

# The Listening Post

"NEVER AGAIN WILL ONE GENERATION OF VETERANS ABANDON ANOTHER"



## August 2017 Meeting/Picnic Abbreviated Notes

Meeting was called to order at 6:15 p.m. by President Bob Stewart, followed by the Pledge of Allegiance, invocation by the Chaplain (Gene Shurtz) and a moment of silence for POW's and MIA's.

The August meeting was a combined monthly meeting/picnic and therefore, a shortened monthly meeting. A good time was had by both members and their guests and food brought by Chapter 35 members and their guests. A total of 45 members and guests attended the August meeting.

Secretary's report was suspended due to time constraints at the August meeting.

Treasurer's report given: Report read and approved

A brief review of the National Convention in New Orleans was given by Gene Shurtz with two main membership positions being looked into concerning the future of the VVA. There will be two working committees looking into the following: Committee #1 will look in to closing down the VVA before all VVA members pass away. How will chapter funds and/or property be dealt with? Also, who will help train and fund VSO officers and officials?

What about the future of the lucrative Household Goods Program. National Convention in Spokane get the VVA closer to a solution?

Committee #2 will study whether or not to help establish a new organization with member veterans from the War on Terror (circa 2001), Iraq, etc? Do we combine and change our name and mission, or do we help the new organization with finances and expertise? Both committees are to

Give periodic progress reports prior to 2019.

Will the 2019 National Leadership conference in Palm Springs and the 2019 National Convention in Spokane get the VVA closer to a solution? The next two years will be a critical period for both the national and local chapters. Chapter 35's "Helping Other Veterans" campaign was launched starting August 20<sup>th</sup>. This fund raiser will begin on October 2<sup>nd</sup> and run through the end of October. Tickets are now available and are to be distributed for a suggested donation of \$10.00 each until September 29<sup>th</sup>. We need more distributors to help with tickets for this fund raiser Kokomo Veterans Reunion will be held in Kokomo, Indiana from September 14 through September 16.

Meeting adjourned at 8:00 p.m.

Respectfully submitted,

Clyde W. Appleby  
Secretary

### Chaplain's Report

Since our last meeting our chapter family has seen the loss of Life Member Gary Sass, AVVA Member Susan (Leroy's Wife) Miller's brother, President Bob Stewart's mother-in-law, Gene Bihn's twin brother (a Marine Nam Vet) and John Slaughterbeck's brother (an Air Force Nam Vet). Please keep these families in your prayers. Also **prayerfully donate** to our Texas and Louisiana's vet victims of Hurricane Harvey. Send checks to: VVA 2300 Ashland Ave, Room # 229 Toledo Ohio 43620.

#### 2017-2018 Officers

Robert Stewart / President

Phillip Hotz / V. President

Ralph Wineland / 2nd V. President

Clyde Appleby / Secretary

Gene Shurtz / Treasurer

#### Board Members

Edward Hart / till 2020

John Slaughterbeck / till 2018

Al Meadows / till 2019

Ron Sherman / till 2019

AVVA/Jan Baker

Office 419.242.4293

Chaplain 419.242.4293

### From Chapter 35 President

As we all know, with the hurricane in Texas and storms in other states down south, they are in need of help.

I have instructed Gene Shurtz, Treasurer to cut a check for \$250.00 and send to the Huston VVA chapter 292 in Beaumont Tx. as a start of our donation to help with their struggle. I ask that all members stop and think about all our brothers and sisters in that area that have lost everything in this disaster. Please Donate anything you can \$5, \$10 \$20 or what ever you feel comfortable giving. Mail a check to the chapter earmarked for Texas Relief Fund or bring cash or checks to next meeting.

#### September Meeting

Sunday September 10, 2017 at 7 p.m.

LAKE TOWNSHIP BUILDING

Corner, St. Rt. 795 and Cummings Rd.

Lake Township, Wood County

"Coffee and fellowship at 6:30 p.m."

## Liver Flukes Continued From Last Month

Testing Patients for Liver Fluke Infection In endemic areas, it is recommended to do screening tests such as a stool ova test and a liver ultrasound scan. The high risk groups for liver fluke infection are those who have a history of eating raw, freshwater fish in endemic areas. An ultrasound scan or CAT scan images may show dilatation of the bile ducts. If tests are positive then anthelmintic (anti-worm) drugs should be prescribed.

