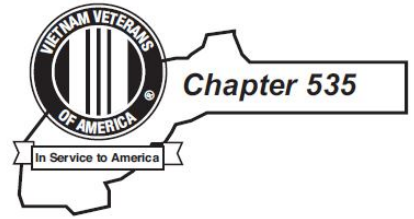




INCOMING

VIETNAM VETERANS OF AMERICA
CHAPTER 535



Website: www.vva535.org

Volume 30 Issue 8

August 2020

**VIETNAM VETERANS OF AMERICA
CHAPTER 535
PRESIDENT'S MESSAGE
June 2020**

We are reminded daily that we are living in a constantly changing world with a major force of change being the Covid-19 virus. What this implies is that we must remain diligent and adaptable so that we remain virus free. At this juncture I do not know a person who has contracted the disease. Three days ago I spoke with a local principal of a funeral home, and he told me his firm had no connectivity with the death of anyone from C-19. The blessings of life in a smaller community are apparent.

Let us all trust that with diligence we can each be a part of the solution and not a part of the problem. Even if you live in a larger community, do follow CDC and local guidelines, wash your hands, maintain social distancing, etc. Peer pressure just might help us return to normalcy, something we all crave after months of consternation, loneliness, and even fear of infection.

Until we are relatively safe from viral infection, we'll continue to seek camaraderie via Zoom online meetings. The impact of distance association affects each of us differently, and it especially impacts those who lack the technology to join in the Zoom reality. The day

will come when we'll again carry on our mission, together, in person, and with renewed purpose.

If you have something to share with everyone, I am happy to repost your message for all to see and appreciate. Just send it!

Bart Ruud

**Watch for an Announcement for a possible
August 6, 2020 ZOOM meeting.**

VVA Chapter 535 Mission Statement

To foster camaraderie among members and assist those with disabling mental and physical injuries, to promote the welfare of our brethren affected by the war, and to engender public understanding of the sacrifice, patriotism and bravery of those who served, those who gave all, and those left behind.

Attention

If you do not drive and need a ride to a meeting or any VVA-535 function, please contact Bart Ruud or any local VVA -535 member and we will do our best to arrange transportation for you.

Guest Speaker for August 6, 2020

Bart Ruud will share an overview of his 1971-72 deployment as a 17B40 NCOIC in I-Corp, Vietnam. Note: *ON HOLD* until beyond ZOOM.

Tom Woollard works hard to coordinate and arrange for guest speakers. Lend a hand and pass along any ideas you may have for future guest speakers.

Table of Contents

Pg. 1	President's Message
Pg. 1	Mission Statement
Pg. 2	Guest Speaker
Pg. 2	Table of Contents
Pg. 2,	Upcoming events
	Officers, Directors & Committee Chairs
Pg. 3	July Board Meeting Aftermath
Pg. 3	Junior Livestock Auction
Pg. 4	PTSD Stamp Revenue
Pg. 5	Corneal Abrasion
Pg. 7	Arlington Confederate Monument Removal
Pg. 8	Dental Implants
Pg. 10	Coronavirus Vaccine Cost
Pg. 12	Health Care Testimonial
Pg. 13	Writing Your Story
Pg. 13	Aluminum Pull-Tabs
Pg. 16	VVA Application
Pg. 17	Calendars

Upcoming Events - *Mostly cancelled*

NCCVC Meeting – July 2, 2020 ??
General Meeting – July 2, 2020 online via Zoom
Director's Meeting – July 2, 2020
July 2, 2020 – Drawing for air rifle (???????)
CSC Meeting – Visalia – April 24-26, 2020
July 2, 2020 - Installation of Officers & Directors (?????)
CSC Convention – July 30 – August 2, 2020
Nevada County All Veterans Stand Down – October 16-17, 2020
CSC Meeting – Visalia Oct. 23-25, 2020

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Committee Chairs

FinanceRalph Remick & Dave Johnson
Parade and Honor Guard Dick Corn
Membership AffairsRic Sheridan
Newsletter Interim editor Bart Ruud
Victorian Christmas open
Nominations Ralph Remick
Veterans Assistance Bart Ruud
NCCVC Mike Underwood
Speakers Bureau Tom Woollard
Web Master Ralph Remick
Quartermaster Dick Corn
Facebook Master Mike Laborico
Nevada County Fair open
CA State Council Rep. Mike Underwood

Nevada County Veterans Service Officer

VSO Officer -David West II (530) 265-1446 office
(530) 913-5046 cell

988 McCourtney Road, Grass Valley 95949

ncvso@co.nevada.ca.us

Thursday, 9:00 to 12:00 and 1:00 – 4:00 is a
“Walk-In” day.

Placer County Veterans Service Officer

Derrick Oliveira ... 916-780-3290.

1000 Sunset Blvd, Suite 115, Rocklin, CA

Monday – Friday, 8:00 – 12:00 and 1:00 – 5:00
p.m.

