

INTERCHANGE ONLINE



THE OFFICIAL ONLINE NEWSPAPER OF THE
NEW YORK STATE COUNCIL

Vol. 25 Issue 02

Veteran's News that needs to be Read MAY/JUNE



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Fallen Heroes

*Greater love has no one than
this, than to lay down one's life
for his friends.*

John 15:13

remember
MEMORIAL DAY
*and our
fallen heroes*

IN MEMORIAM

RICHARD P. MEYER

VVA Chapter 82 Life Member
July 2, 1947—May 19, 2015

MASTER SGT. FRANK H. PEACE

VVA Chapter #20 Member
March 17, 2015

One who blooms in our heart can never be forgotten

INTERCHANGE ONLINE



THE OFFICIAL ONLINE NEWSPAPER OF THE
NEW YORK STATE COUNCIL

VVA-NYSC Meeting Dates 2015

January 24th

April 18th

June 20th

October 10th

On-Line INTERCHANGE is the Bi-monthly publication of the VVA-NYSC. Comments and contributions are encouraged and can be sent to:

VVAINTERCHANGE@AOL.COM

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The opinions expressed in this publication are those of the authors and do not necessarily represent the views and opinions of this organization. Individuals with different viewpoints and opinions are invited to submit them to the Chapter by the **deadline** of the **Third Friday of each month**. Editor reserves the right to edit for length, grammar and reject any libelous or obscene material.



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President's Message

Ned D. Foote

It seems like the time is starting to fly fast. After a record breaking winter, I think spring has arrived but still a bit iffy.

Anyway, we had our April meeting that went very well. Our VP Grant Coates gave all an update on his trip to Vietnam with the Veteran Initiative Program. We also had long discussion on the most important legislation before us.

I have sent information, a number of times, to all and will again here. The bill is the "Toxic Substance Research Act of 2015."

The Bills numbers are Senate 901 and H.R. 1769. This bill deals mostly with our children and theirs. Also, it covers the newer Veterans coming back with all sorts of ailments that can be contributed from toxic exposures.

We have provided very simple process to contact your Congressman and Senators. It will take no longer than one minute maybe two.

All you need to say is, hello, my name is and I am a constituent in your congressional district. I am calling today to urge you to co-sponsor and support bill number 1769 (or for Senator 901), the Toxic Substance Research Act of 2015. This legislation would establish within the Department of Veteran Affairs a National center for the diagnosis, treatment and research of the health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces.

Say thanks for their attention to my request and please co-sponsor and support H.R. 1769.

Now that you have done that, get your spouse to call, your kids, your parents, your neighbors, your boss, your co-workers, friends, also your enemies to call their legislators at the Federal level.

You get my drift. We need this done this year or perhaps it will never get done so we need all of you to do this. Not much for us old guys now but this is for our kids and theirs and theirs. So PLEASE. NOW! CALL!

So, now some other stuff. National convention in Springfield, IL, this coming July. We need delegates. We had 68 last time and I really want to break that number.

We provide a shirt for you so if that doesn't get you excited to go I don't know what will. We have many proposed amendments to the constitution and a number of resolutions.

President Rowan is running again and looks to be a contest for VP. About twenty people are running for the At-Large BOD for 10 slots. Ted Wilkinson is running for Region II so we need a good showing of delegates.

Next meeting is June. As always please check our website at www.nyvietnamvets.org. We are working on updating our web site. Dana Hallfors our web designer and guru has been very ill and cannot do what he used to do, so we need to help him with our site. Any suggestions from you as to what you would like on this site let us know.

So until the next time in either June, at the convention wherever, Later.

Toxic Exposure Research Act of 2015-HR. 1769

The House Veterans Affairs Subcommittee on Health passed out of committee H.R.1769, the Toxic Exposure Research Act of 2015.

VVA urges you to take action NOW!

Go to our Legislative Action site <http://capwiz.com/vva/home/> and enter your Zip Code and send the prepared letter to your Representatives asking them to join their colleagues and co-sponsor H.R. 1769, the Toxic Exposure Research Act of 2015, introduced by Congressman Dan Benishek (MI-1) and cosponsored by Congressman Mike Honda (CA-17).

This legislation would establish within the Department of Veteran Affairs a national center for the diagnoses, treatment, and research of the health conditions of the descendants of veterans exposed to toxic substances during service in the Armed Forces.

Finally a Voice

The Birth of Vietnam Veterans of America

This film documents the founding of the Vietnam Veterans of America and examines whether the organization has stayed true to its founding principle that "never again will one generation of veterans abandon another."

Watch the trailer online: nvbdc.org/dvd.html

NYSC has partnered with John Giannini a Vietnam Veteran film maker. He took footage of our very first convention and other events that show how VVA started, what we have been doing and how we have lived up to our motto of "Never again will one generation of Veterans abandon another"

The name of the film is: "Finally a Voice" The birth of Vietnam Veterans of America. We need to raise more money for this as we are still short to complete. We also will have DVD's when finished and will be available at the convention in July.

Here is the link to view a trailer of this film:

<https://vimeo.com/user3855652/review/124943697/be3c67ee35>

If you wish to help us get this one hour documentary completed you can send donation to National Veterans Business Development Council (NVBDC) 325 E. Crescent Ln. Detroit, MI 48207

Write on check Film Project. Check out nvbdc.org and you can donate by credit card that is all tax deductible.

Thanks!

Ned Foote

VVA Legislative Agenda Testimony to both House and Senate Veterans Affairs Committee in Congress by President John Rowan (Partial Report)

Addressing the Legacy of Toxic Exposures

We submit that there are so-called invisible wounds that viscerally affect veterans: the pain and heartache of believing that our exposure to toxic substances during our time in uniform impacts the health of our children and our children's children. There are few things more devastating than feeling that we are the cause of their suffering.

