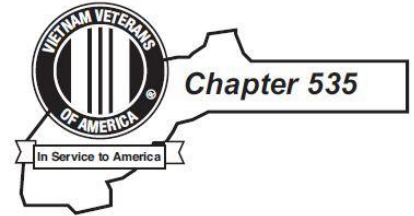




INCOMING

VIETNAM VETERANS OF AMERICA
CHAPTER 535



Website: www.vva535.org

Volume 33 Issue 8

August 2023

VIETNAM VETERANS OF AMERICA CHAPTER 535 PRESIDENT'S MESSAGE August 2023

Hello All,

Our entry into the 4th of July parade was a great success, the deuce and a half truck was filled to the max and standing room only. The parade route was filled with people standing and cheering as we went by. A good feeling for all on the truck. We were proud to be there, and people were glad to see us. Thank you, Bill Slade, for providing the truck.

Now we have the opportunity to keep us in front of our hometown crowd by being present at our local Nevada Fair Booth. Not only do we become better acquainted with each other, but the Fair goes stop and talk to you about their exposure to Viet Nam Veterans.

Sign up for a shift at the Fair---you will have a good time.

If the shift already has two signups for the shift you want to attend; it is okay to have more present at any shift.

During a shift you will have the opportunity to communicate with veterans from World War II through current active military.

SEE YOU AT THE FAIR,

Ray James

President VVA Chapter 535

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.

Veterans Crisis Line

DIAL 988 then PRESS 1
Or text 838255

(Put these numbers into your phone)
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.

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Upcoming Events

NCCVC Meeting – August 3, 2023
VVA 535 General Meeting – August 3, 2023
Nevada County Fair – August 9 – 13, 2023
VVA National Convention – August 9-12, 2023
CSC : Oct. 27-29, 2023 - Visalia
Christmas potluck – December

Chapter 535 Officers

President Ray James
rjames1087@sbcglobal.net
1-530-273-1087

Vice-President Peter Hidalgo
peterhidalgo45@yahoo.com
1-530-912-1971

Treasurer
Ralph Remick 530-559-7716

Secretary
Bart Ruud 530-305-0493
bruud45@gmail.com

Directors

Doug Becker 530-272-3300
Dick Corn 530-277-8856

Keith Grueneberg 916-424-1121
Ric Sheridan..... 530-274-1413
Corbin Smith 916-833-7860
Enrique Vasquez 530-575-4416
Mel Williams 707-391-7692

Committee Chairs

Finance ...Ralph Remick & Kent Holley
Parade and Honor Guard Dick Corn
Membership AffairsRic Sheridan
Newsletter Interim Editor Bart Ruud
Victorian Christmas ...Cancelled for 2022; 2023?
Nominations Ralph Remick & Dick Corn
Veterans Assistance Ray James
NCCVC Dick Corn
Speakers Bureau Ray James
Web Master Ralph Remick
Quartermaster Dick Corn
Facebook Master Mike Laborico
Nevada County Fair Open
CA State Council Rep..... Open

Nevada County Veterans Services Officer

David West II
Nevada County Veterans Service Officer
988 McCourtney Rd.
Grass Valley, CA 95949
David.West@co.nevada.ca.us
(530) 265-1446 (Office)
(530) 913-5046 (Cell phone)
"Walk-In" opportunities are available M – F.

Placer County Veterans Services Officer

Richard "Steve" Johnson: 916-780-3290.
1000 Sunset Blvd., Suite 115, Rocklin, CA
Mon. – Fri., 8:00 – 12:00 and 1:00 – 5:00 p.m. The
Auburn office, at 11562 B Avenue, Auburn, CA 95603, is open every
Tuesday 8:00 a.m.-12:00 p.m. and 1:00 p.m.-5:00 p.m. The Carnelian Bay
office, at 5252 N Lake Blvd, Carnelian Bay, CA 96140, is now open every
3rd Monday (excluding Holidays) 9:30 a.m. -12:00 p.m. and 1:00 p.m.-
3:00 p.m.

County VSO Resource Closet Needs
Sleeping bags, duffel bags, small lightweight
tents, socks, briefs, bras, tee shirts (white/olive
drab), sweatshirts, sweatpants, jeans, shoes,
boots, hygiene supplies, grocery store gift cards,
gas cards, blankets.

These kinds of items will become components of life packs to assist those in need that are seen by staff at VSO David West's office. Thank you for your assistance with this project.

Matters of Interest as outlined at the Meeting of July 6, 2023

VVA 535 had good representation in the July 4th Parade. Bill Slade's truck was filled to capacity.

Bart Ruud attended the Region 8 & 9 Pre-Convention Conference in Reno on 6/28/2023.

Several VVA 535 members attended a 6/29/2023 Veterans forum attended by Congressional District 3 Congressman Kevin Kiley.