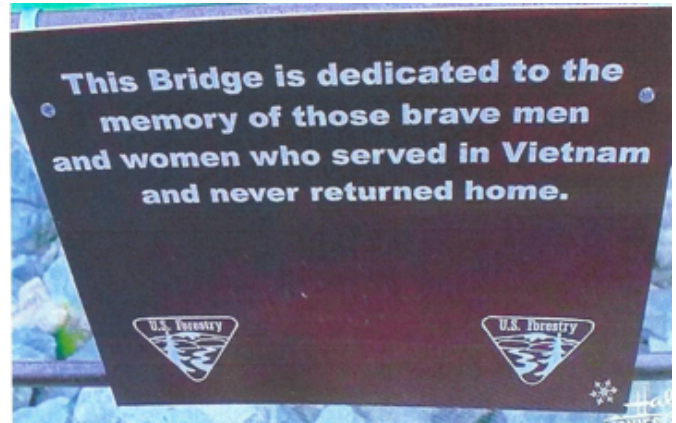
Matters of interest as outlined at Zoom Meeting of July 2, 2020

Yours truly was out of state and unable to participate in the July meeting. The following is a holdover from the July edition of INCOMING.

In March the Board discussed the Traveling Wall project and came to no conclusions, other than to table some questions and defer those questions to the General Membership: Could the project be combined with the Nevada County Stand Down, October 16, 17, 2020? Would the VVA-535 insurance cover the project? Would NCCVC be permitted to provide 24-hour security as means to offset costs? This project remains a work in progress for future discussion by VVA-535 and the NCCVC.

The Board voted to contribute \$50 to a Veteran in need so that he might obtain his birth certificate. **Note:** This assistance was cancelled as a result of a VSO recommendation. No funds were disbursed.

The installation of a plaque recognizing Vietnam War veterans at the Hwy. 49 bridge over the Yuba River remains as a work in progress because of a communication breakdown. State Parks administrators need to weigh in. (Current status is unknown.)



Nevada County Fair Junior Livestock Auction

Our Treasurer, Ralph Remick, informs me that VVA 535 has received \$1,250 in contributions offered in support of the August 13-15, 2020 online livestock auction that is being set up as a result of cancellation of the 2020 Nevada County Fair. The actual fund will likely change, but this is our starting point. A major change could be a match, dollar for dollar of our fund, up to a limit of \$1500, by an interested party that must remain unnamed at this juncture.

We await further direction from the Nevada County Fair management team and from the Nevada County Livestock Producers Association regarding procedural conduct of the auction and pertinent details.

While the auction incorporates both livestock and agricultural mechanics entries, VVA 535 will only participate in the livestock sector.

Here are the basics:

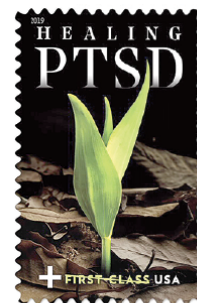
- Assuming VVA 535 successfully bids on and purchases an animal for slaughter, that animal would be transported to slaughter by the N.C. Livestock Producers and then be processed by a USDA sanctioned slaughterhouse. We would pay the killing and slaughtering fee of \$250 for beef; \$95 for a hog; \$60 for a goat; or, \$57 for a lamb.

- The animal carcass would then be directed to the custom butcher of our choice, selected from a list of butcher shops, and we would provide direction regarding such considerations as thickness of steaks, fat content of hamburger, etc. We would pay the cutting and wrapping fees. One butcher shop has the following rate, based on weight: Beef – cut, wrap, smoke, cure fee estimate is \$1,039; Hog estimate is \$287; Lamb estimate is \$157; Goat estimate is \$160. Then the product would be ours to dispose of as we might wish. We could individually purchase various cuts among ourselves or we could make the product a donation to a food closet or to an organization like Hospitality House, but only if they can accept a product not cut and wrapped in a butcher shop not sanctioned by the USDA. (Few such shops exist.) HH or other food closets are likely not able to accept raw meat.
- A second alternative is that we could put the purchased animal up for resale, which would mean we would pay the killing and processing fee, and then the USDA inspected carcass would be purchased by another party for their discretionary cutting and wrapping. It is probable that even a local meat market or butcher shop in a supermarket would purchase such a carcass. That purchase will generate a sum of money, and as a resale carcass, that sum would be returned to VVA 535 to offset the cost on-the-hoof of the live animal.
- From *Livestock Producers*: The major difference this year is that the auction will all be online, with no Auctioneer, you will just click to bid. We don't know if this will make it better or worse. This year we are also bidding per head not per pound. So the averages maybe a little different. We have set a floor for each species here our the min bids:
 - a. Steer: \$3,000
 - b. Swine: \$800
 - c. Sheep: \$700
 - d. Goat: \$700
 - e. Rabbits: \$100
- Last year on average the animals would cost the following:
 - a. Steer: \$4,200
 - b. Swine: \$1,620
 - c. Sheep: \$1,400
 - d. Goat: \$1,000
 - e. Rabbits: \$500+
- We are informed by the Fair management team that VVA 535 can pool its funds with others with regard to purchase of an animal at auction.
- Options other than bidding on and buying an animal exist. We could elect to do and “Add On” during the auction, or, we could elect to donate to the “Community Pool” that will support all the Junior Livestock exhibitors.

As more is known and understood, anticipate an update regarding this endeavor.

VA PTSD Research
Stamps Sales Have raised \$717,000+ for
Funding

Source: ConnectingVets.com Abbie Bennett June 26,
2020



VIA USPS
A new semipostal stamp is available at the Post Office. Extra proceeds from stamp sales will go to the U.S. Department of Veterans Affairs for the National Center for PTSD.