When we reference "toxic exposures" we are addressing much more than the defoliants sprayed so liberally in the former South Vietnam. These include the intense plume from the explosion in 1990 of the "ammunition dump" at a place called Khamisiyah during the Persian Gulf War; the ingestion of depleted uranium and the fumes from oil field fires in our ventures in Kuwait and Iraq; the effects on those who worked in and lived near the burn pits that were a feature of the landscape at U.S. and Allied bases during Operation Enduring Freedom in Afghanistan and Operations Iraqi Freedom and New Dawn in Iraq; and a litany of exposures to a witch's brew of toxic materials at bases throughout CONUS.

We are not contending that every soldier or Marine, sailor or air crew member has been damaged, and passes on the effects of this damage to their children and grandchildren. What we are saying is this: There has been a paucity of research that might help clarify just how these exposures have sickened troops and may have altered their DNA to inflict a form of collateral damage, however unintended, on their offspring.

As our understanding of the effects of these exposures increases, we strongly urge the Department of Defense to not just react to the likelihood of similar exposures in future conflicts, but to anticipate them as part of the true cost of war - and the lifelong, even intergenerational, legacies they may generate.

Because the exposures of troops in combat to enemy - and friendly - fire, all materials documenting such exposures must be declassified, despite any embarrassment to DoD, the VA, or any of their employees, current or past - or anyone else. Declassification of such documents will not violate "national security" interests. Many are classified to shroud the failures and extreme or unnecessary actions and policies that have impacted the troops in the trenches, and continue to harm them when they file a claim for disability compensation. This is particularly true in the realm of toxic exposures, and has given rise to the belief, certainly among many veterans of Vietnam, that the unspoken but very real policy of the entrenched bureaucrats at both DOD and the VA is to "delay, deny until they die." It's way past time for this collective attitude to end.

Not all wounds of war are immediately obvious. Symptoms of debilitating diseases can present a decade or more after exposure and a troop's separation from service. And by "long-term effects" we refer not only to veterans but to their progeny a generation or more into the future. There has been a paucity of research in this realm. You would think - you would hope - that the VA, with its multimillion dollar research budget, would initiate at least some studies on such exposures. But you would be wrong.

To help right this wrong, VVA has worked to develop legislation with acceptable modifications to bills introduced in both the Senate and House of Representatives during the 113th Congress. As you are doubtless aware, Senators Jerry Moran (KS) and Dick Blumenthal (CT) and Representatives Dan Benishek (MI-1) and Mike Honda (CA-17) have introduced the Toxic Exposure Research Act of 2015, S.901 and H.R.1769, respectively, which we trust will satisfy any issues that had been brought up here on Capitol Hill and in comments from other quarters after it was introduced last year. We will actively seek co-sponsors - H.R.1769 currently has 27 from both sides of the aisle; S.901

(Cont. on pg. 6)

(Cont. from pg. 5)

righteous, and it is necessary, particularly to protect the health of future generations. VA R&D has deliberately ignored and worked against any research into Toxic Wounds of any generation for many years. Providing at least \$25 million per year to now try and make up for that willful ignorance and conscious neglect is a very small payment toward redress of these historic and current wrongs.

Extending the Relationship with the IOM

Since 1996, the Institute of Medicine (IOM), a branch of the National Academy of Sciences, has produced biennial updates of *Veterans and Agent Orange*. Unless Congress renews its mandate to the VA to continue its relationship with the IOM to empanel experts every two years to review the literature and conduct hearings across the country, there will be only one more update. This is unacceptable.

Although the update does not make recommendations, its findings of degrees of association between exposures and certain health conditions are crucial in helping the VA evaluate these maladies to determine if they should be considered presumptive for a service-connected disability rating. Congress *must* pass legislation that will continue the update by IOM - and enhance this legislation to review other possible toxic wounds of other cohorts of veterans who have been exposed to toxic substances, in Korea, in Bosnia, in Southwest Asia. And just as additional research must be conducted, so must such research then be evaluated.

All generations of veterans and their families need enactment of a second bill, the **Toxic Wounds Act of 2015**. The elemental purpose behind this legislation is to establish a common mechanism to deal with all toxic exposures, from 20th century wars to current fighting, and into the future.

GOLD STAR MOTHER'S MONUMENT

Dear Ned,

It was a pleasure to speak with you.

I am writing to you on behalf of the VVA's support and recent endorsement of the Gold Star Mothers National Monument Foundation and their families.

This is just a note to let you know that we have begun the fundraising for the monument at Arlington National Cemetery so we can reach our goal of approximately 9 Million USD. Ground breaking and unveiling will take place in 2016 which will give us ample time to raise the necessary funds to accomplish these goals.

My question to you is, would you like to send a message to your NY chapters letting them know we have begun fundraising and then my team will call them OR do you want to send out a message and we will leave it at that OR would you like us to reach out by phone without a message from you?

Please make all checks payable to:

Gold Star Mothers National Monument Foundation

84 Westbrook Rd

Moorestown, NJ 08057

100% of donations go directly to construction and implementation of the monument. On behalf of the Gold Star Mother families, thank you.

Sincerely,

Adrian Guglielmo

(917) 968 – 1357

www.gsmmonument.org

New York Vietnam Veterans Foundation
Francisco Muñiz III
President

I have been informed that many Vietnam Veterans of America Chapter members and many donors, within New York State, have been receiving continuous phone calls from the following phone number: 607-821-4927.

Our fundraiser has implemented a local phone number to reach out to our prospected donors within New York State. They felt that having a local number would help to increase our ability to increase our funding.

They are representing NY Vietnam Veterans Foundation, the funding arm of Vietnam Veterans of America-New York State Council.



If you answer a call, you could request the name of the caller and either listen to the scripted message, or just say thanks and say not at this time, just hang up, or do not answer a call from an unknown caller.

