Starting in this issue, follow a new series on the Greater Rochester Vietnam Veterans Memorial.
<table>
<thead>
<tr>
<th>What's Inside</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Report</td>
<td>3</td>
</tr>
<tr>
<td>Veterans Walk Committee</td>
<td>4</td>
</tr>
<tr>
<td>Greater Rochester Vietnam Veterans Memorial #1</td>
<td>5</td>
</tr>
<tr>
<td>POW/MIA Report</td>
<td>6/7</td>
</tr>
<tr>
<td>Membership Report</td>
<td>8</td>
</tr>
<tr>
<td>Membership Meeting Highlights</td>
<td>9/10</td>
</tr>
<tr>
<td>Veterans Incarcerated</td>
<td>11</td>
</tr>
<tr>
<td>Pearl Harbor Day Remembrance</td>
<td>12/13</td>
</tr>
<tr>
<td>Downsizing the VA</td>
<td>14</td>
</tr>
<tr>
<td>World War II Posters</td>
<td>15</td>
</tr>
<tr>
<td>50 Years Ago</td>
<td>16/17</td>
</tr>
<tr>
<td>Tickets for Veterans</td>
<td>18/19</td>
</tr>
<tr>
<td>Camp Lejeune Changes</td>
<td>20</td>
</tr>
<tr>
<td>Hearing Aid Batteries</td>
<td>21</td>
</tr>
<tr>
<td>Tinnitus Statistics</td>
<td>22/23</td>
</tr>
<tr>
<td>Managing Tinnitus</td>
<td>24</td>
</tr>
<tr>
<td>Medical ID Bracelets</td>
<td>25</td>
</tr>
<tr>
<td>Dogs on Deployment</td>
<td>26</td>
</tr>
<tr>
<td>Veterans Choice Program Changes</td>
<td>27</td>
</tr>
<tr>
<td>In Memory Donations</td>
<td>28</td>
</tr>
<tr>
<td>Membership Application</td>
<td>29</td>
</tr>
<tr>
<td>Meeting Dates/Advertisers/Supporters</td>
<td>30</td>
</tr>
<tr>
<td>Advertisers/Supporters</td>
<td>31</td>
</tr>
<tr>
<td>Contact Information</td>
<td>32</td>
</tr>
</tbody>
</table>
### Remembering January’s Fallen Heroes


<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balazy, George Stephen</td>
<td>1-2-1945</td>
</tr>
<tr>
<td>Stahlecker, Gary Robert</td>
<td>1-3-1949</td>
</tr>
<tr>
<td>Lawton, Michael Eugene</td>
<td>1-4-1949</td>
</tr>
<tr>
<td>Manarel, Charles Ross</td>
<td>1-1-1945</td>
</tr>
<tr>
<td>Perrine, Elton Lawrence</td>
<td>1-6-1935</td>
</tr>
<tr>
<td>Lampman, Kenneth Wayne</td>
<td>1-6-1946</td>
</tr>
<tr>
<td>Bermingham, Daniel Joseph</td>
<td>1-9-1947</td>
</tr>
<tr>
<td>Rizzi, Ralph Joseph</td>
<td>1-9-1947</td>
</tr>
<tr>
<td>Graziosi, Francis G.</td>
<td>1-10-1951</td>
</tr>
<tr>
<td>Upright, Edwin Francis</td>
<td>1-11-1942</td>
</tr>
<tr>
<td>Mile, Raymond Gene</td>
<td>1-11-1949</td>
</tr>
<tr>
<td>Hoppough, Dennis Karl</td>
<td>1-12-1947</td>
</tr>
<tr>
<td>Keller, Leroy Henry</td>
<td>1-12-1948</td>
</tr>
<tr>
<td>Culhane, Gerald Augustine</td>
<td>1-16-1920</td>
</tr>
<tr>
<td>Paduchowski, Paul Richard</td>
<td>1-16-1947</td>
</tr>
<tr>
<td>Barber, Lonnie</td>
<td>1-18-1930</td>
</tr>
<tr>
<td>Ugino, John Joseph</td>
<td>1-19-1948</td>
</tr>
<tr>
<td>Green, Thomas Henry</td>
<td>1-21-1926</td>
</tr>
<tr>
<td>Hucks, Walter H.</td>
<td>1-22-1933</td>
</tr>
<tr>
<td>Harster, Raymond James</td>
<td>1-28-1950</td>
</tr>
<tr>
<td>Thurston, Wesley George</td>
<td>1-29-1942</td>
</tr>
</tbody>
</table>

### Memorial Tours & Presentations

Persons interested in on-site tours or presentations at schools or organizations, contact Chuck Macaluso at 585-225-8288 or Chuckmac66@yahoo.com

### Friends of the Memorial

To be placed on the volunteer contact list, contact Chuck Macaluso at 585-225-8288 or Chuckmac66@yahoo.com
The Veterans Walk Committee of Chapter 20, VVA wants to thank you for your purchase of a personalized, engraved paver brick.

Each paver brick (4” x 8”) can have from one to three lines of engraved information. The cost will be $50.00 per brick. Make checks or money order payable to:

VVA Chapter 20, Veterans Walk

The engraved line(s) can include any of the following information:

Full name
Branch of service, rank
Dates of service (1967-1969, etc.)
Conflict (WWII, Korea, Vietnam, Persian Gulf, etc.)

Please print the information you would like engraved on the brick below. (Maximum of 14 letters/numbers, including spaces per line).

1. 

2. 

3. 

Return the completed form to the - Veterans Walk Committee, c/o Chuck Macaluso, 154 Mendota Drive, Rochester, New York 14626.
Include: Payment and “Proof of Service” for above recipient.

Please Note: Engraved bricks will be installed prior to Memorial Day and Veterans Day (twice annually).
Questions please call Chuck or Joan Macaluso as 585-225-8288
It will be twenty years this September since the Greater Rochester Vietnam Veterans Memorial was dedicated. Over the next several months, we will bring the story behind the Memorial to you in monthly installments. If you have visited the Memorial, then you know what a unique place it is; not only does it commemorate the 280 individuals from the Greater Rochester region who gave their lives in the Vietnam War, but it also serves to educate the public about the Vietnam War while providing a place of healing for those of us (and our families) who were a part of that War.

In the mid-1980s the idea of a local memorial dedicated to Vietnam Veterans was being discussed by Rochester Vietnam Veterans; many of whom were members of Chapter 20. As you might imagine, there were many opinions about the possible design, location, funding, and even if such a memorial was needed. However, in February of 1986, plans to build a memorial were formerly announced at the Genesee Plaza Holiday Inn. In 1987 the Vietnam Veterans of Greater Rochester all-volunteer organization was officially formed. The organization was incorporated as a 501(c)3 not-for-profit under IRS regulations. Its sole purpose was to build a living, educational Vietnam Veterans Memorial. The Memorial’s purpose was determined to be to commemorate, to educate, and to heal.