A memorial brick honoring deceased VVA 535 past president Chuck Holmes will be purchased for \$150 at the Forgotten Soldier Veterans Garden in Auburn, CA.

Ideas were solicited on how to best utilize the \$3,000 in funds donated to VVA 535 by the Friends of Nevada County Military.



**WHAT IF?
WHAT IF THE MANHATTAN PROJECT HAD
FAILED?**

Would WW II have had a longer, bloodier ending if the U.S. hadn't created the atomic bomb?

By Mark Grimsley 4/23/2018

Detonation of the H-bomb code named Mike in 1952 inspired Atomic Energy Commission dreams of using nuclear power to reorder the Earth's surface.

On August 6, 1945, the B-29 *Enola Gay* dropped the world's first atomic bomb on Hiroshima, Japan, killing an estimated one hundred forty thousand civilians. Three days later, the B-29 *Bockscar* dropped a second bomb on Nagasaki, killing about eighty thousand civilians.

The United States is the only nation ever to have launched an attack with nuclear weapons, and the bombings of Hiroshima and Nagasaki have remained controversial. Was either attack really necessary? Perhaps a demonstration of the bomb's immense power would have sufficed. Or perhaps the United States could have dropped its insistence on "unconditional surrender" and allowed Japan to retain the *kokutai*—the national identity surrounding the institution of the emperor. The Japanese government could then have conceded defeat by mid-summer 1945.

The usual response to these and other propositions is that because the Japanese government had a well-entrenched pro war faction, the only realistic alternatives to the bomb would have caused even more destruction. An invasion of the Japanese home islands might have cost as many as a million American casualties; a protracted naval blockade, on the other hand, could have killed a million or more Japanese civilians through starvation and disease.

"What if" scenarios concerning the atomic bomb invariably assume that the United States possessed this weapon in the summer of 1945

but refrained from using it. However, such a scenario has an air of artificiality about it. The United States government had, after all, already given tacit approval to the killing of hundreds of thousands of Japanese civilians in a series of incendiary bomb raids; the fire bombing of Tokyo on March 9, 1945, alone killed over ninety thousand civilians. But what if the United States simply lacked the option of using the atomic bomb? What if the \$2 billion Manhattan Project had failed to solve the numerous problems required to produce a nuclear weapon?

Such a failure is not hard to imagine. Project scientists had discovered two ways to create an atomic explosion. The first— which was used in “Little Boy,” the bomb that pulverized Hiroshima—involved a gun-type mechanism that fired one piece of enriched uranium into another to generate the supercritical mass required for a nuclear chain reaction. The second—used in “Fat Man,” the bomb that flattened Nagasaki—involved an implosion device that would accomplish the same thing using plutonium.

But the “Little Boy” design required U-235, an isotope found in less than three quarters of one percent of all natural uranium. It took millions of dollars and several false starts to find a way to extract U-235. Most uranium takes the form of U-238, a portion of which scientists learned to convert to the fissionable plutonium used in “Fat Man.” Initially they expected to use the gun-type mechanism with this material as well. But the rate of spontaneous neutron emission in plutonium rendered that unworkable and instead required a system with fifteen components, all of which had to function in precisely the right manner to produce a perfectly symmetrical implosion. It was far from inevitable, in other words, that the Manhattan Project scientists would have solved either complex problem by 1945.

So in the absence of the atomic bombs, how would events have played out? The postwar U.S. Strategic Bombing Survey concluded that the Japanese economy was in ruins by early August and that even without the atomic bombs, Japan would surely have surrendered by November 1, 1945—the date of the planned invasion of Kyushu, the southernmost of the Japanese home islands. This conclusion, however, overlooked the fact that the key problem was not one of destroying Japan’s ability to make war, but one of convincing the Japanese government to make peace.

In early August the Japanese Supreme Council was divided about the future of the war. Most of its members sought a negotiated peace with the United States— but only *after* a military victory that would give Japan sufficient leverage to avoid occupation, maintain a minimal armed force, and, above all, preserve the *kokutai*. The bombings of Hiroshima and Nagasaki played an important role in convincing the Supreme Council that the war must be ended at once.

What is often underestimated, however, is the impact of what happened *between* the two nuclear attacks: namely, the massive Soviet offensive against the Japanese Kwantung Army in Manchuria that began on August 8, 1945. Although the Soviet Union had given notification that it would not renew its nonaggression pact with Japan, the Supreme Council believed it would be several months before the Soviets would enter the war on the side of the Allies. The Soviets’ Operation August Storm, therefore, came as a severe shock— indeed, an even greater shock than Hiroshima or Nagasaki, as historian Tsuyoshi Hasegawa concluded in his 2005 study, *Racing the Enemy: Stalin, Truman, and the Surrender of Japan*.