The Healing PTSD stamp, issued by the United States Postal Service last year, is having a big impact on the mental health of veterans. The Department of Veterans Affairs announced on 26 JUN that the VA National Center for PTSD will be able to fund additional research due to the sale of more than 7 million of the stamps from December of 2019 to May of this year. According to a release, stamps sales have raised more than \$717,000, which has now been disbursed to the VA. The USPS's new fundraising stamp is dedicated to healing PTS.

“Thanks to the millions of Americans who purchased the Healing PTSD stamp, VA will continue to study, create awareness, educate and develop policies which better the lives of veterans with PTSD,” said VA Secretary Robert Wilkie. “The stamp not only raises awareness about PTSD but will provide funding for needed research and education about trauma and PTSD treatment.”

Trump says he's 'marshaling every resource' to prevent veteran suicide in new plan. June was national Post Traumatic Stress Month and anyone who has seen or gone through a traumatic event, such as war, sexual assault or a serious accident, can develop PTSD. As a result, they may experience problems sleeping, trouble concentrating, recurrent dreams about the trauma, intense reactions to reminders of the trauma, disturbances in relationships and/or isolation. For more information about PTSD, refer to <https://www.ptsd.va.gov>

Corneal Abrasion

Result of Small Object in Eye

Source: www.informedhealth.org | July 2, 2020

There are plenty of situations where small objects can easily enter your eye – for instance, while riding a bike, gardening or playing on the

beach. If an object gets into your eye it can damage the surface of the cornea. This is known as “corneal abrasion” or “corneal erosion.” It's not always visible. If you have a corneal abrasion it can feel like there's still something in your eye – even if the object has been removed. Corneal abrasions usually heal completely within two or three days. But they can sometimes lead to complications, so it may be better to see a doctor.

Causes & Symptoms

Normally, our eyelashes, eyelids and tears work together to stop objects from entering our eyes, or to quickly flush them out if they do get in. The firm and elastic cornea helps to protect the highly sensitive eyeball from injury. Minor injuries to the cornea are still quite common, though. The most common cause is when something gets stuck under the eyelid or a contact lens. A lot of different things could harm our eyes: a little twig that gets blown into your face while running in the woods, the fingernail of a toddler who unexpectedly stretches their hand out, or a poorly placed contact lens. Foreign objects may also get into your eye during home improvements or as a work-related injury, for instance when using a milling machine or welding

The transparent cornea of the eye contains many fine nerve fibers, which react very sensitively to touch and injury. That's why it's so uncomfortable when a foreign object like a grain of sand or a small insect enters the space between your eyeball and your eyelid, or gets under your contact lens. Your eye starts to hurt and it waters. If the cornea is scratched, it will feel as though something is stuck in your eye. Other possible symptoms include sensitivity to light and blurry vision

Superficial corneal abrasions usually heal within a few hours or days. If symptoms return after a couple of weeks or months, you might have recurrent corneal erosion (RCE). Here the cornea can't heal because the new cells don't

attach properly. Symptoms may include pain after waking up, sensitivity to light, watery eyes, cramps in the eyelid and blurry vision. Recurrent corneal erosion is quite rare: It occurs in less than 1 out of 100 people who have a minor eye injury.

Prevention & Diagnosis

A lot of work-related eye injuries can be prevented by wearing safety glasses. At dangerous workplaces there are normally safety regulations to protect your eyes from hazards such as sanding, drilling, welding and exposure to acids. But it is just as important to protect your eyes at home when doing DIY or gardening. Safety glasses that completely cover the eyes are particularly recommended when doing work above your head with your head tilted back so you can look up, and when using a hammer and chisel or sanding something. If small particles and bits of metal break off they can hit the eye at a high speed and become deeply lodged. It's important to take care while gardening too: Activities like re-potting plants with prickly leaves or thorns can lead to corneal injuries.

If the symptoms stop after a couple of hours and your eye hasn't changed noticeably, you probably have a minor eye injury such as a scratched cornea. The following symptoms may be signs of a more severe injury that needs medical attention:

- • You have something stuck up high under your eyelid and it will not come out
- • If you have contact lenses: Your eye is red or uncomfortable
- • Your eye hurts a lot
- • Your eye has changed noticeably
- • Your eye is bleeding or oozing a sticky fluid

If you think you have a more severe eye injury, it's best to have it checked by an eye doctor. If your eye hurts, it's

important to describe exactly where it hurts – e.g. on the surface of the eye, inside the eye or only when you move your eye. The doctor will test your vision and the reactions of your pupil too.

Treatment

Your eye tries to flush away foreign objects by watering and blinking. If that doesn't work, you can try to get it out yourself or ask someone else to help you.