By a unanimous vote, in May of 1990, the Monroe County Legislature gave two acres of land in Highland Park to the Memorial. Six years and a million dollars later, this site would become the Memorial as we know it today.
There have been reports received from the Defense POW/MIA Accounting Agency (DPAA) and the National League of Families that 2 more Americans have been located and accounted for this month. The total number of Americans who are still missing from the Vietnam War now stands at 1624.

**SFC. Billy David Hill,** from Fallon, Nevada was an assigned door gunner for the 282nd Assault Helicopter Co. attached to the 17th Aviation Group, 1st Aviation Brigade. On January 21, 1968 Sgt. Hill was part of a crew for the lead UH1-D light armed troop carrying helicopter called a slick (call # Black Cat 27) in a flight of 7 with a mission to supply hill 950 and to insert a senior ARVN Officer and his troops into an old French fort located in a clearing east of Khe Sahn in the Quang Tri Province of South Vietnam. As Sgt. Hill’s helicopter touched down on the landing zone, camouflaged NVA troops began firing all around the LZ while the ARVN troops were off-loading. As the Huey lifted off, the aircraft sustained a direct hit from an enemy B40 Anti-tank rocket at about 8 to 10ft in midair. The crippled helicopter immediately burst into flames and crashed to the ground. Witnesses from one of the other helicopters stated that they saw the door gunner, Sgt. Hill and it appeared that he had been struck by enemy ground fire prior to the explosion. One crew member did survive this crash and evaded capture by the NVA forces and eventually made it back to friendly lines. A search and rescue was almost impossible to implement due to the intense enemy ground fire and enemy presence. When the area was later searched on April 8, 1968 by a recovery team, they were able to extract the remains of some of the victims from that crash but Sgt. Billy Hill and another member of the crew remained missing and unrecovered. In 2014, members of the old DPMO and JPAC reanalyzed unknown remains that were returned from Vietnam during a unilateral turnover in 1989 from that area near Khe Sahn. SFC Billy David Hill’s remains were officially identified on September 4, 2015 and accounted for on November 12, 2015. He was laid to rest with full military honors on December 15, 2015 in Killeen, Texas.

**PFC. Kenneth Leroy Cunningham,** from Ellery, Illinois was an assigned crew member of an OV-1C Mohawk Aircraft in the 225th Aviation Co. 223rd Aviation Bn. 17th Aviation Group, 1st Aviation Brigade. On October 3, 1969, the pilot and PFC Kenneth Cunningham who was an observer aboard an OV-1 aircraft, departed from Phu Hiep, South Vietnam on a reconnaissance mission of targets located in the Northwest portion of MR2 (Military Region 2) in the tri-border area of Cambodia, Laos and South Vietnam. This aircraft failed to return at its scheduled time even though PFC. Cunningham had radioed in that they were going to continue their mission for an additional 30 minutes. All electronic contact with this aircraft was
lost and unresponsive after that transmission. On October 5th, Search and rescue teams located the wreckage of the OV-1 aircraft atop a 7,000 ft. peak in a mountain range north of Kontum, South Vietnam. Efforts were made to insert a ground team at the site but inclement weather hampered the effort. On the morning of October 7th, another attempt was made to insert a ground team but the search party noticed a change in the position of the wreckage and was receiving a continuous beeper signal that was not compatible with established emergency radio procedures. The SAR flight leader directed that the site was probably a trap and then withdrew from the area. PFC Cunnigham and the pilot of the OV-1 aircraft were then declared as missing in action. The remains of PFC Kenneth Leroy Cunningham were identified by the DPAA on September 9, 2015 and he was officially accounted for on November 13, 2015. The date for his military burial has not been released by his family or the DPAA at this time.

There have been reports of the recoveries and identifications of individuals from the following wars:

- Cpl. George P. Gifford, US Army was lost November 30, 1950 in North Korea. He was accounted for on August 14, 2015 and will be laid to rest with full military honors.
- Capt. Arthur E. Halfpapp, US Army Air Force was lost April 24, 1945 In Italy. He was accounted for on August 20, 2015 and will be laid to rest with full military honors.
- Pvt. Earl J. Keating, US Army was lost December 5, 1942 in Papua, New Guinea. He was accounted for on August 21, 2015 and will be laid to rest with full military honors.
- Pvt. Robert J. Carter, US Marine Corps was lost November 20, 1943 on the island of Tarawa. He was accounted for on September 16, 2015 and will be laid to rest with full military honors.
- Sgt. Robert C. Dakin, US Army was lost December 12, 1950 at the Chosin Reservoir, North Korea. He was accounted for on November 16, 2015 and was laid to rest with full military honors on December 12th in Waltham, Massachusetts.
- Sgt. Billy J. Williams, US Army was lost on February 14, 1951 in North Korea. He was accounted for on November 19, 2015 and will be laid to rest with full military honors.
- Pfc. David S. Burke, US Army was lost November 27, 1950 in North Korea. He was accounted for on December 3, 2015 and will be laid to rest with full military honors.
- Pvt. James M. Smith, US Army was lost February 12, 1951 in North Korea. He was accounted for on December 8, 2015 and was laid to rest with full military honors.
- 1st Lt. Leonard R. Farron, US Army Air Force was lost October 15, 1942 on the island of Guadalcanal. He was accounted for on December 9, 2015 and was laid to rest will full military honors.

With the passing of the Christmas holiday may these families finally have closure in knowing that their loved ones are no longer listed as missing or unaccounted for. They are finally home on American soil where they will now rest in peace. They are our brothers and America’s true heroes.

Welcome Home.
Chapter 20 Membership currently is at 595 members and AVVA is at 41 members as of 11/30/15. Membership is not growing, we still need your help in recruiting new members. Don’t forget to renew on time. Don’t let your membership expire.

Please Renew Your Membership!

If you a renewing as a “Life Member”, please remember to include a copy of your DD-214 with your application. PLEASE NOTE: Time payment option (Charge Card) for “Life Membership” has been dropped by National.

When you have an address change, please notify Mike General so we can keep our Roster up to date and notify National.

Need your help in recruiting new members.

Chapter 20 Membership is open to U.S. Veterans who served active duty (other than training purposes) in the Republic of Vietnam between February 28, 1961 and May 07, 1975, or any duty location between August 05, 1964 and May 07, 1975.

Membership includes a subscription to our award-winning newspaper The BTL, and The VVA Veteran, bringing you updates on issues and legislation affecting veterans, as well as unique articles on the people, places, and history of the Vietnam experience.

Associate Membership is open to anyone; you do not need to be a Veteran.

WE Need New Members!

Membership Applications are available on our Website or by contacting me. (mwgeneral@aol.com)

NEW: We are offering an “Honorary Membership” to Chapter 20 to all spouses who husbands have passed away. If you know of someone who has lost their loved one, please contact Mike General.