If the caller is rude, just request their name and record time of call and send me an E-mail message to NYVVPRES@NYVIETNAMVETS.ORG and I will address the issue with the administrator of the program.

Upon stating that you will donate you can have them send you some information on the Foundation and your agreed amount to donate. Or if you want you can make a donation by using a credit card. You will be transfer to a verification phone line to accept your credit card number and security number.

If a donation is made, it takes about a week-an-half for them to receive your donation. The donation goes to a New York Mail box number which then is mailed to Michigan where it is process. Sometimes, their computer sends another “Friendly Reminder.” If you have made a donation, just disregard the notice and discard. They are working on this issue on their end.

Once you make a donation they will call you again the following year.

Donations sent directly to the Foundation’s address will be credited completely to the Foundation.

Thanks for your Donation – It really helps with our programs.



Join us for

7th Annual

Vietnam Veterans Memorial Highway of Valor*

“Tribute Ride”

Saturday, July 11, 2015

The 98 mile ride is free and open to the public - motorcycles, cars, trucks, planes and helicopters welcome

- **Ride will Begin: 10:00 am ...**

@ Owego Free Academy, Sheldon Guile Blvd. Owego, NY

(Register to ride between 8:00 & 9:45 AM on day of ride) (Police Escorted Ride)

Ride Ends: @ American Legion Village of Hannibal

Itinerary:

- **Route 38 to the American Legion Post 800, Groton, NY**
(stop for gas and food)



Groton, Home of Medal of Honor Recipient:

2LT TERRENCE GRAVES, USMC



Throop, Home of Medal of Honor Recipient:

SP4 ROBERT F. STRYKER, US ARMY

Route 38 to the American Legion Post 1552, in the Village of Hannibal, N.Y.... (ride ends...food and entertainment)

SPONSORED BY:

Vietnam Veterans of America Chapters 377, 480 & 704, Chapter 17 - The Blue Knights Motorcycle Club

For more information contact:

Harvey Baker, Chapter #377 Vietnam Veterans of America (607)898-3507

Bill Chandler, Chapter #480 Vietnam Veterans of America (607) 222-6357

Dan Baker – Chapter #17, the Blue Knights (607) 229-8153

And see us on (www.Cyberspokes.com) as well.



Central District Report

Nick Valenti

VVA Chapters #85, #103, #205, #296, #377, #480, #704, #708, #803, #827, #896, #944

Chapter visits to date: 704; 803; 944; 103; 205

Scheduled Visits to be conducted: 085; 377; 480; 827; 896

Had a great visit to Elmira Chapter #803 in February, and was treated to a tour of the "Vietnam Veterans of America Museum." This gem is located at 1200 Davis Street (at Grant Street) in Elmira, New York.

The goal to establish this museum had its genesis in the origins of the founding of Chapter #803 in 1997. The mission is to tell the true story of the U.S. involvement in Vietnam, the longest war in our country's history.

The hours are: 10:00 am - 5:00 pm Monday - Friday 12:00 pm - 5:00 pm Saturday & Sunday

Group tours are available by appointment.

To learn more, contact the Museum by calling 1-607-737-2760 and speaking to the Museum Director Dennis L. Wolfe Sr. or send an email to one of the following: Namvets803@aol.com; Robinsjm6@aol.com; in a pinch try www.myspace.com/namvets803; if you are looking for them on Facebook their URL address is: http://profile.to/namvetsofamericamuseum803.

When you call anyone of the Vietnam volunteers at the Museum can help you. This is a real group effort in Elmira. Remember to call ahead before coming to visit the Museum. The staff wish to make sure any visitors are accommodated to the fullest.

When I visited Utica Chapter #944 I was given a warm welcome as is the custom in Central District. The chapter members showed great enthusiasm having DAV, MOPH, American Legion and Masonic War Veterans collaborating on a number of activities.

Here is what they have in the works: To commemorate the 50th Anniversary of the Vietnam War, the Chapter is attempting to get Route 49 from Utica, New York to Griffiss Park in Rome, New York named "Vietnam Veterans Highway."

In May 944 members will pay a visit (at their own expense) to wounded soldiers at Walter Reed and also visit Fisher House. An attempt will be made to gain permission to lay a wreath at the "Tomb of the Unknown Soldier."

June will be a very busy month for the Chapter as the Patriot Run/Walk will take place on June 13th. A week later on June 20th the Vietnam Wall will come to Booneville for the 25th Anniversary of the annual Booneville Vietnam get-together. There will be polo shirts available commemorating the Wall and the 25th Anniversary of the get-together.

It is great to hear from Chapter #896 in Endicott, New York and how they continue to have a community presence. They have scheduled fund raiser spanning five months in 2015. Check out these dates and location:

Date	Location	Date	Location
March 21st	Oakdale Mall	August 15th	Sam's Club
June 20th	Sam's Club	September 5th	Sam's Club
July 25th	Sam's Club		

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They meet at American Legion Post, 1700 Maple Street, Endicott, New York 13760. You can find them there on the 3rd Thursday of each month at 7:00 PM. Anyone needing to contact them can email the Chapter at Hearts@stny.rr.com or you can phone and or fax them at 607-748-0167. By way of a quick introduction their officers are:

President	Larry G. Holdredge	Secretary	Donald Olsen
1st Vice President	Arthur Belles	Treasurer	Joseph Kozlowski
2nd Vice President	Edward Griffith		

I have had the pleasure on two occasions to meet and visit with Chapter #205 Incarcerated Veterans at Auburn State Prison. This year they had completed their Financial Report and Election Report and were read to submit to State and National. They also completed a comprehensive History dating back to the founding Chapter members in 1985. They continue with their annual giveaway that is conducted every December when homeless veterans, shelters, food pantries and elementary schools are present with hand knitted hats, scarves and gloves and with monetary donations. This annual event is a tireless effort carried on by the incarcerated veterans.