- • If the object is on the lower eyelid you can carefully try to get it out with an unused tissue. It's important not to start rubbing your eye, even though that's often the natural reflex. Rubbing can damage the cornea, especially if the object in your eye is hard or has sharp edges. If possible, you should avoid touching the cornea when trying to remove the foreign object.
- • If you get chemicals in your eye, the first thing you should do is try to wash your eye as thoroughly as possible with plenty of clean water.
- • If you are unable to remove a foreign object yourself, you will need help from an eye doctor. Doctors can carefully lift your eyelid and quickly remove any foreign matter. Eye drops with a local anesthetic can be used to numb the eye beforehand if necessary.
- • A superficial corneal injury can be treated with an ointment. Some eye ointments contain muscle-relaxants or antibiotics. Eye-muscle-relaxants make the pupil dilate a lot, causing the eye to become temporarily more sensitive to light and blurring your vision.
- • You can use a painkiller like ibuprofen to relieve any pain in your eye. Painkillers are available as eye drops or tablets.
- • Eye patches usually aren't used for minor eye injuries. Studies have shown that they don't speed up the healing

process, and could in fact slow it down. Only being able to see through one eye isn't only frustrating, it can also increase the risk of further accidents. You need both eyes to be able to judge how close or far away things are.

If you think you might have a serious eye injury, it's important to seek medical attention quickly. It's then a good idea to carefully cover the eye and have somebody take you to an eye doctor or hospital, preferably an eye clinic. You could cover it with a cupped hand, for instance. Above all, do not touch or rub your eye, no matter how much it might itch or burn.

Arlington National Cemetery Confederate Memorial Monument Removal Under Review

Source: Military.com | Richard Sisk | July 9, 2020

The frieze on the Confederate Memorial in Section 16 of Arlington National Cemetery depicts a "Mammy" cradling the infant of a rebel soldier and a slave following his master off to war. The inscription in Latin on the 32-foot high monument, one of the tallest on the cemetery's hallowed grounds, also pays homage to the "Lost Cause" of secession from the United States. Since it was dedicated in 1914 by President Woodrow Wilson, the monument's presence on the grounds of what had been the estate of Confederate Gen. Robert E. Lee and Mary Custis Lee has been the target of periodic calls for its removal, and now it could be again. In a statement 7 JUL, the Army, which has jurisdiction over Arlington National Cemetery (ANC), confirmed that the service is working with the Defense Department "on guidance for display of divisive symbols. Any review would include this memorial." The Army's action, first reported by The Washington Post, made the monument in Arlington part of the national debate on Confederate symbols, statues and military base names that was fueled by the

25 MAY killing in Minneapolis of George Floyd in police custody and the following mostly peaceful protests for racial justice. Both the House and Senate Armed Services Committee recently passed amendments to the \$740 billion National Defense Authorization Act requiring the military to come up with new names for bases now honoring Confederate generals, such as Fort Bragg, North Carolina; Fort Benning, Georgia; and Fort Hood, Texas. In addition, a pair of House Appropriations Committee bills would block funding for military construction projects at bases named after Confederate leaders unless a renaming process had begun and would also provide \$1 million in funding for the Army to rename the bases. Sen. Kirsten Gillibrand (D-NY) with the backing of 35 other Democratic senators, has also put forward a stand-alone bill called the "The Removing Confederate Names and Symbols from Our Military Act." The bill would require the secretary of defense "to remove all names, symbols, displays, monuments, and paraphernalia that honor or commemorate the Confederate States of America, or any person who served voluntarily with the Confederate States of America, from all assets of the Department of Defense."



In a 30 JUN Twitter post, President Donald Trump threatened to veto the entire NDAA if provisions "which will lead to the renaming (plus other bad things!) of Fort Bragg, Fort Robert E. Lee, and many other Military Bases from which we won Two World Wars, is in the Bill!" Any steps to remove or replace the Confederate Memorial in Arlington would inevitably spark controversy and resurface the

scars of history. Even the dead at Arlington were segregated until 1948, when President Harry Truman ordered the desegregation of the military. The monument, topped by the figure of a woman representing "The South" and extending a laurel wreath from her left hand toward the south, is ringed by the gravestones of more than 400 Confederate troops arranged in concentric circles. The headstones are distinct, coming to a point at the top as opposed to the rounded headstones in the rest of the cemetery. After the Civil War, Arlington initially barred Confederate soldiers from burial there, but the ban eventually was lifted. A history of the monument posted on the cemetery's website notes that the Confederate Memorial "embodies the complex and contested legacy of the Civil War at Arlington National Cemetery, and in American culture generally." In 1900, in the spirit of reconciliation, Congress authorized Confederate remains to be reinterred at ANC. Two years earlier, President William McKinley had kicked off his "Peace Jubilee" tour at the end of the Spanish-American war with a speech in Atlanta. "In the spirit of fraternity, we should share with you in the care of the graves of Confederate soldiers," he said. "Sectional feeling no longer holds back the love we feel for each other. The old flag again waves over us in peace with new glories." On June 7, 1903, the first Confederate Memorial Day ceremonies were held in Arlington's Confederate section. President Theodore Roosevelt sent a floral arrangement in tribute, beginning a tradition followed by nearly every succeeding president. In 2009, President Barack Obama altered the tradition. He sent two wreaths -- one to the Confederate Memorial, the other to Washington, D.C.'s African American Civil War Memorial, a historical description on the Arlington website said. In 1906, President William Howard Taft gave approval to the United Daughters of the Confederacy to begin raising funds for the erection of a monument in the Confederate section. Moses Jacob Ezekiel, a sculptor and a Confederate veteran, was chosen as the designer. "The elaborately designed monument offers a

nostalgic, mythologized vision of the Confederacy, including highly sanitized depictions of slavery," the ANC website states. In 2017, descendants of Moses Jacob Ezekiel called for the removal of the Confederate Memorial from the cemetery. In a letter to The Washington Post, they said the monument "glorifies the fight to own human beings and, in its portrayal of African Americans, implies their collusion." "As proud as our family may be of Moses' artistic prowess, we -- some twenty Ezekiels -- say remove that statue. Take it out of its honored spot in Arlington National Cemetery and put it in a museum that makes clear its oppressive history," the letter said.