Attention AVVA Members. The AVVA National Board has announced that once again “The VVA Veteran” will be made available to AVVA Members who don’t have a VVA member spouse. Please contact the National Membership Chair @ 717-259-5716 to request the Veteran.
Highlights of the December Membership Meeting

New Member – George Tyree
USMC – 1974-78

Rich Stewart accepted a $700 donation for Honor Flight

Louise Motyka accepted an $800 donation for VA Voluntary Services at Canandaigua VAMC

Ed Kier celebrated his 76th birthday

New Member Tom Reish
USMC – 1967-70

Sam Otto won the Flag drawing
On Monday, January 11\textsuperscript{th} there will be a veterans’ outreach at the Winton Road Branch Library at 611 N. Winton Road. The event will run from 6pm to 8pm. All veterans are invited to attend. Jerry McDermott and Ron Trovato will be there for the Chapter.

From Kenny Allocco – First off, I hope all had a nice Christmas and a good New Years. I also would like to say thank you to all that played the “Flag Raffle Game” last year. All the money collected goes right back to our chapter. The flags were donated to us by State Senator Joseph Robach, and I am happy to say he is doing it again for 2016. We made over $1,200 in 2015. Thank you to all those who donated but didn’t take a raffle ticket. And thank you for putting up with me and my “Air Force Blue tickets”. I do this because I love the Chapter and the people in it, and in my own small way I am helping the Chapter stay alive. Thank you one and all….see ya January 14\textsuperscript{th} and bring $$$$$$$ !
Is it just me or did the holidays get here fast this year? Well, my holiday chores are done. Gutters cleaned, Christmas lights up and down, relations with crabby relatives repaired enough to maintain civility, alcohol fueled football arguments resolved by instant replay. That being said, I have been busy with veterans business and it has been all good. The Attica Active Veterans Group had a general membership meeting on 10/17 and there were 48 members in attendance. Nominations for officers for 2016 were submitted and there were 13 names placed in the ring. It would really be nice if we could get similar interest in Chapter 20 positions and I note that we do have leadership training coming up this summer. Hint....Hint.......

On 11/14 Ken Moore, Jack Michel and I went to Attica to attend their Veterans Day Service there. Staff Advisor Mark Schieffer paved the way for us getting in and about 40 vets were in attendance. John Darcy who heads Veterans Programs for the entire NY State Dept. of Corrections was also there and he gave a short talk on programs and initiatives he hoped to implement. Ken Moore also addressed the troops and on display were the hats and blankets the guys had crocheted for needy kids as well as the kites they had produced for Jack Michel’s fundraiser. We left the facility with bags of first rate knitted goodies for the kids that Jack is kind enough to distribute. I hope John Darcy was impressed because we could use a strong voice for incarcerated veterans in Albany. Pizza was served after the meeting and the camaraderie with the men there was not unlike our chapter meetings. Breaks your heart to see so many younger vets there now and once again I’d like to thank Mark Schieffer for being such an influential and accessible staff advisor at Attica.

Chapter 20 member Jack Michel is organizing the 2016 “Fly a Kite to Help Homeless Vets” event in Buffalo. We have been helping him out in a small way with a donation from my committee and Jack has been pushing his event through the NY State Veterans of Foreign Wars and VVA National. Other organizations in the Buffalo area have also been contacted for this snowballing fundraiser. Jack is also active with VETS H.E.R.D., a Buffalo area group that recently painted a house for a low income vet and built a second story deck for a paraplegic veteran. I want to thank Ray Melens, Valentino Gatto and Fred Elliott for their recent donations of yarn and I sent in another load to Attica recently. The Vet to Vet hospice program through Lifetime Care is going strong and I again want to thank all the volunteers from Chapter 20 who make it such a success. Lifetime Care had a dinner for us on 11/19 and it was really fun to get all of us together. Anyone wishing to get involved can contact myself or Rose Fletcher at Lifetime (214-1444). My bereavement group for veterans who have lost loved ones has been going for a year now and meets at 1:00 pm the 2nd and 4th Mondays every month at Lifetimes location, 3111 S. Winton Rd. I feel so proud just to be with the vets there. Best wishes to everyone for a healthy and prosperous New Year!
Continued on next page
Panel Tells Congress to Downsize VA

Health care experts suggest that VA concentrate its efforts on war-wounded veterans, offer more private options for general care, close facilities and be led by a governance board. VA disagrees.

A congressionally mandated panel of health care experts recommended in September that VA drastically cut back its general health care services and focus only on specialty care for war wounds and conditions such as PTSD and traumatic brain injury.

The 16-member Choice Act Blue Ribbon panel also told the House VA Committee on Oct. 7 that an independent commission be created to govern VA and guide the closings of its underused or redundant facilities.

The panel, led by Dr. Brett P. Giroir, senior fellow at the Texas Medical Center Health Policy Institute in Houston, told lawmakers that VA’s 5.8 million vets enrolled in its system received less than 50% of their health care from VA.

Giroir said the information casts doubt on VHA (VA’s health care arm) being “the comprehensive provider for all veterans health needs.” Consideration must be given, he said, to VA offering “more focused centers providing specialized care, while utilizing non-VHA health care networks for the majority of veterans health care needs.”

A final decision on VA’s health care future and the balance of VA and private care, he said, should include “a region-by-region evaluation of veterans current and predicted health care needs.”

FULFILLING A MANDATE

The $68 million study was called for with enactment of Public Law 113-146—the Veterans Access, Choice and Accountability Act of 2014. The law passed in the wake of VA’s wait-time crisis that erupted in May 2014.

Giroir and his team of physicians, health care CEOs, professors and a former Army general visited and evaluated some 79 VA facilities from January to April this year. They examined 12 segments of VA health care. Panel members were chosen by the MITRE Corporation, a non-profit organization that operates federally funded research and development centers.

One of the panel’s more damning findings was that VHA “is currently experiencing a crisis in leadership” because of a “dismounting, frustrating and occasionally toxic” organizational environment for regional administrators and employees.

VA Secretary Bob McDonald said at the Oct. 7 hearing that he has identified many of the same problems that the panel found and has corrected or is correcting. However, he said many of those problems could be fixed with additional funding from Congress.

“The only way forward, if we really want to serve veterans, is for Congress to provide VA with sufficient resources to meet the requirements Congress has set,” McDonald said.

“I appreciate the analysis, I couldn’t do it myself, but these things are already underway. Progress is being made.”

The proposed House budget for VA in fiscal year 2016 is about $1.6 billion less than what the Administration requested.

McDonald also took issue with the idea of a governance board, which the panel said would be “relatively insulated from direct political interactions” and “empowered with the authority” to improve patient experience, health care quality and cost effectiveness.

“I believe this is the role of this committee and of the Senate VA Committee, working collaboratively with VA and me,” McDonald said. “All we need to do is have your support and work together.”

ADDITIONAL SUGGESTIONS

Other recommendations offered by the panel include:

• End the “unnecessarily bureaucratic” clinical staff hiring processes that take three times as long as the private sector.
• Empower VA medical center leadership to “flex resources to meet dynamic patient access needs.”
• Commit to a modern electronic scheduling system that offers transparency to patients and schedulers alike.
• Overhaul the facilities construction and leasing processes “that now cost twice as much as the private sector,” but proceed “two- to three-times more slowly.”