Unfortunately, these knitters have a severe shortage of yarn. The cost has tripled and they find themselves running out of materials. The only colors that are allowed to be brought into the prison are: Pink, Red, Brown, White, Green, Yellow, and Purple. If you wish to donate any of these colors contact Nick Valenti, Central District Director, New York State Council, Vietnam Veterans of America. Home number is 315-252-4535, if no answer, leave a message.

Chapter #704 is continuing with their annual poppy drive. The poppies are designed, and assembled by members of the Chapter during the months of January, February, and March of each year. Each poppy bears the name of one of the twenty seven Cayuga County servicemen killed in Vietnam. The month of May is when the poppies are distributed by Chapter members and Associates.

Plans are in the making for participation in a Field of Flags ceremony on the evening of May 22nd. People in the community purchase a flag in the name of a veteran and that flag is put on display in a much heralded ceremony. Participants include various American Legion Posts, the VFW, Korean Veterans Association, and Chapter #704. On May 24th a special service will be held for Medal of Honor recipient Robert Stryker at Pine Hill Cemetery in the Town of Throop. The participants include the National Guard, a local Chapter of Am Vets, Chapter #704, VFW and several American Legion Posts from Cayuga County. Also, on June 3rd the Chapter will assist with the Special Olympics Torch Run scheduled to pass through the City of Auburn.

Look for a busy summer in Central New York as Chapter #704 works with Vietnam Veterans Chapters #377, #480, and Blue Knights Chapter #17 when the 7th Annual Tribute Ride designating Route 38 as the Vietnam Veterans Highway of Valor is conducted. The date of that event is July 11, 2015.

August will see the 7th Annual Veterans Support Day and Stand Down occurring on Sunday August 15, 2015. It will take place at the Case Mansion, 108 South Street, Auburn, New York from 9:00 AM till 4:00 PM. Teaming up with Chapter #704 will be: Point Man International Ministries; Second Brigade Motorcycle Club and Upstate Party Rental of Auburn. Last year saw 153 veterans in attendance. The event organizers are preparing for even more participants this year.

Secretary's Report

HELP!

Francisco Muñiz III

I need the support of the VVA-NYSC membership to send in their E-mail address so that we can have an Updated listing of the membership so that they can get the information that we need to forward to you to take action on our requests sent out.

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Southern District Report

Joe Ingino

VVA Chapters #11, #32, #72, #82, #118, #126, #421, #807

On February 1st I received The Four Chaplin Award. Thanks to Rich Kitson President of Chapter 11, for presenting it, and Rabbi at Northport for putting me in for it. It was an honor to receive this award.

Bill Torres and myself were honored to be escorts to the Gold and Blue Star Mothers at the Vietnam Recognition Day in New York City for the United Veterans War Council.

On Sunday April 19, the chapter will be having a fundraiser, a pancake breakfast. I am involved with the Vietnam 50th Year Commemorative Ceremony Planning Meeting, at The Log Island National Cemetery in Farmingdale, New York.

Western District Report

Ted Wilkinson

VVA Chapters #20, #77, #193, #268, #459, #603, #681, #865, #978

Western district chapters continue to keep themselves extremely active.

The Traveling Wall is coming to Lockport NY in June and it is great to see chapters 268 and 77 participating.

I went to the VA regional office in Buffalo and visited NYSC office. I congratulated Cristina on becoming VVA accredited service office. Dee Garcia has the office running great. It was nice to see the smiling faces.

Chapter 20 member and past NYSC president Gary Beikirch was speaking for the VA healthcare "Homeless Veterans Program" at Freedom Hall in the Buffalo VA hospital.

I attended the advisory council meeting for Veterans Affairs Western New York Healthcare System.

Attended VVA National meetings and attended pow/mia committee and the Veterans Against Drugs taskforce meetings that I am on. I also sat in on veterans benefits committee and membership affairs committee.

Get well wishes for Herb Worthington.

MEMBERSHIP REPORT

Ted Wilkinson

In an effort to recognize membership growth in Vietnam Veterans of America, the Membership Affairs Committee has created the National Membership Growth Award.

Procedure:

A. The National Membership Growth Award is designed to recognize membership growth at the VVA chapter-level.

B. Winners will be based on the percentage of growth during the VVA fiscal year. March 1st - February 28th.

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C. Each year in March, the MAC Chair will request the membership totals of each Chapter within VVA from the National Membership Department. The report will consist of three columns:

- (1) Membership totals on March 1st of the previous year,
- (2) Membership totals on February 28th of the current year, and
- (3) Percentage of change.

D. Winners will be decided from the following numerical categories:

- 25 - 50 members
- 51 - 100 members
- 101 - 200 members
- 201 - 300 members
- 301 - 400 members
- 401 - 500 members
- 501 - 600 members
- 601 - 700 members
- 701 - 800 members
- 801 - 900 members
- 901- above members

E. Winners will be announced at the National meeting each year.

F. Second place achievers will be given honorable mention.

G. Should there be a tie for the highest percentage in one category, then the award will be given to each Chapter in the tie.