It is possible, then, that the invasion of Manchuria alone might have compelled the Supreme Council to choose surrender. Even if this did not occur, the invasion would have

weakened the grip of hard liners who wished to keep fighting. The Supreme Council next would have had to confront the effects of an American strategic bombing offensive against Japan's rail road system. The United States had the plan poised and ready but chose not to execute it after the success of the atomic bombs. Had the war continued, the offensive against the rail system would have begun almost immediately destroying what little remained of the nation's economy and generating a famine sufficient to cause internal upheaval. "It is reasonable to assume," writes historian Richard B. Frank in *Downfall: The End of the Imperial Japanese Empire* (1999), "that even without the atomic bombs, the destruction of the rail-transportation system, coupled with the cumulative effects of the blockade and-bombardment strategy, would have posed a severe threat to internal order and subsequently thus impelled the Emperor to end the war."

Even if the war had continued, it is unlikely that an American invasion of the home islands would have occurred in 1945. By early August, American planners were already revisiting the wisdom of the invasion of Kyushu in light of new intelligence indicating the Japanese had twice the troop strength and four times the aircraft than previously estimated. If the United States had also reconsidered its refusal to extend any guarantee concerning the kokutai, then all the conditions would have been met for what historian Barton Bernstein views as an "opportunity to end the war without the A-bomb and without the November invasion of Kyushu." Although not definite, he writes, it does seem very likely that "a synergistic combination" of guaranteeing the emperor, Soviet entry into the Pacific War, and continued strategic bombings and naval blockades would have ended the war by November. Indeed, he ventures, that might have occurred even in the absence of any guarantees concerning the emperor.

Such a scenario, however, involves avoiding another significant "what if" — the possibility that, had the war continued even a few more weeks, Japanese hardliners might have taken control of the government and continued to resist beyond the point where any centrally controlled surrender was obtainable. As will be seen in the next "What If" column, that possibility was very real.

Originally published in the July 2008 issue of *World War II Magazine*.

Bowe Bergdahl gets partial victory in civilian court ruling

By Zamone Perez .Army Times. Wednesday, April 12, 2023



Former Army Sgt. Bowe Bergdahl was granted a victory in court last month, when a federal judge ruled partially in favor to throw out the verdict of his court martial.

Senior Judge Reggie Walton, of the U.S. District Court in Washington, partially granted the federal government's motion to dismiss Bergdahl's case. However, Walton rejected claims by Bergdahl that comments from former President Donald Trump and the late Sen. John McCain (R-Ariz.) unduly influence his military proceedings.

On the campaign trail, then-candidate Trump described Bergdahl as a "dirty rotten traitor," while McCain threatened congressional hearings if Bergdahl did not receive

punishment, according to a report first published by Military.com.

Attorneys for Bergdahl also argued that the presiding judge over the former soldier's case failed to disclose his employment plans following his retirement from the military court system. Jeffery Nance, then an Army colonel, did not reveal he had applied for a position as an immigration judge for the Justice Department, only stating he intended to retire.

Lawyers with the Justice Department's Civil Division argued those details were too little too late, given that Bergdahl's attorneys waited two years after Nance had been sworn in to cite his failure to disclose his plans.

Bergdahl first made headlines when he deserted his post in Afghanistan in June 2009. He was captured by the Taliban and held for five years, setting off a massive manhunt involving hundreds of troops. Bergdahl has stated that he walked away from 1st Battalion, 501st Parachute Infantry Regiment to bring problems in his unit to the attention of senior Army officials.

In 2014, the U.S. government finalized a prisoner swap of five Taliban leaders in exchange for Bergdahl.

He was sentenced in 2017 to a dishonorable discharge, reduction to the rank of private, and forfeiture of \$10,000 in pay. Bergdahl filed a petition in civilian court in February 2021, following a vote months earlier by the Court of Appeals for the Armed Forces that upheld his conviction.

Walton is expected to provide more clarification on the reasons behind his decision, the report said.

In a statement, Walton noted that this may not be the final word when it comes to Bergdahl's legal fate.

"This order is not a final order subject to appeal," he wrote.

VA colonoscopies assisted by AI increase pre-cancerous polyp detection rate

VA deploying artificial intelligence devices to assist with polyp detection

By Courtney Franchio, National Oncology Program Manager. VA News. July 18, 2023

Colorectal cancer (CRC) is the second leading cause of cancer death for both men and women in the United States and one of the most commonly diagnosed cancers for Veterans. If caught early through regular screening, Veterans' risk of dying from CRC decreases dramatically. VA is working at the forefront of cancer care and leveraging artificial intelligence (AI) to better detect pre-cancerous growths—known as polyps—during colonoscopy, helping prevent more Veterans from developing CRC in the first place.