What Congress ultimately does with the panel’s recommendations is unclear. As Dr. Giroir noted in his testimony, his panel’s study found many of the same concerns as 137 previous VHA assessments. Chairman of the House VA Committee Rep. Jeff Miller (R-Fla.) said vets “can’t afford” to have this study become “number 138 gathering dust on some shelf where nobody else will ever see it.”

According to a department statement, “VA is undergoing a radical transformation. It will work with Congress, veterans service organizations, veterans and other stakeholders on the recommendations outlined in the independent assessment final report.”

Based on two surveys conducted by VFW’s Washington Office, VFW members like their VA health care. In the second survey compiled in April, some 75% said they were satisfied with VA care. That figure rose to 90% for those who waited less than 30 days for an appointment.

E-MAIL ldyhouse@vfw.org

(This article appeared in the January 2016 issue of VFW magazine.)
These posters are from World War II. Even then Monsanto and Genetically Modified Organisms were not welcome in our food supply.
January 4 - The Viet Cong and NVA attack an Army Special Forces camp at Khe Sanh using Soviet-supplied and manufactured 120mm mortars. This is the heaviest weapon yet used by the enemy.

January 10 – Six US Air Force Sikorsky CH-3C helicopters ferry four 105mm howitzers and crews from Battery H, 3rd Battalion, 12th Marines, and two platoons of the 1st Force Recon Company from Chu Lai to the camp at Ba To.

January 18 – Advance elements of the US 1st Marine Division’s 1st Marine Regiment arrive in South Vietnam from Camp Pendleton, California, to the Marine base at Chu Lai.

January 18 – Operation Double Eagle is begun in southern Quang Ngai Province by the 2nd Battalion of the US 4th Marines.

January 19 – The 1st Brigade of the Army’s 101st Airborne Division, along with the Korean 2nd Marine Brigade and the ARVN 4th Brigade, launch Operation Van Buren in the Tuy Hoa Valley.

January 24 –
- Four battalions of the Army’s 1st Cavalry Division begin Operation Masher near Bong Son in Binh Dinh Province
- Six battalions of ARVN airborne and six ARVN infantry battalions begin Operation Thang Phong II as a companion operation to Operation Masher
- In I Corps, the ARVN 2nd Division prepares to launch Operation Lien Kiet 22

January 26 – Operation Task Force Delta begins using forces in both I Corps and II Corps and the Army’s Field Force Victor

January 28 – Operation Mallett targets enemy forces between Bien Hoa and Ba Ria
OUR MISSION

Giving Something to Those Who Gave

Veteran Tickets Foundation (Vet Tix) provides FREE event tickets to family members of troops Killed In Action (K.I.A.), our Military and Veterans to sporting events, concerts, performing arts and family activities.

Attending these events reduces stress through entertainment, strengthens family bonds, builds life long memories and encourages service members to stay engaged with American life and local communities.

Giving free event tickets is an expression of appreciation, acknowledgement and an enduring symbol that we, as a nation, honor the service of our troops today and long after their tour of duty has passed. Helping our veterans attend events provides positive family and life experiences after their years of service to our country.

CORE VALUES

Patriotism - Honor and support to the men and women who have served our country. This unquestioned loyalty to our Military, Veterans and their families provides the foundation for what VTF is as an organization.

Support and Recognition - A yellow ribbon on your car shows support, but sending a veteran to a game with their family is a real gift of gratitude.

Quality of Life - Our service members fought and sacrificed for our life and liberty, we would like to give to their pursuit of happiness.

Family - We include family. Service Members rely on the support of their families. We strengthen family bonds by encouraging shared experiences that create lasting memories.

WHY WE DO THIS

Our military shoulders unique burdens of stress and sacrifice. 16.6 million Veterans have served during wartime. 3.6 Million Veterans have service-related disabilities.

2.5 million Service Members have served in Iraq and Afghanistan. Almost 1 million have served multiple deployments. Since 2002 over 52,000 Americans have been wounded, over 1,500 are now amputees and over 6,800 have been killed in action. We want to honor and support those that served and sacrificed so much.

Wounds of war, both mental and physical, can stay with our veterans the rest of their lives. Giving to our veterans and supporting the transitions back into their families and communities, is a gift of gratitude in which we all can take part.
**Tickets for Troops**

Veteran Tickets Foundation's Tickets for Troops Program is dedicated to giving back to those who gave us so much. We team up with major sports teams, leagues, promoters, organizations, venues and every day event ticket holders to provide free and discounted tickets to currently serving and veterans of all branches of the US military.

The Veteran Tickets Foundation is proud to announce that to date 1,777,383 event tickets have been given out in all 50 States and Washington, DC to our Military, Veterans and their families. Here is the breakdown of our event ticket distribution: (Numbers are calculated each night at midnight.)

- 1,777,383 total event tickets have been given out to date:
- 717,588 event tickets have been given directly to Military Bases, including Reserve and Guard units.
- 1,059,795 event tickets have been given out online:
  - 467,949 event tickets claimed online went to our verified members of our Military.
  - 591,846 event tickets claimed online went to our verified Veterans who have served us proudly.

---

**Hero's Wish**

Deployed, wounded and families of those killed in action are shouldering the hardest burdens of military service. Their duty has impacted their lives in ways the rest of America can only imagine.

VetTix would like to ease their burden of stress by giving a Hero a once in a lifetime experience at an event.

Hero's Wish events create a wonderful family experience, help heal their spirit, reduce stress and show support for their service to our country. For those who have suffered, we want to welcome them back and bring enjoyment back into their lives.

The Hero's Wish program can be used by Active Duty Military Personnel (six months prior to, while on leave from or six months after their deployments), severely wounded warriors and the families of men and woman killed in action (KIA).

In 2013 for the first time we were able to fulfill EVERY Hero's Wish! Thank you to all that donated to make this possible!

In 2015 our goal of $50,000 donated will help us reach our goal of 100% of our Hero's Wishes fulfilled. Please visit our website (www.vettix.org) to donate and make a difference in someone’s life today.
On December 17th, the VA announced that it plans to propose expanded disability compensation eligibility for Veterans exposed to contaminated drinking water while assigned to Marine Corps Base Camp Lejeune.

From 1953 to 1987, water sources at the base were contaminated with industrial solvents that are correlated with certain health conditions. VA Secretary Robert A. McDonald decided to propose presumptions of service connection for certain conditions associated with these chemical solvents following discussions between environmental health experts at the Veterans Health Administration and the Department of Health and Human Services Agency for Toxic Substances and Disease Registry (ATSDR).

“The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was,” said Secretary McDonald. “We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate Veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water.”

ATSDR determined that the drinking water at Camp Lejeune was contaminated with perchloroethylene, trichloroethylene, vinyl chloride, benzene, and other petroleum contaminants from leaking storage tanks from 1953 to 1987. ATSDR also determined that prolonged exposure to these chemicals increases the risk of certain health conditions.