H. Chapters that remain below the 25-member minimum during the fiscal year are ineligible for the Award

. **Top VVA Chapters by Membership**

Rank	Chapter	State	Members		Rank	Chapter	State	Members
1	172	MD	1055		15	82	NY	327
2	203	TN	728		16	1054	SD	326
3	862	PA	702		17	628	WV	307
4	154	MI	640		18	12	NJ	302
5	451	MD	619		19	49	NY	281
6	77	NY	601		19	223	CA	281
7	20	NY	589		19	800	NJ	281
8	391	CA	505		22	47	CA	262
9	1036	FL	456		23	528	MI	260
10	11	NY	452		24	224	WI	259
11	137	TX	434		25	267	MI	257
12	299	IL	431		25	227	VA	257
13	751	OK	410		26	1067	AL	255
14	317	MO	399		27	982	CA	249
					27	233	NJ	249

How PTSD Became a Problem Far Beyond the Battlefield

Though only 10 percent of American forces see combat, the U.S. military now has the highest rate of post-traumatic stress disorder in its history. Sebastian Junger investigates.

by Sebastian Junger

The first time I experienced what I now understand to be post-traumatic stress disorder, I was in a subway station in New York City, where I live. It was almost a year before the attacks of 9/11, and I'd just come back from two months in Afghanistan with Ahmad Shah Massoud, the leader of the Northern Alliance. I was on assignment to write a profile of Massoud, who fought a desperate resistance against the Taliban until they assassinated him two days before 9/11. At one point during my trip we were on a frontline position that his forces had just taken over from the Taliban, and the inevitable counterattack started with an hour-long rocket barrage. All we could do was curl up in the trenches and hope. I felt deranged for days afterward, as if I'd lived through the end of the world.

By the time I got home, though, I wasn't thinking about that or any of the other horrific things we'd seen; I mentally buried all of it until one day, a few months later, when I went into the subway at rush hour to catch the C train downtown. Suddenly I found myself backed up against a metal support column, absolutely convinced I was going to die. There were too many people on the platform, the trains were coming into the station too fast, the lights were too bright, the world was too loud. I couldn't quite explain what was wrong, but I was far more scared than I'd ever been in Afghanistan.

I stood there with my back to the column until I couldn't take it anymore, and then I sprinted for the exit and walked home. I had no idea that what I'd just experienced had anything to do with combat; I just thought I was going crazy. For the next several months I kept having panic attacks whenever I was in a small place with too many people—airplanes, ski gondolas, crowded bars. Gradually the incidents stopped, and I didn't think about them again until I found myself talking to a woman at a picnic who worked as a psychotherapist. She asked whether I'd been affected by my war experiences, and I said no, I didn't think so. But for some reason I described my puzzling panic attack in the subway. "That's called post-traumatic stress disorder," she said. "You'll be hearing a lot more about that in the next few years."

I had classic short-term (acute) PTSD. From an evolutionary perspective, it's exactly the response you want to have when your life is in danger: you want to be vigilant, you want to react to strange noises, you want to sleep lightly and wake easily, you want to have flashbacks that remind you of the danger, and you want to be, by turns, anxious and depressed. Anxiety keeps you ready to fight, and depression keeps you from being too active and putting yourself at greater risk. This is a universal human adaptation to danger that is common to other mammals as well. It may be unpleasant, but it's preferable to getting eaten. (Because PTSD is so adaptive, many have begun leaving the word "disorder" out of the term to avoid stigmatizing a basically healthy reaction.)

Because PTSD is a natural response to danger, it's almost unavoidable in the short term and mostly self-correcting in the long term. Only about 20 percent of people exposed to trauma react with long-term (chronic) PTSD. Rape is one of the most psychologically devastating things that can happen to a person, for example—far more traumatizing than most military deployments—and, according to a 1992 study published in the *Journal of Traumatic Stress*, 94 percent of rape survivors exhibit signs of extreme trauma immediately afterward. And yet, nine months later 47 percent of rape survivors have recovered enough to resume living normal lives.

Combat is generally less traumatic than rape but harder to recover from. The reason, strangely, is that the trauma of combat is interwoven with other, positive experiences that become difficult to separate from the harm. "Treating combat veterans is different from treating rape victims, because rape victims don't have this idea that some aspects of their experience are worth retaining," says Dr. Rachel Yehuda, a professor of psychiatry and neuroscience and director of traumatic-stress studies at Mount Sinai Hospital in New York.

(Cont. on pg. 14)

(Cont. from pg. 13)

Yehuda has studied PTSD in a wide range of people, including combat veterans and Holocaust survivors. “For most people in combat, their experiences range from the best to the worst of times,” Yehuda adds. “It’s the most important thing someone has ever done—especially since these people are so young when they go in—and it’s probably the first time they’re ever free, completely, of their societal constraints. They’re going to miss being entrenched in this very important and defining world.”

Oddly, one of the most traumatic events for soldiers is witnessing harm to other people—even to the enemy. In a survey done after the first Gulf War by David Marlowe, an expert in stress-related disorders working with the Department of Defense, combat veterans reported that killing an enemy soldier—or even witnessing one getting killed—was more distressing than being wounded oneself. But the very worst experience, by a significant margin, was having a friend die. In war after war, army after army, losing a buddy is considered to be the most distressing thing that can possibly happen. It serves as a trigger for psychological breakdown on the battlefield and re-adjustment difficulties after the soldier has returned home.

Terrible as such experiences are, however, roughly 80 percent of people exposed to them eventually recover, according to a 2008 study in the *Journal of Behavioral Medicine*. If one considers the extreme hardship and violence of our pre-history, it makes sense that humans are able to sustain enormous psychic damage and continue functioning; otherwise our species would have died out long ago. “It is possible that our common generalized anxiety disorders are the evolutionary legacy of a world in which mild recurring fear was adaptive,” writes anthropologist and neuroscientist Melvin Konner, in a collection called *Understanding Trauma*. “Stress is the essence of evolution by natural selection and close to the essence of life itself.”

A 2007 analysis from the Institute of Medicine and the National Research Council found that, statistically, people who fail to overcome trauma tend to be people who are already burdened by psychological issues—either because they inherited them or because they suffered trauma or abuse as children. According to a 2003 study on high-risk twins and combat-related PTSD, if you fought in Vietnam and your twin brother did not—but suffers from psychiatric disorders—you are more likely to get PTSD after your deployment. If you experienced the death of a loved one, or even weren’t held enough as a child, you are up to seven times more likely to develop the kinds of anxiety disorders that can contribute to PTSD, according to a 1989 study in the *British Journal of Psychiatry*. And according to statistics published in the *Journal of Consulting and Clinical Psychology* in 2000, if you have an educational deficit, if you are female, if you have a low I.Q., or if you were abused as a child, you are at an elevated risk of developing PTSD. These factors are nearly as predictive of PTSD as the severity of the trauma itself.