Dental Implants Things to Consider

Source: Advanced Smiles Dentistry | July 6, 2020



Implant screw and Dental Crown Tooth

Dental implants as we know them today were invented in 1952 by a Swedish orthopedic surgeon named Per-Ingvar Brånemark. Today, they are considered the standard of care for prosthetic replacement of missing teeth in dentistry. A dental implant is a surgical fixture that is placed into the jawbone and allowed to fuse with the bone over the span of a few months. The dental implant acts as a replacement for the root of a missing tooth. In turn, this "artificial tooth root" serves to hold a replacement tooth or bridge. Having a dental

implant fused to the jawbone is the closest thing to mimicking a natural tooth because it stands on its own without affecting the nearby teeth and has great stability. The process of fusion between the dental implant and jawbone is called "osseointegration." Most dental implants are made of titanium, which allows them to integrate with bone without being recognized as a foreign object in our body. Overtime, technology and science have progressed to greatly improve the outcomes of dental implant placement. Today, the success rate for dental implants is close to 98%.

When we hear "dental implants", usually patients only think about a "post" or "screw" inside the bone to support a dental implant ceramic crown or an all on four zirconia bridge. But it is very important to know that there is more to it than a "Screw" or a "Post before you visit your dentist. So here are the 5 main things you need to know about your dental implant:

Brand & Model -- As for cars, phones and clothing, there is also numerous brands of dental implants, and each one has their distinct anatomy and design. As Toyota has their "Tacoma", they also have their "Tundra"; the same goes with dental implants. Normally, dental implant brands will have 2 or more models of implants which have different design and are indicated for different cases.

The parts of the implants are often not compatible, so it is very important to know what company they used for your dental implants.

Measurements -- As there are different designs of dental implants, same thing goes with their measurements. There are different diameters, as well as lengths when it comes to dental implants, and which will be used is based on the height, with and gross of the bone structure where it will be placed.

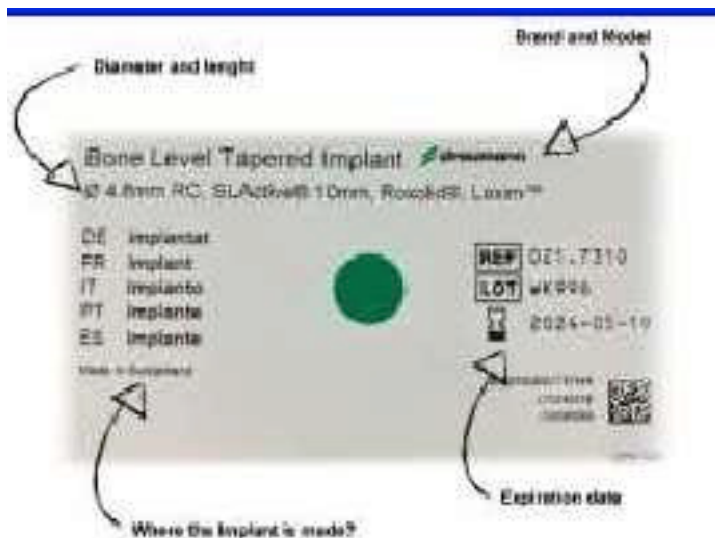
Lifespan -- While different literatures have multiple lifespans going from 10-15 years, others go up to 30 years. Both of them are right,

and still there can be cases below or above that rate, but it's important to understand that one of the key factors to have a longer lifespan is your oral care.

Care -- Patients who have or will be having dental implants must realize and fully understand that dental implants are not natural teeth. Like natural teeth, dental implants may fail, that is why you must take good care of them by being careful on what you eat and proper hygiene of your mouth. Dental implants are one of the best options to replacing a missing tooth, but we must understand that this is a foreign body in our bone that under poor conditions, our body may end up rejecting the implant.

Maintenance -- There is no difference on maintenance timeframes as of cleanings. You must visit your dentist every 6 months for your dental cleaning and, if the doctor sees the need, he will be removing your implant crown to clean both dental implant and crown, and placing it back on. (This in case of "Screw-In Crowns".

Stickers -- Implants, as other dental materials, have expiration dates, and this information comes in stickers inside the same package where the implant comes in. So, it is important to ask your dentist to provide you with one of these stickers in order for you to have the Lot, Brand, Model, Size (Diameter) and Expiration Date of your implant. Take the below sticker as the complete information from the manufacturer.