Regular CRC screenings like colonoscopies are key to staying on top of your health and may decrease your risk of dying from CRC by upwards of 68%. VA performs nearly 300,000 colonoscopies each year with research demonstrating that VA's procedures attain a level of quality that exceeds nationally established benchmarks.

VA enhances colonoscopies with artificial intelligence

In December 2022, VA's National Colorectal Cancer Screening Program (NCSP) added to its best-in-class care available to Veterans across the nation by deploying over 100 artificial intelligence devices to assist with polyp detection during colonoscopy in over 40 VA facilities. These devices may significantly increase the polyp detection rate during routine colonoscopies.

"I'm excited that we have AI devices becoming available at VA facilities, demonstrating VA's

commitment to best-in-class, innovative care. I look forward to evaluating the results of our initial deployment so we can assess whether to install this technology more broadly across the nation in pursuit of our goal to detect more polyps and prevent Veterans from developing cancer,” said Dr. Jason Dominitz, VA national executive director of Gastroenterology.

Enhanced polyp detection with AI and reduced risk of cancer death

Polyp detection is important for preventing CRC incidence and death. Prior [studies](#) have shown that every 1% increase in the rate of detection of pre-cancerous polyps is associated with a 3% decreased odds of future risk of CRC incidence and a 5% decreased odds of future risk of death from CRC.

VA doctors have a [proven success record](#) when it comes to finding pre-cancerous polyps with an average rate of 46%, well above the benchmark of 30% for colonoscopy in men in the general population.

Since the launch of this initiative, VA has installed 115 AI devices for use during colonoscopies in over 40 VA facilities across the nation. Prior research suggests these devices may significantly increase the polyp detection rate during colonoscopies. Over 38,000 VA colonoscopies have already been performed at facilities outfitted with AI devices since their deployment beginning in late 2022.

What’s next for AI in colorectal cancer screening

Driven by its commitment to provide Veterans with the best possible cancer care, VA has begun a formal evaluation of the AI devices used during colonoscopies since deployment. This assessment will compare precancerous polyp detection rates and other measures of colonoscopy quality between those facilities with AI devices installed and those without, and

evaluate which VA facilities benefitted most from the technology.

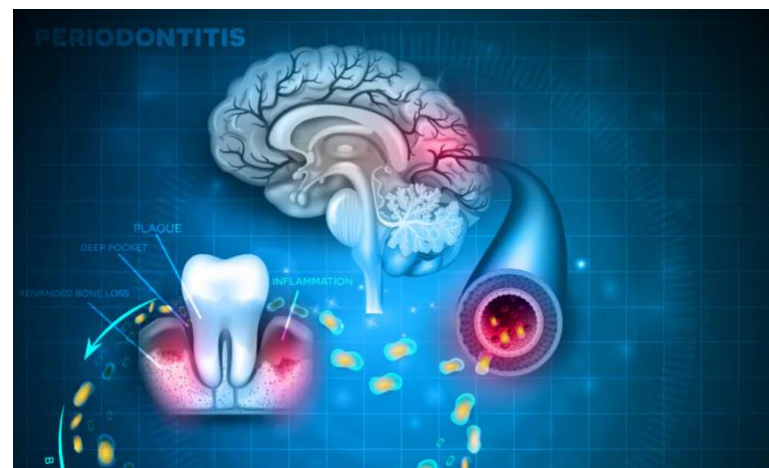
More than 43,000 Veterans are diagnosed with cancer each year and millions are considered at risk. VA is contributing to the [Cancer Moonshot](#), which aims to reduce the cancer death rate by half within 25 years, by deploying innovative technologies like AI to improve screening and treatment outcomes.

To learn more about cancer care at VA, visit cancer.va.gov.

To learn more about colorectal cancer screening, visit the [Centers for Disease Control’s website](#), and ask your doctor about screening options available at VA.

An Important and Overlooked Cause of Alzheimer’s Dentists could play a critical role in helping us avoid dementia, but most of them don’t even know it

Healthcare Communications Network. Amy Denny. July 12, 2023



Bacteria from inflamed gums can enter in to the blood stream and affect other organs such as brain. (Shutterstock)

Researchers have long linked gum disease to a higher risk of Alzheimer’s disease. Research has revealed that inflamed, bleeding gums are the entry point for disease-causing bacteria to get

into the bloodstream and trigger issues that can lead to dementia.

That means dentists could be a first line of defense against cognitive decline—if only more of them recognized that possibility.

Nearly half of adults above the age of 30 have gum disease, and 70 percent of those who are 65 and older have periodontal disease, according to the [U.S. Centers for Disease Control and Prevention](#). That means this population has an important modifiable risk factor for Alzheimer's.