Suicide by combat veterans is often seen as an extreme expression of PTSD, but currently there is no statistical relationship between suicide and combat, according to a study published in April in the *Journal of the American Medical Association Psychiatry*. Combat veterans are no more likely to kill themselves than veterans who were never under fire. The much-discussed estimated figure of 22 vets a day committing suicide is deceptive: it was only in 2008, for the first time in decades, that the U.S. Army veteran suicide rate, though enormously tragic, surpassed the civilian rate in America. And even so, the majority of veterans who kill themselves are over the age of 50. Generally speaking, the more time that passes after a trauma, the less likely a suicide is to have anything to do with it, according to many studies. Among younger vets, deployment to Iraq or Afghanistan lowers the incidence of suicide because soldiers with obvious mental-health issues are less likely to be deployed with their units, according to an analysis published in *Annals of Epidemiology* in 2015. The most accurate predictor of post-deployment suicide, as it turns out, isn’t combat or repeated deployments or losing a buddy but suicide attempts before deployment. The single most effective action the U.S. military could take to reduce veteran suicide would be to screen for pre-existing mental disorders.

It seems intuitively obvious that combat is connected to psychological trauma, but the relationship is a complicated one. Many soldiers go through horrific experiences but fare better than others who experienced danger only briefly,

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or not at all. Unmanned-drone pilots, for instance—who watch their missiles kill human beings by remote camera—have been calculated as having the same PTSD rates as pilots who fly actual combat missions in war zones, according to a 2013 analysis published in the *Medical Surveillance Monthly Report*. And even among regular infantry, danger and psychological breakdown during combat are not necessarily connected. During the 1973 Yom Kippur War, when Israel was invaded simultaneously by Egypt and Syria, rear-base troops in the Israeli military had psychological breakdowns at three times the rate of elite frontline troops, relative to their casualties. And during the air campaign of the first Gulf War, more than 80 percent of psychiatric casualties in the U.S. Army's VII Corps came from support units that took almost no incoming fire, according to a 1992 study on Army stress casualties.

Conversely, American airborne and other highly trained units in World War II had some of the lowest rates of psychiatric casualties of the entire military, relative to their number of wounded. A sense of helplessness is deeply traumatic to people, but high levels of training seem to counteract that so effectively that elite soldiers are psychologically insulated from even extreme risk. Part of the reason, it has been found, is that elite soldiers have higher-than-average levels of an amino acid called neuropeptide-Y, which acts as a chemical buffer against hormones that are secreted by the endocrine system during times of high stress. In one 1968 study, published in the *Archive of General Psychiatry*, Special Forces soldiers in Vietnam had levels of the stress hormone cortisol go down before an anticipated attack, while less experienced combatants saw their levels go up.

Shell Shock

All this is new science, however. For most of the nation's history, psychological effects of combat trauma have been variously attributed to neuroses, shell shock, or simple cowardice. When men have failed to obey orders due to trauma they have been beaten, imprisoned, "treated" with electroshock therapy, or simply shot as a warning to others. (For British troops, cowardice was a capital crime until 1930.) It was not until after the Vietnam War that the American Psychiatric Association listed combat trauma as an official diagnosis. Tens of thousands of vets were struggling with "Post-Vietnam Syndrome"—nightmares, insomnia, addiction, paranoia—and their struggle could no longer be written off to weakness or personal failings. Obviously, these problems could also affect war reporters, cops, firefighters, or anyone else subjected to trauma. In 1980, the A.P.A. finally included post-traumatic stress disorder in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Thirty-five years after acknowledging the problem in its current form, the American military now has the highest PTSD rate in its history—and probably in the world. Horrific experiences are unfortunately universal, but long-term impairment from them is not, and despite billions of dollars spent on treatment, half of our Iraq and Afghanistan veterans have applied for permanent disability. Of those veterans treated, roughly a third have been diagnosed with PTSD. Since only about 10 percent of our armed forces actually see combat, the majority of vets claiming to suffer from PTSD seem to have been affected by something other than direct exposure to danger.

This is not a new phenomenon: decade after decade and war after war, American combat deaths have dropped steadily while trauma and disability claims have continued to rise. They are in an almost inverse relationship with each other. Soldiers in Vietnam suffered roughly one-quarter the casualty rate of troops in World War II, for example, but filed for disability at a rate that was nearly 50 percent higher, according to a 2013 report in the *Journal of Anxiety Disorders*. It's tempting to attribute this disparity to the toxic reception they had at home, but that doesn't seem to be the case. Today's vets claim three times the number of disabilities that Vietnam vets did despite a generally warm reception back home and a casualty rate that, thank God, is roughly one-third what it was in Vietnam. Today, most disability claims are for hearing loss, tinnitus, and PTSD—the latter two of which can be exaggerated or faked. Even the first Gulf War—which lasted only a hundred hours—produced nearly twice the disability rates of World War II. Clearly, there is a feedback loop of disability claims, compensation, and more disability (

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claims that cannot go on forever.

Part of the problem is bureaucratic: in an effort to speed up access to benefits, in 2010 the Veterans Administration declared that soldiers no longer have to cite a specific incident—a firefight, a roadside bomb—in order to be eligible for disability compensation. He or she simply has to report being impaired in daily life. As a result, PTSD claims have reportedly risen 60 percent to 150,000 a year. Clearly, this has produced a system that is vulnerable to abuse and bureaucratic error. A recent investigation by the V.A.'s Office of Inspector General found that the higher a veteran's PTSD disability rating, the more treatment he or she tends to seek until achieving a rating of 100 percent, at which point treatment visits drop by 82 percent and many vets quit completely. In theory, the most traumatized people should be seeking more help, not less. It's hard to avoid the conclusion that some vets are getting treatment simply to raise their disability rating.