The cost of a single dental implant can vary depending on the region and who is performing the procedure. A conservative cost estimate for a single dental implant in the states is \$3,000-\$4,500. This cost includes the surgery for placement of an implant, all the components, and the implant crown. Dental insurance typically does not pay for dental implant placement. Some dental insurances may help pay for the implant crown portion. Unfortunately, in many cases, dental insurance considers dental implants to be an elective procedure even though dental implants have become the standard of care for replacement of missing teeth. For more info on what is involved in the transplant procedure refer to https://www.medicinenet.com/dental_implant_s/article.htm

Coronavirus Vaccine

How it Could Cost Americans Dearly

Source: Kaiser Health News | Elisabeth Rosenthal(Opinion) | July 8, 2020

Yes, of course, Americans’ health is priceless, and reining in a deadly virus that has trashed the economy would be invaluable. But a COVID-19 vaccine will have an actual price tag. And given the prevailing business-centric model of American drug pricing, it could well be budget

breaking, perhaps making it unavailable to many. The last vaccine to quell a global viral scourge was the polio inoculation, which ended outbreaks that killed thousands and paralyzed tens of thousands each year in the United States. The March of Dimes Foundation covered the nominal drug cost for a free national vaccination program. It came in the mid-1950s, before health insurance for outpatient care was common, before multiple patents protected new drugs, before medical research was regarded as a way to become rich. It was not patented because it was not considered patentable under the standards at the time.

Now we are looking for viral deliverance when drug development is one of the world’s most lucrative businesses, ownership of drug patents is disputed in endless court battles, and monopoly power often lets manufacturers set any price, no matter how extraordinary. A new cancer treatment can cost a half-million dollars, and old staples like insulin have risen manifold in price to thousands of dollars annually. And the American government has no effective way to fight back. Recent vaccines targeting more limited populations, such as a meningitis B vaccine for college students and the shingles vaccine for older adults, have a retail cost of \$300 to \$400 for a full course. If a COVID-19 vaccine yields a price of, say, \$500 a course, vaccinating the entire population would bring a company over \$150 billion, almost all of it profit.

Dr. Kevin Schulman, a physician-economist at the Stanford Graduate School of Business, called that amount “staggering.” But Katherine Baicker, dean of the University of Chicago Harris School of Public Policy, said that from society’s perspective “\$150 billion might not be an unreasonable sum” to pay to tame an epidemic that has left millions unemployed and cost the economy trillions. Every other developed country has evolved schemes to set or negotiate prices, while balancing cost, efficacy and social good. The United States instead has let business calculations drive drug price tags, forcing us to

accept and absorb ever higher costs. That feels particularly galling for treatments and vaccines against COVID-19, whose development and production is being subsidized and incentivized with billions in federal investment.

When AZT, the first effective drug for combating the virus that causes AIDS, was introduced in 1992, it was priced at up to \$10,000 a year or about \$800 a month. It was the most expensive prescription drug in history, at that time. The price was widely denounced as “inhuman.” Today that price gets you some drugs for toenail fungus. Investors already smell big money for a COVID-19 vaccine. The market cap of Moderna, a small Boston-area company that has partnered with the National Institutes of Health in the vaccine race, has tripled since 20 FEB 2020, to \$23 billion from \$7 billion, turning its chief executive into an overnight billionaire. While Moderna’s vaccine is regarded as a strong contender, the company has never brought a successful drug to market.

Manufacturers have traditionally claimed that only the lure of windfall profits would encourage them to take the necessary risks, since drug development is expensive and there’s no way of knowing whether they’re putting their money on a horse that will finish first, or scratch. More recently they have justified high prices by comparing them with the costs they would prevent. Expensive hepatitis C drugs, they say, avoid the need for a \$1 million liver transplant. No matter that the comparison being made is to the highly inflated costs of treating disease in American hospitals. Such logic would be disastrous if it were applied to a successful COVID vaccine. COVID-19 has shut down countless businesses, creating record-high unemployment. And the medical consequences of severe COVID-19 mean weeks of highly expensive intensive care.

“Maybe the economic value of the COVID vaccine is a trillion — and even if the expense to the company was a billion, that’s 1,000 times return on investment,” said Schulman. “No

economic theory would support that.” In 2015, the Senate Finance Committee came up with a simpler explanation for high drug prices. After reviewing 20,000 pages of company documents, it found that Gilead Sciences had what the committee’s ranking Democratic member, Ron Wyden of Oregon, called “a calculated scheme for pricing and marketing its hepatitis C drug based on one primary goal, maximizing revenue.”

In setting prices, drugmakers rarely acknowledge the considerable federal funding and research that have helped develop their products; they have not offered taxpayer-investors financial payback. The Biomedical Advanced Research and Development Authority, a federal agency known as BARDA, is giving Moderna up to \$483 million for late-stage development of its vaccine. The basic science that has allowed the small company to move so rapidly was developed with a huge prior infusion of federal money to come up with a treatment for diseases like Zika. Francis Collins, the head of the National Institutes of Health, has said the government has some intellectual property rights. Moderna seems to dispute that view, saying it is “not aware of any I.P. that would prevent us from commercializing” a COVID-19 vaccine. Likewise, AstraZeneca, a top competitor, has received a BARDA promise of up to \$1.2 billion for commercializing a product derived from research at the University of Oxford.