Based upon VA’s review of current medical science and ATSDR’s findings, Secretary McDonald intends to propose creation of a presumption of service connection for the following conditions:

- Kidney Cancer
- Liver Cancer
- Non-Hodgkin Lymphoma
- Leukemia
- Multiple Myeloma
- Scleroderma
- Parkinson’s Disease
- Aplastic Anemia/Myelodysplastic Syndromes

The Secretary’s proposal would also expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune for any length of time from August 1, 1953, through December 31, 1987. These personnel would be presumed to have been exposed to the contaminated water during their Reserve or National Guard service and, in appropriate circumstances, to have been disabled by such exposure during service, thus allowing them to qualify for VA benefits under the statutory definition of “Veteran”.

This would make them eligible for VA disability compensation and medical care for any of the presumptive conditions, and their surviving dependents would be eligible for dependency and indemnity compensation and burial benefits.

Continued on the next page
VA is working on regulations that would establish these presumptions, making it easier for affected Veterans to receive VA disability compensation for these conditions. While VA cannot grant any benefit claims based on the proposed presumption of service connection for these conditions until it issues its final regulations, it encourages Veterans who have a record of service at Camp Lejeune between August 1, 1953, and December 31, 1987, and develop a condition that they believe is related to exposure to the drinking water at the base, to file a disability compensation claim with VA.

VA will continue to grant claims for disabilities claimed to be associated with exposure to the contaminants that can be granted under current regulations and review of the evidence in each case. If a claim for service connection for one of the proposed presumptive conditions would be denied under current regulations, the denial will be stayed until VA issues its final regulations. VA will announce when the regulations are final and presumptive benefits can begin to be awarded. For more information on applying for these benefits, visit: http://benefits.va.gov/compensation/claims-postservice-exposures-camp_lejeune_water.asp

Veterans who served at Camp Lejeune for 30 days or more between August 1, 1953, and December 31, 1987, are already eligible to receive VA healthcare for up to 15 health conditions. More information, including a full list of covered conditions, can be found online at: http://www.publichealth.va.gov/PUBLICHEALTH/exposures/camp-lejeune/index.asp

Veterans can establish eligibility for healthcare benefits by submitting VA Form 10-10EZ online at www.1010ez.med.va.gov/, downloading it at www.va.gov/vaforms/medical/pdf/101EZ-fillable.pdf and returning it to any VA medical Center or Clinic, or by calling 1-877-222-8387, Monday through Friday, between the hours of 8:00 am and 8:00 pm (Eastern Time).

VA is reimbursing certain veterans’ family members for eligible out-of-pocket medical expenses related to the 15 covered conditions. More information can be found at: https://www.clfamilymembers.fsc.va.gov

###
The Nitty-Gritty on Hearing Aid Batteries

By Courtney M. Campbell, Au.D.

Hearing aid batteries are an integral part of using hearing aids, powering the tiny computers worn in or on your ears. It's a good idea for current and prospective hearing aid users to understand the basics of how these batteries work and perform.

There are two types of hearing aid batteries: traditional zinc air batteries and rechargeable batteries. The majority of hearing aids take traditional batteries that are changed by the user on a regular basis, which can be anywhere from three days to three weeks, depending on its size and their usage. There are a few hearing aids specifically designed to use a rechargeable battery, which requires the batteries to be removed and recharged nightly.

This column will focus on the traditional zinc air battery. The name refers to how the zinc oxide in the batteries mixes with oxygen in the air to become activated. To ensure that the batteries are not activated before you need them, they are packaged tightly sealed or with stickers over the individual batteries. It is important to remember that once the sticker is removed the battery is activated.

An eighth-grade student in Minnesota who uses hearing aids wanted to know how to extend the life of his batteries. The student, Ethan Manuell, discovered that it can be done by letting the battery sit for five minutes, positive side up, after removing the sticker and before putting it in the hearing aid. (The positive side is the completely flat side, the same side as the sticker.)

This allows the battery to fully activate to give the longest possible lifespan per battery—up to 85 percent longer, Ethan found, which can translate to up to three days. This is significant when considering that batteries have to be changed every few days or weeks.

The main factor affecting battery lifespan overall is the size of the battery. The smaller the battery, the shorter the battery life. The larger the battery, the larger the hearing aid. If you want a very small, discreet hearing aid you will also get a smaller battery that needs to be changed more often.

There are four sizes. From smallest to largest, they are: size 10 (color-coded yellow), which will usually last three to seven days; size 312 (brown), six to nine days; size 13 (orange), 10 to 14 days; and size 675 (blue), 15 to 20 days.

Not surprisingly, battery life is affected by how many hours a day the battery is active. If you wear your hearing aid more than 12 hours a day, your battery will last for fewer days than a battery used by someone who does not wear their hearing aid as long. In addition, a person with a more severe hearing loss will use up more battery power than someone with a milder hearing loss.

Power-hungry features and accessories such as Bluetooth/ wireless streaming, FM systems, and hearing loops will also drain the battery more quickly. According to Rayovac, a battery manufacturer, wireless capabilities and noise cancellation features can cut battery life 20 to 300 percent.

Zinc air batteries have a pretty long shelf life, but they do have expiration dates. From the time they are packaged the shelf life is approximately three years. When buying batteries, especially in bulk, check the expiration date, usually found on the back of each package.

Excessive humidity or dryness and extreme temperatures can also affect battery life, so be sure to store your batteries in a safe, dry location at room temperature.

Courtney Campbell, Au.D., is an audiologist at A&A Hearing Group in Chevy Chase, Maryland, and has been wearing hearing aids for over a decade.
Tinnitus by the Numbers

Tinnitus is the perception of sound in the absence of an external, acoustic source. It is also commonly referred to as ringing in the ears, but it can also sound like buzzing, whistling, or hissing.

Nearly 15 percent of the U.S. population, or more than 45 million people, experience tinnitus, according to the Centers for Disease Control and Prevention (CDC).

About 20 million people have chronic, bothersome tinnitus.

Roughly 2 million people have extreme, debilitating tinnitus.

Nearly 1 in 5 high school students reported experiencing constant tinnitus, according to a 2013 Belgian study published in the journal PLoS One.

Tinnitus is not a disease itself. It is a symptom of another health issue, and is most often associated with hearing loss, according to the American Tinnitus Association.

Risk factors for tinnitus include age and noise exposure, according to a 2010 study in the American Journal of Medicine. People who work in industries with loud work environments—such as the military, music, agriculture, mining, construction, manufacturing, and transportation—or who engage in loud recreational activities, such as motor sports or hunting, are at higher risk for tinnitus. Those who have a history of depression or anxiety are also more likely to experience tinnitus.

Tinnitus and hearing loss are the top service-related disabilities among U.S. service members and veterans, according to the Department of Veterans Affairs’ Annual Benefits Report for Fiscal Year 2012.

Tinnitus is the most common disability among veterans who served in the Gulf War and in the ongoing global war on terror.