In addition to being an enormous waste of taxpayer money, such fraud, intentional or not, does real harm to the vets who truly need help. One Veterans Administration counselor I spoke with described having to physically protect someone in a PTSD support group because some other vets wanted to beat him up for faking his trauma. This counselor, who asked to remain anonymous, said that many combat veterans actively avoid the V.A. because they worry about losing their temper around patients who are milking the system. "It's the real deals—the guys who have seen the most—that this tends to bother," this counselor told me.

The majority of traumatized vets are not faking their symptoms, however. They return from wars that are safer than those their fathers and grandfathers fought, and yet far greater numbers of them wind up alienated and depressed. This is true even for people who didn't experience combat. In other words, the problem doesn't seem to be trauma on the battlefield so much as re-entry into society. Anthropological research from around the world shows that recovery from war is heavily influenced by the society one returns to, and there are societies that make that process relatively easy. Ethnographic studies on hunter-gatherer societies rarely turn up evidence of chronic PTSD among their warriors, for example, and oral histories of Native American warfare consistently fail to mention psychological trauma. Anthropologists and oral historians weren't expressly looking for PTSD, but the high frequency of warfare in these groups makes the scarcity of any mention of it revealing. Even the Israeli military—with mandatory national service and two generations of intermittent warfare—has by some measures a PTSD rate as low as 1 percent.

If we weed out the malingerers on the one hand and the deeply traumatized on the other, we are still left with enormous numbers of veterans who had utterly ordinary wartime experiences and yet feel dangerously alienated back home. Clinically speaking, such alienation is not the same thing as PTSD, but both seem to result from military service abroad, so it's understandable that vets and even clinicians are prone to conflating them. Either way, it makes one wonder exactly what it is about modern society that is so mortally dispiriting to come home to.

Soldier's Creed

Any discussion of PTSD and its associated sense of alienation in society must address the fact that many soldiers find themselves missing the war after it's over. That troubling fact can be found in written accounts from war after war, country after country, century after century. Awkward as it is to say, part of the trauma of war seems to be giving it up. There are ancient human behaviors in war—loyalty, inter-reliance, cooperation—that typify good soldiering and can't be easily found in modern society. This can produce a kind of nostalgia for the hard times that even civilians are susceptible to: after World War II, many Londoners claimed to miss the communal underground living that characterized life during the Blitz (despite the fact that more than 40,000 civilians lost their lives). And the war that is missed doesn't even have to be a shooting war: "I am a survivor of the AIDS epidemic," a man wrote on the comment board of an online talk I gave about war. "Now that AIDS is no longer a death sentence, I must admit

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that I miss those days of extreme brotherhood ... which led to deep emotions and understandings that are above anything I have felt since the plague years.”

What all these people seem to miss isn't danger or loss, per se, but the closeness and cooperation that danger and loss often engender. Humans evolved to survive in extremely harsh environments, and our capacity for cooperation and sharing clearly helped us do that. Structurally, a band of hunter-gatherers and a platoon in combat are almost exactly the same: in each case, the group numbers between 30 and 50 individuals, they sleep in a common area, they conduct patrols, they are completely reliant on one another for support, comfort, and defense, and they share a group identity that most would risk their lives for. Personal interest is subsumed into group interest because personal survival is not possible without group survival. From an evolutionary perspective, it's not at all surprising that many soldiers respond to combat in positive ways and miss it when it's gone.

There are obvious psychological stresses on a person in a group, but there may be even greater stresses on a person in isolation. Most higher primates, including humans, are intensely social, and there are few examples of individuals surviving outside of a group. A modern soldier returning from combat goes from the kind of close-knit situation that humans evolved for into a society where most people work outside the home, children are educated by strangers, families are isolated from wider communities, personal gain almost completely eclipses collective good, and people sleep alone or with a partner. Even if he or she is in a family, that is not the same as belonging to a large, self-sufficient group that shares and experiences almost everything collectively. Whatever the technological advances of modern society—and they're nearly miraculous—the individual lifestyles that those technologies spawn may be deeply brutalizing to the human spirit.

“You'll have to be prepared to say that we are not a good society—that we are an anti-human society,” anthropologist Sharon Abramowitz warned when I tried this theory out on her. Abramowitz was in Ivory Coast during the start of the civil war there in 2002 and experienced, firsthand, the extremely close bonds created by hardship and danger. “We are not good to each other. Our tribalism is about an extremely narrow group of people: our children, our spouse, maybe our parents. Our society is alienating, technical, cold, and mystifying. Our fundamental desire, as human beings, is to be close to others, and our society does not allow for that.”

This is an old problem, and today's vets are not the first Americans to balk at coming home. A source of continual embarrassment along the American frontier—from the late 1600s until the end of the Indian Wars, in the 1890s—was a phenomenon known as “the White Indians.” The term referred to white settlers who were kidnapped by Indians—or simply ran off to them—and became so enamored of that life that they refused to leave. According to many writers of the time, including Benjamin Franklin, the reverse never happened: Indians never ran off to join white society. And if a peace treaty required that a tribe give up their adopted members, these members would often have to be put under guard and returned home by force. Inevitably, many would escape to rejoin their Indian families. “Thousands of Europeans are Indians, and we have no examples of even one of those aborigines having from choice become European,” wrote a French-born writer in America named Michel-Guillaume-Saint-Jean de Crèvecoeur in an essay published in 1782.

One could say that combat vets are the White Indians of today, and that they miss the war because it was, finally, an experience of human closeness that they can't easily find back home. Not the closeness of family, which is rare enough, but the closeness of community and tribe. The kind of closeness that gets endlessly venerated in Hollywood movies but only actually shows up in contemporary society when something goes wrong—when tornados obliterate towns or planes are flown into skyscrapers. Those events briefly give us a reason to act communally, and most of us do. “There is something to be said for using risk to forge social bonds,” Abramowitz pointed out. “Having something to fight for, and fight through, is a good and important thing.”