There is no simple, direct mechanism for regulators or legislators to control pricing. Our laws, in fact, favor business: Medicare is not allowed to engage in price negotiations for medicines covered by its Part D drug plan. The Food and Drug Administration, which will have to approve the manufacturer’s vaccine for use as “safe and effective,” is not allowed to consider proposed cost. The panels that recommend approval of new drugs generally have no idea how they will be priced. “The idea that we would allow ourselves to be held hostage in an emergency is mind-boggling,” said David

Mitchell, head of Patients for Affordable Drugs, an advocacy group.

That's why a bipartisan coalition in the House recently proposed two new bills to prevent "price gouging" for "taxpayer funded COVID-19 drugs" to ensure affordable pricing. The exact mechanisms for enacting the provisions therein — such as requiring manufacturers to reveal their development costs — remain unclear. The industry has previously protected development data as a trade secret. The bills would also require "reasonable pricing clauses" be included in agreements between drug companies and agencies funding their work. They propose waiving exclusive licenses for COVID-19 drugs, allowing competitors to sell the same products as long as they pay the patent holder royalties.

Other countries, such as Britain, take a more head-on approach: a national body does a cost-benefit analysis regarding the price at which a new drug is worth being made available to its citizens. Health authorities then use that information to negotiate with a drugmaker on price and to develop a national reimbursement plan. We could, too, but would need to consider mechanisms outside of our current box — at least for this national emergency. The federal government could, for example, invoke a never-before-used power called "march-in rights," through which it can override a patent holder's rights if it doesn't make its medicines "available to the public on reasonable terms." (Unfortunately, in already-signed agreements with BARDA, some drugmakers have explicitly watered down or eliminated that proviso.) We could, alternatively, allow Medicare to negotiate drug prices — a proposal that has been raised by politicians and beaten back by industry again and again. We would then need to restrict markup for a COVID- 19 vaccine for the private market. Otherwise, we'd get the kinds of results emerging from the COVID testing industry, where Medicare pays \$100 for the test but some labs charge insurers over \$2,000.

There is already reason to worry that our deliverance from the coronavirus will cost us plenty. BARDA paid AstraZeneca up to \$1.2 billion toward development, production and delivery of its candidate vaccine, in order to secure

300 million doses in October. Britain paid the equivalent of \$80 million to secure 100 million doses in September — one-fifth of what the United States government agreed to pay per dose.

Baicker, the public policy school dean, thinks public scrutiny will prevent outrageous pricing. The industry has made various pledges, trying to balance corporate citizenship against making eager investors happy: Astra Zeneca has promised 1 billion doses for low- and middle-income countries. Johnson & Johnson says it would make the COVID- 19 vaccine available on a "not for profit basis" at \$10 for "emergency pandemic use." We've heard such offers before. Pharmaceutical companies routinely provide coupons to cover patient copayments for expensive drugs so that we don't squawk when they charge our insurance company tens of thousands for the medicine, driving up premiums year after year. A naloxone injector to reverse heroin overdoses is given free to some clinics, but priced at thousands for the rest. And it won't feel like a bargain if we get free or cheap vaccines during a pandemic but pay dearly for annual COVID- 19 shots thereafter.

Drug companies deserve a reasonable profit for taking on this urgent task of creating a COVID-19 vaccine. But we deserve a return, too. So before these invaluable vaccines hit the market, we should talk about an actual price. Otherwise, we will be stuck paying dearly for shots that the rest of the world will get for much less.

Vinh Son Orphanage website:

<https://www.friendsofvso.org>

A Testimonial Offered for your Perusal

Submitted by Michael Thompson, a local Vietnam Veteran
July 2020

I have dealt with AO for years - diabetes, neuropathy, tinnitus, tremors, high blood sugar, lower back pain (lower spine consists of bone-on-bone w/no discs), etc.

Two people have recently made a huge difference: 1) Roxanne DeLillo - manager of Sunrise Natural Foods (Auburn), and 2) Dr. Brett A. Gottlieb, NUCCA Chiropractor in Fair Oaks.

Roxanne referred both my wife and myself to Dr. Gottlieb - who is on the referral list at the VA. I got the referral in the mail from the VA authorizing the consult visit, plus the first 12 visits. You do not need to be at 100% to get this.

To read up on Roxanne, go to "AskRox.com" and click on "About". She put me on an herbal supplement that reduces your blood sugar and A1c to normal range.

For Dr. Gottlieb, go to "painfreeforlife.net". His approach is completely unique. If you have ANY back pain, migraines, etc., this man has the knowledge and experience to correct and change your life.

As an added note, Michael has found great satisfaction in working with our Nevada County VSO, David West II. (ed.)

Writing Your Story for INCOMING

(Ongoing repeat solicitation)

Ideas for your story:

- Think about what you appreciated about the Vietnam experience. There is surely a

means to segue into that with very little reflection on the negative aspects of war.

- What did you appreciate about the Vietnamese people during your deployment?
- Can you steer away from the bad stuff and reflect on the best experience you had in the Nam?
- Surely you had a close buddy and you supported each other. Maybe there is a story in that.
- What really got you through the day-to-day anxieties and fears? There might be a positive recollection in that regard.
- How did your experience instill in you a sense of patriotism that you possibly express every day of your life.

So far we have heard from Ruud, Epps, Chaix, Hamer, Chuck Holmes, current Marine LCpl. Jesse Hernandez, Kent Hawley, and Mike Laborico. (Thank you!)