The number of veterans diagnosed with service-connected tinnitus is estimated at 1.5 million, according to the nonprofit group Disabled American Veterans.

For references, please see hhf.org/fall2015_references.
RINGING. BUZZING. WHISTLING. ROARING. No matter what it sounds like, tinnitus affects roughly 50 million Americans to some degree, and many are veterans. The number of veterans diagnosed with service-connected tinnitus is estimated at 1.5 million.

“Tinnitus affects 10 to 15 percent of adults in the United States. It is a common service-related disability among our military veterans,” says Sujana S. Chandrasekhar, M.D., of the American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS). “Yet despite its prevalence and effect on quality of life, prior to this there weren’t any evidence-based guidelines about managing tinnitus.”

Chandrasekhar frequently treats veterans for tinnitus through the Department of Veterans Affairs (VA) and has worked to help produce the very first clinical practice guidelines on tinnitus. An AAO-HNS panel composed of clinicians and methodologists have made strong recommendations that physicians distinguish patients with bothersome tinnitus from patients with non-bothersome tinnitus through a comprehensive audiologic exam.

Persistent, bothersome tinnitus is described as noise that prevents sleep or the ability to concentrate. These symptoms leave patients more vulnerable to other mental health problems, such as depression or anxiety. “About 20 percent of adults who experience tinnitus require clinical intervention,” Chandrasekhar says.

The guidelines also recommend against prescribing antidepressants, anticonvulsants (which prevent or reduce seizures), or various dietary supplements in the treatment of persistent tinnitus. Hearing aid evaluations are recommended for those patients who experience documented, bothersome tinnitus associated with hearing loss. While acupuncture has been suggested as a treatment method in some circles, the panel offered no conclusive recommendation.

There is no cure for tinnitus, but these new guidelines, incorporated with both new and old treatment options, aim to help patients learn to self-manage their condition.

Sound therapy has long been regarded as one of the most successful ways to treat tinnitus. External sounds are used to reduce the perception of tinnitus noise, and this helps the patient diminish their own response. Workbooks provided by the VA teach patients to try three different kinds of sounds for this method: “soothing” sounds to relieve stress; “background” sounds to decrease awareness of tinnitus; and “interesting” sounds that help shift focus.

This practice has been in use for more than 30 years. Between 60 percent to 90 percent of patients report relief from their symptoms.

New to the VA is a sound-therapy system called SoundCure Serenade. The device uses soft tones, known as S-tones, to offer relief. The research suggests S-tones help to suppress symptoms.

According to The Hearing Journal, “The mechanisms underlying tinnitus suppression are different from those in tinnitus masking. Masking attempts to divert a patient’s attention away from the tinnitus. Suppression is a physiologic process where sounds—in this case, patterned sounds—may likely be modulating the activity of the auditory cortex and interrupting tinnitus generation.”

Researchers at the University of California, Irvine, who study the use of S-tones have reported great success.
“Within 30 seconds, the subject started to experience some tinnitus suppression, and by 120 seconds reported being unable to hear his tinnitus,” the researchers claim. “This is an example of 100 percent suppression.”

Additionally, cognitive behavior therapy (CBT) is a form of treatment that can address some of the negative reactions brought on by tinnitus. Many patients can develop emotional responses to their symptoms, including frustration and anxiety. More serious cases can lead to sleep deprivation and depression, and some patients may also experience a form of post-traumatic stress disorder in relating the sound to certain distressing events.

CBT offers patients three ways to address these symptoms. By performing relaxation techniques, planning pleasant distraction activities, and altering how they think about their symptoms, many patients are able to cope with tinnitus with more positive outcomes.

Veterans who believe they are suffering from tinnitus should contact their healthcare provider for further evaluation.

“Any issue that affects a veteran’s hearing can impact his or her ability to sleep, perform a job, and interact with others,” says Marc Burgess, the national adjutant for the nonprofit advocacy group DAV (Disabled American Veterans). “It’s encouraging to see the VA working so hard to address this common—though challenging—condition to improve the quality of life of veterans and their families.”

This is reprinted with permission from DAV (Disabled American Veterans), a nonprofit veterans advocacy and assistance group founded in 1920. For more, see dav.org.

Get more resources for tinnitus, including types of treatments, at hhf.org/tinnitus.

SHARE YOUR STORY: Are you an active service member or a veteran with tinnitus? Tell us your story at editor@hearinghealthmag.com.

SUPPORT A CURE: HHF.ORG/DONATE

Transcranial magnetic stimulation (TMS) is a therapy during which an electromagnetic coil placed against the head creates magnetic fields, or pulses, to stimulate nerve cells in the brain. While to date the Food and Drug Administration has approved TMS to treat only major depression, the therapy has garnered interest for its potential to treat other psychiatric and neurological conditions. According to MedPageToday columnist Joshua Cohen, M.D., there are more than 10,000 TMS studies—in 2014, they were being published at a rate of 24 papers per week.

In the field of otolaryngology, scientists are examining whether repetitive TMS (rTMS) can treat tinnitus. But as a meta-analysis described in the May 2015 European Archives of Oto-Rhino-Laryngology, there has been a high variability in study design and outcomes. Difficulty measuring tinnitus and the need for true double-blinding (so that treatment administrators and patients do not know which treatment they are receiving) are two major issues that can cloud results.

A new study whose results appear in the July 16, 2015, issue of JAMA Otolaryngology—Head & Neck Surgery seems to have overcome these obstacles. It measured tinnitus according to all eight accepted tinnitus assessment tools. The rTMS device manufacturer created a “sham” TMS coil that mimics the sounds and scalp sensations generated by the active coil, but produces much smaller magnetic fields that are unlikely to affect brain activity.

Although the sample is small—just 64 people who experienced tinnitus for at least a year—the study found that more than half of the patients who underwent rTMS for 10 consecutive days showed improvement in symptoms, both immediately following the last rTMS session and up to 26 weeks later, when the study concluded.

The lead author of this study was Robert Folmer, Ph.D., an associate professor of otolaryngology-head and neck surgery at Oregon Health & Science University (OHSU). Significantly, he is also a research investigator with the National Center for Rehabilitative Auditory Research at the VA Portland Medical Center. Folmer’s OHSU and VA colleague Yongbing Shi, M.D., Ph.D., contributed to the study and was the coauthor of “Diagnosing Tinnitus” in the Summer 2013 issue of Hearing Health. Sarah Theodoroff, Ph.D., was also part of the research team. Folmer says an additional multisite trial is needed to refine protocols before rTMS can be offered as a clinical treatment for tinnitus.

—Yishane Lee, Editor
Support for all military pets nationwide so our troops can serve with peace of mind

Active Duty | Veteran | Wounded Warrior

SUPPORT Become a DoD Boarder to foster military pets of all kinds, donate & share our cause, volunteer locally and purchase our merchandise.

GET HELP Pet fostering available nationwide for active duty, reservists, veterans, wounded warriors & their families*, find resources for your pet’s care and attain financial assistance for emergency pet care*

SUPPORT Become a corporate sponsor for DoD and invest in our future success, list your business in our free, online database of troop-supporting businesses* or partner with us.