The key bacteria involved are Porphyromonas gingivalis (*P. gingivalis*), a cause of chronic periodontitis. Recent research has revealed that *P. gingivalis* can [make their way to the brain](#) and cause neuroinflammation, which can contribute to Alzheimer's.

P. gingivalis can produce gingipains, a class of enzymes, some of which are toxic and can cause gum inflammation. Gingipains are neurotoxic and particularly harmful to tau, a protein our brains need for normal neuronal function. In Alzheimer's, which also affects memory and communication, tau proteins begin to stick to one another, forming threads called [neurofibrillary tangles](#) that block the neuron transport system and harm communication between neurons.

The changes in an Alzheimer's patient's brain are suspected to come about because of these abnormal tau, beta-amyloid proteins, and other factors, according to the [National Institute on Aging](#). Abnormal tau accumulates in brain regions involved in memory, and beta-amyloid forms clumps of plaque between neurons.

Gingipains Inhibitors

"Neuroinflammation induced by *P. gingivalis* has increasingly been recognized as a factor in the pathogenesis of AD [Alzheimer's disease]," notes a [2021 review published in Frontiers of](#)

Neuroscience by Dr. Ingar Olsen, a microbiologist and dentist with the department of oral biology at the University of Oslo in Norway.

Dr. Olsen looked at previous research to dig deeper into how this neuroinflammation contributed to Alzheimer's disease pathogenesis. He noted that *P. gingivalis* and gingipain have been detected in the brains of Alzheimer's patients, and *P. gingivalis* DNA has been found in the brains and cerebrospinal fluid of patients. *P. gingivalis* lipopolysaccharide, a large pathogenic molecule, has also been detected in the brains of people with Alzheimer's disease.

An animal study [published in Science Advances](#) in January 2019 had already concluded that *P. gingivalis* could cause Alzheimer's disease by showing that negating the bacteria's influence could prevent the disease.

In the study, researchers were able to block the bacteria's neurotoxicity with synthesized small-molecule inhibitors targeting gingipains in mouse brains. The outcome was reduced *P. gingivalis*, blocked beta-amyloid protein production, reduced neuroinflammation, and rescued neurons in the hippocampus.

While it's undoubtedly a great discovery, rodent research doesn't always translate into human success. That study was funded in part by Cortexyme Inc., which went on to [test its gingipain inhibitor](#), called atuzaginstat, in humans. It was eventually put on hold by the U.S. Food and Drug Administration due to liver toxicity concerns.

The link between Alzheimer's and *P. gingivalis* may be well established, but it's still overlooked, according to some experts.

A case in point is The Lancet's international commission for dementia prevention, intervention, and care. The commission releases

reports every few years about important insights into Alzheimer's. Its last report came out in 2020, 6 months after the Science Advances-published study.

Functional dentist Dr. Mark Burhenne was disappointed that the report omitted any mention of the *P. gingivalis* connection. "It was shocking to me that we're not including gum disease as a risk factor. To me, it should be number one," Dr. Burhenne told The Epoch Times. "We have a causal link now. If you can prevent gingipain from getting to the brain, then you're in good shape."

Given that gum disease is easily visible and has an established causative link to Alzheimer's, some argue that dentists should be playing a more significant role in the battle against this degenerative brain disease.

The Commission's Findings

The Lancet commission published its initial findings in 2017 showing that less education, hypertension, hearing impairment, smoking, obesity, depression, physical inactivity, diabetes, and low social contact were factors associated with dementia risk. Three years later, it added excessive alcohol consumption, traumatic brain injury, and air pollution due to "newer, convincing evidence."

The latest report was published in July 2020 in The Lancet, concluding that "together the 12 modifiable risk factors account for around 40 percent of worldwide dementias, which consequently could theoretically be prevented or delayed."

Alzheimer's disease is one of many forms of memory loss, but there are a variety of studies that find that many modifiable risk factors can help reverse these effects through lifestyle changes—if enacted in the early stages. New research indicates that Alzheimer's can even be screened in preclinical stages through the gut microbiome.

The Epoch Times reached out to the head of the commission, Gill Livingston, to ask why gum disease was omitted from The Lancet's list. She said dental health is a topic they are considering for the next update, which is expected in June 2024.

"It's discussed in the next Lancet commission, and I therefore cannot say much," Ms. Livingston, professor of psychiatry of older people at the University College in London, wrote via email. "But you might want to ask whether people with bad dental health are likely to be less or more educated, wealthier, and healthier."

The Cost of Dental Care

There's a major disconnect between the medical and dental professions when it comes to the holistic, systemic connections of health—and also in dental insurance coverage. Medicare coverage only extends to dental emergencies and doesn't reimburse the costs of basic dental cleanings, fillings, and dentures.

Dr. Burhenne said that often, people won't pay for any health expenses not covered by insurance, even if they're able to budget for it. He relayed the story of one patient who had a great salary and benefits, but when he retired—even though he likely could have afforded the out-of-pocket expenses of cleanings and maintenance—he stopped coming. That patient developed gum disease and dementia rapidly.