No writer needs to dwell on the negatives of war. Each of us who was there lived the negatives, and all of us are better people for having served, especially when we look at how we matured as a result of our experiences. Each of us has derived a sense of being and an energy that is different from what it might have been had we not been sent across the pond.

Do share with us, in your own words, something of that chapter of your life. And, thank you for your service.

Forward your story to Bart Ruud at bruud45@gmail.com or hand deliver to Bart.

Aluminum Pull-Tabs

Leo LaBrie continues to save aluminum pull-tabs that will eventually be collected and deposited to help with the Ronald McDonald House program in Sacramento. If you save your own pull-tabs, eventually we will have a face-to-face meeting and I'll collect the bounty from you to add to the VVA 535 collection. And, thank you.

The Ronald McDonald House collects the aluminum pop tabs that can be easily pulled off soda cans (or many other items including vegetable and soup cans, pet food cans, etc.) and work with a local recycler to turn those tabs into money for its Family Fund. The Ronald McDonald House Program supports a "home-away-from-home" for families of seriously ill children being treated in nearby hospitals.

VVA-535 Fundraiser 0.177 Caliber Air Rifle

This is a photo showing a display of the air rifle to be offered by VVA-535 for members only. Tickets, at **\$10 each**, will be available at the December VVA-535 meeting/potluck. A total of one hundred tickets will be available.

The drawing for this air rifle was to have been conducted on **April 6, 2020**.

DRAWING HAS BEEN DEFERRED DUE TO COVID-19 until a drawing can be conducted in the presence of a cadre of observers to ensure transparency.



From Jose Gonzales:

I invite all our members to a lunch just as soon as we can. The cost shall be \$6.00 per person. The menu shall be, "MRES"! What in the world would that be? Well, they are the dehydrated meals that the military eat in combat. These packages are tailored operational training meals. Should you remember the C-rations you got what you pulled out of the box. Everyone wanted the B-1 because of the fruit, I enjoyed the Ham and lima bean over a good fire.

Here are a few titles of the menu, Spaghetti with beef and sauce, Chicken, egg noodles, and vegetables in sauce,, Beef Ravioli in meat sauce, Marinara sauce and meatballs made with beef and chicken, Vegetarian taco Pasta (vegetable crumbles with pasta in taco style sauce), Chili with beans, Elbow macaroni in tomato sauce and Pork sausage patty, maple favored with hash brown potatoes with bacon, peppers and onions, just to name a few.

In order to prep these you need about one tablespoon of water. Which is placed in another package then you add your meal package to it. The water will boil in seconds and heat-up the meal. These meals are already cook: dehydrated! It's an experience to remember.

In Nam my platoon was issue about three cases, but with-in the hour I had to return them as they were for the long range patrol. I don't think 100% of the packages were return. This could be a family experience, we just need to know how many are coming. I purchase the MRE'S at the commissary. It would be nice to have a salad but the troops did not. Please provide some input.
Jose

When the Covid-19 circumstances settle down this looks like a winner. (ed.)

Application For Membership
VIETNAM VETERANS OF AMERICA, INC., CHAPTER 535

P.O. Box 37, Grass Valley, CA 95945

Membership is open to U.S. armed forces veterans who served on active duty (for other than training purposes) in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or in **any duty location** between August 5, 1964 and May 7, 1975.

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Gender: _____

(Optional) Chapter Number: _____ Sponsor: _____

_____ I am already a VVA member and I want to become a Life Member. My VVA Number is _____.

Membership: Individual Life Membership: \$50. (Effective Oct. 20, 2018)

ATTENTION New members: You must submit a copy of your DD-214 form along with this application and dues payment.

Payment Method: ___ Check ___ Money Order ___ Credit Card (Visa, MasterCard, AMEX, Discover)

Credit Card Number _____ Exp. Date _____

Signature _____

Return your completed application, payment and a copy of your DD-214 to:

Vietnam Veterans of America, Inc., Chapter 535
P.O. Box 37
Grass Valley, CA 95945

Revised: January 2019

JULY

2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 VVA-535 U.S. Army Air Corps Established 1926	3	4 Independence Day
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23 Beginning of the Korean War 1950	24	25
26	27 National Korean War Veterans Armistice Day. Korean War ended	28	29	30 VVA CSC Convention	31 VVA CSC Convention	

August

2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 VVA CSC Convention
2 VVA CSC Convention	3	4 Coast Guard Birthday 1790	5	6 VVA-535 Board & General Meeting Hiroshima 1945 nding WW II	7 Purple Heart Day	8
9 Nagasaki 1945	10	11	12 Nevada County Fair	13 Nevada County Fair	14 Nevada County Fair Japan surrendered 1945	15 Nevada County Fair Allied invasion of southern France 1944
16 Nevada County Fair	17	18	19	20	21	22
2	24	25	26	27	28	29
30	31					

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SEPTEMBER

2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3 VVA-535	4	5
6	7 Labor Day	8	9	10	11 Patriot Day	12
13 Grandparent's Day	14	15	16 American Legion Day 1919	17 Constitution Day	18 Air Force Birthday 1947 National POW Recognition Day	19 Rosh Hashanah
20	21	22 First Day of Fall	23	24	25	26
27	28 Yom Kippur	29	30			