*Must meet certain requirements

Dogs on Deployment is a 501(c)(3) non-profit which promotes responsible pet ownership and provides an online network for military members nationwide to search for volunteers and resources able to help their pets during their service commitments.

WWW.DOGSONDEPLOYMENT.ORG

How Does Dogs on Deployment Work?

A military member receives deployment orders, or finds themselves in a position unable to care for their pet due to their service commitments.

There is no commitment to join!

Our military members register their pets on Dogs on Deployment and receive access to our thousands of registered DoD Boarders.

DoD Boarders are volunteer foster homes who register on Dogs on Deployment to list their homes as available to take in military pets.

DoD Boarders and military pet owners connect through the Dogs on Deployment network to find successful placements for military pets.

"Thank you so much for thinking of and implementing such an amazing service! It is a relief to know that while I am deployed I can focus on my mission knowing my dogs will be safe and cared for in a DoD Boarder home. I will be forever grateful for DoD.”

—US ARMY SOLDIER
VA Makes Changes to Veterans Choice Program

WASHINGTON – The Department of Veterans Affairs (VA) today announced a number of changes to make participation in the Veterans Choice Program easier and more convenient for Veterans who need to use it. The move, which streamlines eligibility requirements, follows feedback from Veterans along with organizations working on their behalf.

“As we implement the Veterans Choice Program, we are learning from our stakeholders what works and what needs to be refined,” said VA Secretary Robert A. McDonald. “It is our goal to do all that we can to remove barriers that separate Veterans from the care they deserve.” To date, more than 400,000 medical appointments have been scheduled since the Veterans Choice Program went into effect on November 5, 2014.

Under the old policy, a Veteran was eligible for the Veterans Choice Program if he or she met the following criteria:

- Enrolled in VA health care by 8/1/14 or able to enroll as a combat Veteran to be eligible for the Veterans Choice Program;
- Experienced unusual or excessive burden eligibility determined by geographical challenges, environmental factors or a medical condition impacting the Veteran’s ability to travel;
- Determined eligible based on the Veteran’s current residence being more than 40 miles driving distance from the closest VA medical facility.

Under the updated eligibility requirements, a Veteran is eligible for the Veterans Choice Program if he or she is enrolled in the VA health care system and meets at least one of the following criteria:

- Told by his or her local VA medical facility that they will not be able to schedule an appointment for care within 30 days of the date the Veteran’s physician determines he/she needs to be seen or within 30 days of the date the Veteran wishes to be seen if there is no specific date from his or her physician;
- Lives more than 40 miles driving distance from the closest VA medical facility with a full-time primary care physician;
- Needs to travel by air, boat or ferry to the VA medical facility closest to his/her home;
- Faces an unusual or excessive burden in traveling to the closest VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or simplicity or frequency of the care needed and whether an attendant is needed. Staff at the Veteran’s local VA medical facility will work with him or her to determine if the Veteran is eligible for any of these reasons; or
- Lives in a State or Territory without a full-service VA medical facility which includes: Alaska, Hawaii, New Hampshire (Note: this excludes New Hampshire Veterans who live within 20 miles of the White River Junction VAMC) and the United States Territories (excluding Puerto Rico, which has a full service VA medical facility).

Veterans seeking to use the Veterans Choice Program or wanting to know more about it, can call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. For more details about the Veterans Choice Program and VA’s progress, visit:  http://www.va.gov/opa/choiceact/. 

27
In Memory Donations

When the simple act of placing flowers on a casket or placing stones on a headstone does not seem to be enough to honor the memory of a special someone who has passed away, one may choose to make a donation in his or her honor to commemorate the values and beliefs of the deceased. Chapter 20 VVA is committed to recognizing the sacrifices made by all military personnel in every branch of the armed forces. The memory of the deceased veteran is honored in the continuous work and service carried out by the dedicated Chapter members and associates. The monetary donations sent by individuals help make it possible to continue serving veterans and their families. The combined efforts of donors, lawmakers, members, and associates have far-reaching effects on the quality of all our lives.

Vietnam Veterans of America Chapter 20 offers several ways of commemorating a special person. One of those ways is the Memorial Walk at the Vietnam Veterans Memorial at Highland Park. The Vietnam Veterans Memorial Walk is a pathway of bricks inscribed with the names of individuals who have served their country with valor. Their names will forever remain a reminder of the dedication and tenacity demonstrated by the thousands of men and women who have served in the U.S. Armed Forces.

If you wish to make a monetary donation directly to Chapter 20 in support of all the functions and services they provide to veterans and their families, send your check or money order payable to Chapter 20, VVA:

Vietnam Veterans of America
Chapter 20
P.O. Box 12580
Rochester, NY 14612

Could someone you know be in crisis?
The VA’s National Suicide Crisis Line
1-800-273-TALK or 1-800-273-8255
24/7 365 days/per year
Provides professional counseling to veterans, their family members or friends.

Do you know a veteran who is homeless?
The VA’s National Homeless Veterans Hotline
1-877-424-3838
24/7 365 days/per year
MEMBERSHIP APPLICATION
Vietnam Veterans of America, Chapter 20

Name: ____________________________________ Date of Birth: _________________ Sex ( )M ( )F
Address: ____________________________________
City: _____________________________________
Zip: _________ County: ____________________
Home Phone: ( 555 )________________________ Work Phone: ( 555 )________________________ Email Address: _______________________
I am not a Vietnam Veteran, but I want to help Vietnam Veterans and their families.
Please accept my donation: ( ) $10 ( ) $20 ( ) $50 Other ($__________) Payment Options: ( ) Check ( ) Money Order


Term: ( ) 1 Year $20 ( ) 3 Years $50 ( ) Life Membership: $200 (ages 56-60), $175 (ages 61-65), $150 (ages 66-71), $100 (ages 72+)

Return this application, along with a copy of your DD214 to:

Chapter 20, Vietnam Veterans of America
P.O. Box 12580
Rochester, NY 14612

VVA is a non-profit veterans service organization. Programs and services are funded by member dues and public donations.

BETWEEN THE LINES:
Between the Lines is published monthly by Chapter 20, Vietnam Veterans of America. The views and opinions expressed are not necessarily those of Chapter 20 or the Vietnam Veterans of America, Inc., its Officers, Board of Directors, or the General Membership. Between the Lines can be viewed on the Chapter 20 website at www.vva20.org.