People should be told to have regular periodic stool tests to check for the presence of eggs in the stool. Also anyone who has travelled to these parts of the world and eaten raw or under cooked fresh water fish should be tested.

The typical appearance of past/healed liver fluke infection is widespread dilatation of the bile ducts inside the liver without evidence of an obstructing cause (dilatation without obstruction); this is seen on ultrasound, CAT or MRI scans of the liver. This picture is frequently found in healthy looking but infected people in endemic areas.

Tests for Liver Fluke infection (fascioliasis)

You will need a full blood count – this may show elevation of a type of white blood cell. These white blood cells are known as eosinophils. The blood eosinophil count will usually be high (over 500 to 1000 eosinophils per  $\mu$ l of blood)

You will need a scan – liver fluke infection will produce abnormal findings on ultrasound or computed tomography (CAT) scans of the liver.

You will need to have samples of your stools (feces) tested – this looks for Fasciola eggs in stool (feces) samples. These samples can only be used in the chronic phase of infection. Some laboratories can quantify the intensity of infection which correlates with its severity.

Immunological techniques – these are not always needed. They can detect worm-specific antibodies in blood samples or worm-specific antigens in serum or stool samples; detection of

such antibodies does not determine if the infection is current, recent or occurred a long time ago. The immunological tests are not definitive to show the intensity of the infection. Stool (feces) tests are easier and cheaper to perform especially in poorer and endemic areas

Treatment of Liver Fluke

Triclabendazole is the only medicine recommended by the WHO against fascioliasis. Triclabendazole is active against immature and adult parasites; thus it can be used at all phases of the fluke infection (early or chronic long term). Cure rates from triclabendazole are high and it is well tolerated because side effects following treatment are usually temporary and mild. The recommended protocol is 10 mg/kg body weight administered as a single dose for treatment and prevention In clinical practice, where treatment failure occurs, the dosage may be increased to 20 mg/kg body weight in two divided doses 12-24 hours apart. In some countries triclabendazole is hard to obtain – if you have problems please email our team at liver doctor. The control of human fascioliasis mainly relies on timely treatment with triclabendazole, a measure that cures infected individuals and prevents development of advanced disease (cirrhosis and cancer).

In endemic areas preventive drug therapy can be used as targeted treatment of school-age children (5–14 years), usually the population with the highest prevalence and intensity of infection, or as universal treatment (mass drug administration, or MDA) of the entire resident population. In such areas, individual-level diagnosis is not necessary; decisions about treatment are rather based on an assessment of the public health relevance of the disease. A number of countries are implementing control of fascioliasis through use of triclabendazole and public health measures

Strategies to reduce transmission rates, include environmental measures such as containment of the snail intermediate hosts and drainage of grazing lands.

education to promote cultivation of vegetables in water free from faecal

pollution and thorough cooking of vegetables and fresh water fish before consumption

veterinary public health measures, including treating domestic animals and enforcing separation between husbandry and humans;

If liver fluke is left undetected for years, this can become a very serious disease and cause destruction of the liver. Most people with liver fluke infection are completely unaware because they experience no symptoms at all. A small percentage of patients experience fatigue and non-specific abdominal discomfort, which easily gets mistaken for indigestion or irritable bowel syndrome. So it is important to have a high awareness of this insidious and destructive liver disease.

Tablets are prescribed to kill the worms and these drugs are known as anthelmintic medications. If the disease is detected too late, sometimes the damage caused by the flukes is so extensive that a badly damaged part of the liver must be surgically removed. The sooner the infection is detected and eradicated, the less harm it is able to do to the bile ducts and the liver.

An experimental drug called tribendimidine could help cure millions of people infected with liver fluke. In a study published in The Lancet medical journal, researchers found that tribendimidine is as safe as and more effective than the standard treatment for liver fluke. The standard treatment is a generic drug called praziquantel, which has a cure rate of 70 percent.

The cure rates for tribendimidine were much better than praziquantel, although this needs to be confirmed in larger clinical trials.

