howitzers and our 4 8inch canon self propelled vehicles.
- \* First Infantry Division HQ and us relocated to Lai Khe later in 1968
- \* Lai Khe known as “Rocket City” as it was fired upon more than any other base in our Corps area.
- \* Agent orange was sprayed often in both Phu Loi and especially Lai Khe.

We spent a lot of time pulling perimeter guard duty, living in bunkers, going on convoys, eating mostly terrible food (but not bat either), writing letters home, playing music, dreaming about our tomorrows, staying alive to make them happen.



Vietnam was a beautiful country and its people were nice and just like anyone else. It was very hot and humid. Monsoon periods were awful.

We saw lots of snakes and rats.

The Viet Cong were clever and vicious.

We participated in many fire missions and perimeter defense.

During Tet II we spent a lot of time underground in bunkers.

Not many of our guys got killed but some did – none were close to me but we still call them our own.

I went over as a PFC and came back A Sgt E5

When we came home it was in the dead of night and we were whisked out and no one from the Army said thank you or anything.

When I came home wearing my uniform it was clear that wearing a white sheet would have been more acceptable from the looks and reactions



Photos of Mike Ferguson while serving in Phu Loi, Vietnam 68-69

people gave me.

Most people were not nice to me/us when I/we came home, for quite a long while We were looked down upon and not treated well at all The rejection from our government was not as bad as the rejection that came from the people No one wanted to know anything about it so we just kept it to ourselves We went for our country and our country rejected us soundly – the first time in US history soldiers were spat upon or made to feel like they were less than the enemy they went to fight.

Viet Nam is the one place where many of us felt like we belonged, even if only to each other, which we did. We watched each other's backs, fought for what we believed in, survived the madness and, crazily, we would do it all again if asked. In many ways it was more normal than what we came home to.

Since living in Australia since 1981 I first marched with Viet Nam Veterans in 1995 when the local "diggers" asked me to join them. The Australian vets got the same deal as we did. I have marched almost every ANZAC day (Australian and New Zealand Army Corps), which is the Australian Veterans Day. There is also a special Viet Nam Veterans day once each year.



On a recent visit to the USA, Mike Ferguson received a veterans quilt made for him by "Moms Love Quilts". The quilt was presented to him by his great nephew & Niece Christian and Stormy Carson. Christian took the time to sign his name on the quilt, thanking him for his service.



## ***Govt announcing plans to scrap colors in terror warning system by April 27***

By EILEEN SULLIVAN  
Associated Press

By the end of April, terror threats to the U.S. will no longer be described in shades of green, blue, yellow, orange and red, The Associated Press has learned.

The nation's color-coded terror warning system will be phased out beginning this week, according to government officials familiar with the plan. The officials requested anonymity to speak ahead of an announcement scheduled Thursday by Homeland Security Secretary Janet Napolitano.

The Homeland Security Department and other government agencies have been reviewing the Homeland Security Advisory System's usefulness for more than a year. One of the most notable changes to come: The public will no longer hear automated recordings at U.S. airports stating that the threat level is orange.

The Obama administration will roll out a replacement, which will be called the National Terrorism Advisory System. The new plan calls for notifying specific audiences about specific threats. In some cases, it might be a one-page threat description sent to law enforcement officials describing the threat, what law enforcement needs to do about it and what the federal government is doing, one of the officials said.

The five-tiered color-coded terror warning system, created after the terrorist attacks of Sept. 11, 2001, was one of the Bush administration's most visible anti-terrorism programs. Criticized as too vague to be useful in communicating the terror threat to the public, it quickly became the butt of late-night talk show jokes.

The government hasn't made changes in the colored alert levels since 2006, despite an uptick in attempted attacks against the U.S. However, the government has changed security protocols since then based on threats.