We welcome letters to the editor, poetry, original articles, and suggestions. Submissions should include name and phone number and Can be sent to Between the Lines, P.O. Box 12580, Rochester, NY 14612 or emailed to felliott@rochester.rr.com. We reserve the right to edit for space and clarity and to not use materials we think inappropriate for the publication. Deadline for submissions for each issue is the 10th of the preceding month. Exceptions may be granting by contacting the Editor.
<table>
<thead>
<tr>
<th>Board Meetings</th>
<th>Membership Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 5, 2016</td>
<td>January 14, 2016</td>
</tr>
<tr>
<td>February 2, 2016</td>
<td>February 11, 2016</td>
</tr>
<tr>
<td>March 1, 2016</td>
<td>March 10, 2016</td>
</tr>
</tbody>
</table>

**Monthly Membership Meetings start at 6:30 pm**

*At the Italian American Sports Club, 1250 Buffalo Road, Rochester*

**Driving Directions to the Italian American Sports Club:**

The Club is located at 1250 Buffalo Road close to the intersection of Howard Road, directly across from the stone quarry, next to the Eagles Club and the Catholic Diocese of Rochester.

**From the East:** Heading west on 490, exit Mt. Read Blvd. and turn left; south on Mt. Read to Buffalo Road circle, turn right, west on Buffalo Road, 1.4 miles, the Italian-American Sports Club is on the right side.

**From the West:** Heading east on 490, exit 33 east, Buffalo Road (Gates Center); head east on Buffalo Road; continue past Howard Road; the Italian-American Sports Club will be on the left side in about .5 mile.

---

**Chiropractic Urgent Care**

*at Tri-County Chiropractic, PC*

**Dr. Gary L. Kuhn**

*Chiropractor*

**Fairport Office Centre**

1387 Fairport Road

Building 500, Suite 520

Fairport, NY 14450

(585) 455-0862

Immediate/Emergency Care Available

---

**Italian American Sports Club**

1250 Buffalo Rd.

Rochester, NY 14624

(585)464-9160

---

**Denis Gurnett, Instructor**

*Professional Private Firearms Training*
Your business card could be here. Contact Chapter Treasurer, Alan Frisa (afrisa@rochester.rr.com), for details.
Contact Information

EXECUTIVE COMMITTEE
President Valentino Gatto  vga@rochester.rr.com  227-2741 h
V. President Chuck Macaluso  chuckmac66@yahoo.com  225-8288 h
Secretary Joe Peck  jpeck2@rochester.rr.com  734-9046 c
Treasurer Alan Frisa  alanfrisa@gmail.com  370-7962 c

DIRECTORS
Dan Corona  nycorona@juno.com  406-6108 c
Fred Elliott  felliott@rochester.rr.com  317-7619 c
Mike General  mwgeneral@aol.com  227-4833 h
Lynn Guusslin  loiscarolyn@gmail.com  352-0578 h
Jerry McDermott  jerrymcdermott648@gmail.com  313-8188 c
Dick Oleksyn  roleysyn@yahoo.com  663-5255 h
Stan Patykiewicz  SNMPATYK@rochester.rr.com  247-4830 h
Bill Auble  wauble@hotmail.com  683-2213 c
Mike Sanfilippo  guardian175@yahoo.com  594-2649 h
Ron Trovato  Ronbo215@gmail.com  857-3630 c
Hank Wallace  whwnbt@rit.edu  260-6035 c

STATE COUNCIL DELEGATES
Nick DeLeo  ndeleo52@yahoo.com  334-7043 h
Valentino Gatto  vga@rochester.rr.com  227-2741 h
Ken Moore  17CAV@rochester.rr.com  392-0269 h
Jerry McDermott  jerrymcdermott648@gmail.com  313-8188 c

COMMITTEE CONTACTS
Between The Lines
   Editor – Fred Elliott  felliott@rochester.rr.com  288-5756 h
   Chaplain - Tom Puff  tpuff@frontiernet.net  227-2741 h
   Chapter Gear – V. Gatto  vgatto@rochester.rr.com  227-2741 h
   Constitution – Fred Elliott  felliott@rochester.rr.com  288-5756 h
   Finance – Hank Wallace  whwnbt@rit.edu  334-5352 h
   Health – Jerry McDermott  jerrymcdermott648@gmail.com  313-8188 c
   Honor Guard – C. Macaluso  chuckmac66@yahoo.com  225-8288 h
   Incarcerated – Ron Trovato  Ronbo215@gmail.com  857-3630 c
   Legislative – Bill Auble  wauble@hotmail.com  683-2213 c
   Marching – Hank Wallace  whwnbt@rit.edu  334-5352 h
   Membership – Mike General  mwgeneral@aol.com  227-4383 h
   Mike Sanfilippo  guardian175@yahoo.com  594-2649 h
   Memorial – Chuck Macaluso  chuckmac66@yahoo.com  225-8288 h
   POW/MIA – Joe Peck  jpeck2@rochester.rr.com  734-9046 c
   Public Affairs – Mike Sanfilippo  guardian175@yahoo.com  594-2649 h
   Social Events – V. Gatto  vgatto@rochester.rr.com  227-2741 h
   Speaker’s Bureau – G. Lenyk  gnl3153@ritid.rit.edu  423-0206
   Vet Benefits – Stan Patykiewicz  SNMPATYK@rochester.rr.com  247-4830 h
   Veterans Walk – C. Macaluso  chuckmac66@yahoo.com  225-8288 h
   Women’s Affairs – Rosemary Rossi-Williams  pefrose@gmail.com  738-6138 c

VVA Chapter 20  585-482-7396
P.O. Box 12580  www.vva20.org
Rochester, NY 14612

VVA REGION 2 DIRECTOR
Ted Wilkinson  twilkinson@vva.org  585-786-3502

NYS VVA PRESIDENT
Ned Foote  nfoote@vva.org  518-338-8147

AVVA REGION 2 DIRECTOR
Nancy Rekowski  nrekowski@avva.org

NYS AVVA PRESIDENT
Cherie Steers  csvva@optonline.net  516-822-5938

VETERANS ORGANIZATIONS AND INFORMATION
Greater Rochester Vietnam Veterans Memorial  753-7275
   (enter 9; enter 2 to leave a message)
VA Outpatient Clinic  465 Westfall Rd  463-2600
Veterans Outreach Center  459 South Avenue  546-1081
VA Vet Center  232-5040
Veterans Administration  800-827-1000
Monroe County Veterans Service Agency  753-6040
   e-mail: serviceofficer@yahoo.com
VA Veterans Bill of Rights  800-342-3358
VA Medical Center in Batavia  297-1000
VA Hospital in Buffalo  716-834-9200
VA Medical Center in Canandaigua  394-2000
VA Medical Center in Batavia  607-664-4000
Vietnam Veterans of America National Office  800-882-1316
Vietnam Veterans Memorial Fund  202-393-0090
National League of Families
   POW/MIA Updates  202-223-6846
   Richards House at VOC  506-9060
   The Resource Center at VOC  546-4250
   Stars & Stripes – The Flag Store  546-3524
   National Caregivers Support Line  855-260-3274
   Homeless Hotline  877-424-3838
   Crisis Hotline  800-273-8255

WEB SITES / EMAIL ADDRESSES
Vietnam Veterans Memorial at Highland Park
   www.rochestervietnammemorial.org/The_Memorial
VVA New York State Council
   www.nyvietnamvets.org
Honor Flight
   www.HonorFlightRochester.org

32