There is more Information on Liver Flukes and their treatment on line just do a Google search

**October 2017 Meeting**

**Sunday October 8, 2017 at 7:00 p.m.**

**LAKE TOWNSHIP BUILDING**

**St. Rt. 795 & Cummings Rd.**

**Lake Township, Wood County**

**Fellowship at 6:30pm**

**Bring A Friend**

## Shulkin will decide whether to add more conditions to Agent Orange list by Nov. 1

By TOM PHILPOTT | *Special to Stars and Stripes*

VA Secretary David J. Shulkin will decide “on or before” Nov. 1 whether to add to the list of medical conditions the Department of Veteran Affairs presumes are associated to Agent Orange or other herbicides sprayed during the Vietnam War, a department spokesman said Tuesday in response to our enquiry.

Any ailments Shulkin might add to VA’s current list of 14 “presumptive diseases” linked to herbicide exposure would make many more thousands of Vietnam War veterans eligible for VA disability compensation and health care.

Ailments under review as possible adds to the presumptive diseases list include bladder cancer, hypothyroidism and Parkinson-like symptoms without diagnosis of that particular disease. But hypertension (high blood pressure) and stroke also might be embraced, or ignored, as part of the current review.

The process was sparked by the Institute of Medicine’s 10th and final review of medical literature on health effects of herbicide exposure in Vietnam. The 1,100-page report concluded in March 2016 that recent scientific research strengthened the association between herbicide exposure and bladder cancer, hypothyroidism and Parkinson-like symptoms. Specifically, the institute, or IOM, found “limited or suggestive” evidence of an association to herbicide versus its previous finding of “inadequate or insufficient” evidence of an association.

The IOM report also reaffirmed from earlier reviews “limited or suggestive evidence” of an association between herbicide sprayed in Vietnam and hypertension and also strokes. That same level of evidence was used in 2010 by



*A U.S. Huey helicopter sprays Agent Orange over Vietnam. U.S. ARMY*

then-VA Secretary Eric Shinseki to add ischemic heart disease and Parkinson’s disease to the Agent Orange presumptive list. Shinseki had stronger evidence, an IOM finding of “positive association” to herbicide for chronic lymphocytic leukemia, which he also added to the list that year. Shulkin, the current secretary, has authority to use IOM findings to add all five diseases to the presumptive list, or he can choose to look at other studies and scientific evidence to support adding fewer ailments or none.

The IOM, renamed the National Academy of Medicine last summer, delivered its Veterans and Agent Orange: Update 2014, to then-VA Secretary Bob McDonald 15 months ago. He immediately ordered a technical work group formed to review IOM findings and original studies it relied on, as well as any new science relevant to Agent Orange ailments. The workgroup’s findings then were reviewed by a smaller strategic workgroup, followed by an internal task force of senior VA leaders. “The entire VA response packet (with specific recommendations for action) from the IOM Task Force was delivered to the Office of the Secretary for consideration” on Feb. 17, a senior official told us at the time. Shulkin that month was confirmed as

VA secretary. The previous 18 months he was VA undersecretary for health and would have been familiar with the Agent Orange packet. So, what has happened since then? VA officials are lean on those details. A spokesman said VA continues to work “diligently to review the National Academy of Medicine report on potential new presumptions for Agent Orange and prepare the Secretary to make an informed decision. This includes everything from what the science is indicating, necessary regulations and a complete regulatory impact analysis. There is no delay in the decision process. Rather VA is taking appropriate time to ensure we are prepared to provide any benefits and services based on the Secretary’s decision.”

Past VA secretaries had rigid timetables for accepting or rejecting IOM findings. They also had to adhere to certain standards and procedures in determining if more diseases should be presumed service connected, and to explain in writing if they declined to add IOM-identified conditions to the presumptive list.

But Congress allowed those provisions of the Agent Orange law to “sunset” Oct. 1, 2015, six months before IOM delivered its last report. Shulkin therefore is under no “statutory deadline nor required to do anything” with the IOM report, except whatever he promised veterans and Congress, said Bart Stichman, co-director of the National Veterans Legal Services Program, a nonprofit that advocates for veterans and had lobbied to the Agent Orange provisions.

Many veterans know what’s at stake and have been pressing VA to add more diseases to the presumptive list. Also, thousands of sailors and Marines who served on ships in the territorial waters off Vietnam continue to press VA and the Congress to make Blue Water Navy veterans eligible for Agent Orange benefits.