Dr. Burhenne said that, ideally, patients ought to find a functional dentist who understands the systemic danger of gum disease on the entire body and recognizes it as a metabolic, autoimmune disease. However, insurance rarely covers expenses related to these professionals.

"I realize when I discuss all this, I'm telling everyone what to do, and it's not as easy as it sounds. A lot of things have to change," Dr.

Burhenne said. “People are better when they have insurance. We need insurance for the retired.”

Medicaid, health care coverage for the poor, isn’t much better, although New York state is currently implementing expanded coverage, in part due to a lawsuit challenging the state’s stance that only four back teeth in addition to the front teeth are necessary.

Gum disease is the leading cause of tooth loss in adults. That’s why dental care is vital for screening and educating patients, even if dentists don’t acknowledge the connection between periodontitis and other diseases. Oral health habits—such as proper brushing and flossing—can prevent gum disease.

For anyone losing teeth or exhibiting other symptoms of gum disease well before they enter their golden years, intervention could go a long way toward preventing dementia, too.

Dr. Burhenne suspects that there will eventually be an affordable test for gingipain levels. Right now, the technology is too expensive and inaccessible. And while there may ultimately be a pill or mouthwash that targets gingipains, it could come with unwanted side effects or still be somewhat ineffective.

On the other hand, there are ways to prevent gum disease and preserve the good bacteria in the mouth that help maintain balance in the oral microbiome, which is the total collection of microorganisms, predominantly bacteria, that reside in the mouth.

Reversing Gum Disease Naturally

Boosting the good bacteria in a microbiome helps the environment achieve homeostasis. Katherine Dahl learned that lesson first with her gut, when she was able to use probiotics for a severe bacterial infection caused by *Clostridioides difficile*, better known as *C. diff*. But she still had cavities and poor oral health after three pregnancies.

“Dentists tend to be, ‘This is what I do: heal teeth, fill cavities, and make sure the mouth is functioning properly,’” Ms. Dahl said. But dentists don’t address the bacterial dimension to oral health, something she thinks could be a part of their responsibilities.

“We can disrupt the biofilm and then put new bacteria on the scene.”

Biofilm in the mouth is bacteria that clump together and form plaque. New techniques can actually test saliva for the balance of bacteria, Ms. Dahl said, and allow people to detect signs of disease far before symptoms emerge. Her experience of using oral probiotics successfully prompted her to launch a new oral probiotic product with the help of her family of dentists. Dr. Burhenne recommends probiotics to his patients and teaches dentists to incorporate oral microbiome testing. With his online and podcast presence, he educates the public on how to monitor their own gum health regularly.

“You can look at Google images of gum disease and look in the mirror, and you as a lay person could potentially have a good idea of where you’re at,” he said. “You don’t even need a test. You don’t need a dentist. Certainly, if you’re spitting in the sink after brushing and you see a little blood, that’s not healthy.”

Besides brushing your teeth after eating and flossing a few times a week, other lifestyle choices can help prevent gum disease, including:

- Avoiding mouthwash and other dental products that are disinfectants or antibacterial, as they kill off even the commensal, or good, bacteria.
- Eating a whole food diet and avoiding processed foods.
- Avoiding glyphosate, emulsifiers, and GMOs, which can damage the microbiome.

- Not drinking or eating from plastics, which are linked to systemic inflammation.
- Avoiding mouth breathing and dry mouth and boosting saliva production.
-

Some dentists may disagree, Dr. Burhenne said, but many of these practices actually contribute to gum disease by destroying the microbiome. “It’s about having the right philosophy on what is the root cause of oral disease,” Dr. Burhenne said. “Unfortunately, most dentists aren’t there yet. They’re great clinicians, but they’ve been taught in the curriculum that you really need to disinfect the mouth.”

Military exchange online shoppers can now buy Home Depot appliances

By [Karen Lowers](#). Military Times. Friday, May 19, 2023



Customers check out refrigerators at the exchange at Fort Sam Houston, Texas. (AAFES)

Looking for a new dryer, refrigerator or other major appliance? Eligible military exchange shoppers in the continental United States; Oahu, Hawaii; and Puerto Rico now have the option of buying these products through a [partnership with The Home Depot](#).

The items can be purchased via the online exchange store or at exchanges on five Army and Air Force bases. Home Depot will schedule delivery and installation of the appliances, which include washers and dryers, refrigerators, freezers, dishwashers, countertop or built-in microwaves, ranges, cooktops, ovens, and hoods. The home improvement chain will

also provide customer service for all deliveries and installations.