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Certainly, the society we have created is hard on us by virtually every metric that we use to measure human happiness. This problem may disproportionately affect people, like soldiers, who are making a radical transition back home.

It is incredibly hard to measure and quantify the human experience, but some studies have found that many people in certain modern societies self-report high levels of happiness. And yet, numerous cross-cultural studies show that as affluence and urbanization rise in a given society, so do rates of depression, suicide, and schizophrenia (along with health issues such as obesity and diabetes). People in wealthy countries suffer unipolar depression at more than double the rate that they do in poor countries, according to a study by the World Health Organization, and people in countries with large income disparities—like the United States—run a much higher risk of developing mood disorders at some point in their lives. A 2006 cross-cultural study of women focusing on depression and modernization compared depression rates in rural and urban Nigeria and rural and urban North America, and found that women in rural areas of both countries were far less likely to get depressed than urban women. And urban American women—the most affluent demographic of the study—were the most likely to succumb to depression.

In America, the more assimilated a person is into contemporary society, the more likely he or she is to develop depression in his or her lifetime. According to a 2004 study in *The Journal of Nervous and Mental Disease*, Mexicans born in the United States are highly assimilated into American culture and have much higher rates of depression than Mexicans born in Mexico. By contrast, Amish communities have an exceedingly low rate of reported depression because, in part, it is theorized, they have completely resisted modernization. They won't even drive cars. "The economic and marketing forces of modern society have engineered an environment promoting decisions that maximize consumption at the long-term cost of well-being," one survey of these studies, from the *Journal of Affective Disorders* in 2012, concluded. "In effect, humans have dragged a body with a long hominid history into an overfed, malnourished, sedentary, sunlight-deficient, sleep-deprived, competitive, inequitable and socially-isolating environment with dire consequences."

For more than half a million years, our recent hominid ancestors lived nomadic lives of extreme duress on the plains of East Africa, but the advent of agriculture changed that about 10,000 years ago. That is only 400 generations—not enough to adapt, genetically, to the changes in diet and society that ensued. Privately worked land and the accumulation of capital made humans less oriented toward group welfare, and the Industrial Revolution pushed society further in that direction. No one knows how the so-called Information Age will affect us, but there's a good chance that home technology and the Internet will only intensify our drift toward solipsism and alienation.

Meanwhile, many of the behaviors that had high survival value in our evolutionary past, like problem solving, cooperation, and inter-group competition, are still rewarded by bumps of dopamine and other hormones into our system. Those hormones serve to reinforce whatever behavior it was that produced those hormones in the first place. Group affiliation and cooperation were clearly adaptive because in many animals, including humans, they trigger a surge in levels of a neuropeptide called oxytocin. Not only does oxytocin create a glow of well-being in people, it promotes greater levels of trust and bonding, which unite them further still. Hominids that were rewarded with oxytocin for cooperating with one another must have out-fought, out-hunted, and out-bred the ones that didn't. Those are the hominids that modern humans are descended from.

According to one study published in *Science* in June 2010, this feedback loop of oxytocin and group loyalty creates an expectation that members will "self-sacrifice to contribute to in-group welfare." There may be no better description of a soldier's ethos than that sentence. One of the most noticeable things about life in the military is that you are virtually never alone: day after day, month after month, you are close enough to speak to, if not touch, a dozen or more people. You eat together, sleep together, laugh together, suffer together. That level of intimacy duplicates our evolutionary past very closely and must create a nearly continual oxytocin reward system.

(To Be Continued Next Edition)

Researcher: Wind borne dust more dangerous

Until about a decade ago, scientists believed that any pathogen living in desert dust would be killed if it made its way into the daylight.

But emerging research questions whether that is true, as well as how wind-borne dust might spread disease.

William Sprigg, a science professor at Chapman University in California and the Institute of Atmospheric Physics at the University of Arizona, works with medical researchers to try to understand how dust interacts with human cardiovascular and respiratory symptoms, as well as how dust may spread disease. He uses NASA satellites to predict dust storms and where they might travel so susceptible populations — such as people with asthma or heart problems — can be warned. He advises the New Mexico and Arizona state health departments about his predictions.

Researchers have found previously that Saharan dust storms may spread meningitis through central Africa, he says, and Americans get “valley fever” every year from a fungus that may spread through airborne dust.

Sprigg first looked at dust from Africa 10 years ago.

“I was shocked,” he says. “The current wisdom is that any bacteria or virus that might be alive, after it hits the air, it’s exposed to ultraviolet radiation and killed.”

But weather systems pick up the particles, protecting them from ultraviolet radiation with clouds, outside layers of yet more bacteria, and the sun-blocking dust itself.

“I think it can fly for hundreds of miles and not contact sunlight,” he says.

He’s also looked samples found in air above the Atlantic Ocean and found that some of the bacteria could cause ear infections and mouth lesions. And researchers have identified 213 viruses and 201 species of fungi in African dust. That dust has traveled as far as Florida, says Dale Griffin, an environmental public health microbiologist with the U.S. Geological Survey.

Griffin said dust blowing through the Caribbean islands from Africa may have caused more cases of asthma in children on Caribbean islands — the asthma rate in Barbados is 17 times greater than it was in 1973.

The Environmental Protection Agency has issued guidelines for particulate matter in the past, but the organization focused on industrial pollution, rather than the possibility that naturally occurring dust could cause a problem, Sprigg says.

He said more research funding needs to go toward researching disease and dust, as well as to predicting dust storms and letting people know when they should stay inside.

“We need to encourage measurement,” he says. “We need to determine what is in it. We need to forecast it.”

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