The exchanges have sold major appliances, but the primary motivation for this partnership is to provide better service to customers, especially in delivery, officials have said. Stores that don’t have Home Depot appliances on hand will still sell them and offer delivery. By June, sales associates will have a mobile checkout system to help customers browse The Home Depot inventory and buy an appliance.

“In addition to providing a significantly expanded selection of major appliances, exchange orders will be fulfilled using The Home Depot’s existing capabilities to provide efficient and dependable delivery,” said Tom Shull, director and CEO of the Army & Air Force Exchange Service.

Those five exchanges with Home Depot major appliance showrooms are Fort Moore, Georgia; Fort Cavazos, Joint Base San Antonio-Randolph and Dyess Air Force Base, Texas; and Fort Sill, Oklahoma. By October, another 60 Home Depot appliance showrooms will be added to exchanges across the continental United States.

Authorized shoppers across all military branches can also shop for these appliances at [shopmyexchange.com](#), including: including all active, reserve and retired military members and their dependents; Department of Defense civilians and retirees; and honorably discharged veterans who have confirmed their eligibility to shop at [ShopMyExchange.com](#).

The Home Depot officials anticipate rolling out the program with the Navy Exchange and Marine Corps Exchange stores later this year.

The purchases are tax-free and the prices will be 1% lower than the price available at Home Depot stores and its website, said spokeswoman Stephanie Meyering.

In general, Home Depot offers a 10% discount to military members, veterans and their spouses who register through their website using Sheer ID. But that 10% discount doesn't apply to appliances, whether in Home Depot stores or online, said Meyering. That's also stated on their website. That 10% discount will also not apply to appliances bought through the exchanges.

As always, you should still do some comparison shopping before you buy.

VA lays groundwork for first major survey of moral injury in veterans

By Hope Hodge Seck. July 17, 2023



An Airman comforts an infant during an evacuation at Hamid Karzai International Airport, Kabul, Afghanistan, Aug. 20. (U.S. Marine Corps photo by Sgt. Isaiah Campbell)

The most familiar moral and ethical dilemmas in warfare have to do with inflicting harm: deciding whether to fire on a person who represents an uncertain threat, for example, or living with the knowledge of civilian collateral damage of battle.

Marine veteran Peter Lucier, who served on active duty from 2008 to 2013, has lived through and written about these kinds of quandaries. But as a civilian working with the volunteer-run organization Team America Relief to evacuate former U.S. military interpreters and their families from Afghanistan during and after the U.S. military withdrawal and Taliban takeover in 2021, Lucier

experienced another kind of moral conflict: deciding whom to save.

Over the course of one night in August 2021, Lucier said, he and a few other veterans within the organization were tasked with filling 40 seats on an evacuee bus with women and children who represented the neediest cases they'd managed. It was wrenching, emotional work, forcing Lucier to pass over some Afghans he knew and cared about to evacuate others he believed were more at risk. Why do I have this power? He recalled thinking, as the men debated, late into the night, which lives to save.

"That was a difficult, hard thing, and made all of us feel really gross," Lucier said.

A few hours later, the veterans would learn that the bus had been re-tasked and filled with children from an orphanage, making their evening of heartbreaking choices irrelevant.

The episode was representative of a hidden and enduring cost of war: moral injury, or the aftermath of circumstances that force a person to participate in or bear witness to events that contradict their own moral beliefs and expectations. The military withdrawal from Afghanistan spurred a new rash of moral injury diagnoses, as troops and veterans questioned the meaning of what they'd fought for and grappled with the reality of Afghan allies left behind and in danger.

While not new, the phenomenon of moral injury and its implications are under-studied, with very little scientific research. The Department of Veterans Affairs is now working to lay the groundwork for better understanding and treatment by undertaking the first-ever large-scale population study of moral injury to be conducted among veterans of the post-9/11 wars.

According to a solicitation published in June, the VA office of Research and Development plans to

conduct a mixed-methods study “to determine the U.S. Veteran population prevalence of moral injury.” The research effort will include an online survey of “a nationally representative probability sample of U.S. veterans,” expected to include 3,000 respondents; and a secondary comparison study in which 20 veterans who identify as having moral injury and 20 who do not, all with similar exposure to “morally injurious events” participate in a series of interviews about their thinking and experiences.

Brett Litz, a clinical psychologist at VA Boston Health Care System and Boston University who has pioneered VA research on the topic of moral injury, told Military Times via email that the concept of moral injury makes intuitive sense, even as it has not been studied in-depth as a separate phenomenon.

“People have harmed people they care about or have been harmed by others or they have borne witness to grave inhumanity and cruelty, etc., and understand from personal experience that these experiences can have lasting existential impact,” he said. “I think the public also has some understanding that the [post-traumatic stress disorder] model and the treatments that have been developed to address PTSD are limited and appreciate the explanatory value of traumas either colored by grave moral wrongs or traumas that entail moral transgressions.”

While PTSD and moral injury are often grouped together, they manifest differently: Litz has previously described the former as a “racing heart” and the latter as a “broken heart.” In Lucier’s experience, PTSD forces a sufferer to relive traumatic events of the past in memory. Moral injury, on the other hand, emphasizes feelings of ethical failure and self-betrayal.

“It was more about this sociological idea of, I have this system of values that I believe in, and being put in this meat grinder of war forces you to make imperfect decisions where no matter

which decision you make, you are going to violate your own ethical code,” Lucier said.

A [2022 article](#), authored by Litz and 10 other researchers, cites a recent “explosion of interest” in moral injury within healthcare and mental health, the media and veterans’ organizations. Litz told Military Times that it would be hard to say for sure, but “one could argue the case” that the new surge in interest was driven by the Afghanistan withdrawal, which opened a national, veteran-led conversation about what the nation owes its troops and allies.

Better data on moral injury and its manifestations is not merely essential for public understanding: it also has real-world implications for treatment approval and coverage. As Litz wrote this year for [an editorial in the Journal of Military, Veteran and Family Health](#), moral injury risks are dismissed as an illegitimate condition because it hasn’t yet been codified as a known mental disease.

An earlier and smaller-scale survey effort, also led by Litz, resulted in the development of a “Moral Injury Outcome Scale,” which helps to illustrate how the experience of moral injury can alter how a person views themselves and the world around them. Under the category “shame-related outcomes” are statements such as: “I am not the good person I thought I was,” and “People would hate me if they really knew me.”

The second category, “trust violation-related outcomes” includes the statements “I have lost faith in humanity,” and “I am angry all the time.”

A VA-funded clinical trial of 174 veterans with PTSD that also preceded the upcoming population study suggests one possible treatment for moral injury symptoms: [Adaptive Disclosure-Enhanced](#), a psychotherapy approach that emphasizes repair through activities such as writing letters to a deceased person from the event, “loving kindness

meditation” to foster compassion, and mindfulness training. Litz said the planned survey will also advance this field of research.

“No trial to date has measured moral injury as an outcome. So, we do not know which treatments are efficacious for the symptoms and functional impairments of the moral injury syndrome,” he said. “Now that we have the Moral Injury Outcome Scale, this state of affairs will change.”

According to the posted solicitation, the survey will be deployed nationally and take 30-45 minutes to complete. At least 950 of the respondents will be veterans who served in a combat or war zone, and at least 400 will be within the ages 18 to 54. Respondents will be paid \$20 for their time, the solicitation states. The entire data collection and assessment effort will take three years, Litz said.

Lucier said he believes in helping the larger society to understand the existence of moral injury in war veterans and to bridge the gap between those veterans and people who can surround them with compassion and without judgment.

“Just being there, being willing to listen ... just having a society that acknowledges war in ways that are meaningful,” Lucier said, “I think those are really powerful sociological factors that can help.”

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, Mike Laborico and Dave Johnson. (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.

VVA 535 Member Biographies

Do you know _____

Now, our readership and Brotherhood knows _____ better than we might ever have known this man, this leader.

Who will be next to share?

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 November 1, 1955 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 2021

July

2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4 Independence Day	5	6 VVA-535 Board & General Meeting	7	8
9	10	11 U.S. Resumes Diplomatic Relations with Vietnam (1995)	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27 CA State Fair Vets Day Korean War Armistice Day	28	29
30	31					

August

2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Gulf of Tonkin incident (1964)	3 NCCVC VVA 535	4 Coast Guard Birthday	5
6	7	8 Nixon resigns (1974) Fair Booth set-up	9 Nevada County Fair	10 Agent Orange Awareness Day Nevada County Fair	11 Nevada County Fair	12 Nevada County Fair
13 Nevada County Fair	14 Fair Booth take-down	15	16	17	18	19 The National Vietnam War Museum incorporated (2002)
20	21	22	23	24	25	26
27	28	29	30	31		

SEPTEMBER

2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4 Labor Day	5	6	7 NCCVC VVA-535 Board & General Meeting	8	9
10 Grandparents Day	11 Patriot Day	12	13	14	15 POW/MIA Recognition Day Rosh Hashanah Begins (sundown)	16
17 Constitution Day	18 Air Force Birthday	19	20	21	22	23 First Day of Autumn
24 Gold star Mother's Day Yom Kippur Begins (sundown)	25	26	27	28	29	30

October

2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5 NCCVC VVA-535 Board & General Meeting	6	7
8	9 Columbus Day (Observed)	10	11	12	13 Navy Birthday	14
15	16	17	18	19	20	21
22	23	24	25	26	27 CSC Visalia	28 CSC Visalia
29 CSC Visalia	30	31 Halloween				