

AVVA E - Health Newsletter

Spring 2014



The Health Committee hopes that you enjoy this E-Newsletter which we are proud to share. Maybe you will find some helpful hints to make your lifestyle easier and healthier.

In no way, are we giving medical advice or taking the place of a visit to your Doctor. If you should see any signs of illness mentioned in the newsletter, please make a medical appointment.

We welcome any comments or suggestions that you may have. If you have any articles that you would like to submit, please do.

If there are any subjects that you might like to see just let us know and we will research it. Submit to: Elayne @: mmm4evr1@aol.com



We thank VVA for allowing us to use some of their materials and those of Web Weekly



The beautiful spring came; and when Nature resumes her loveliness, the human soul is apt to revive also.

~ Harriet Ann Jacobs

It's the season of flowers blooming, and along with them comes the pollen that plagues so many of us. Spring, a time of planting, eating fresh fruits and vegetables, finishing the school year, and spring break. Have a healthy spring with the tips and healthy suggestions we've provided.

Eat the right foods. Improper eating habits aggravate many health problems, including asthma and seasonal allergies. Medical studies have repeatedly concluded that powerful chemicals called antioxidants—found in fruits, vegetables, nuts, seeds, green tea, and other foods and beverages—help battle inflammation inside your body, a critical factor in controlling allergies. (Of course, don't load up on an antioxidant-rich food if you are allergic to it.) You can also try eating more foods rich in omega-3s. These include fish, eggs, walnuts, and flaxseed oil.

Lose your extra pounds. Carrying excess weight makes it harder to breathe—a problem you don't want when you're suffering from allergies. More fat around your abdomen prevents your lungs from fully expanding and your diaphragm from moving downward, because they have to fight all that fat. In other words, you can't get a good, deep breath. Losing weight will make getting the oxygen you need easier.

Reduce stress. Every time you're confronted with a stressor, your body releases a cascade of stress hormones. They, in turn, send a volley of signals to various parts of your body to prepare it for action. If this happens day in and day out without physical release, stress can inflict its damage by affecting the very network that is supposed to guard your health: your immune system. A weakened immune system increases your chances of allergic reactions. Learning to control stress—or, at least, the way you react to stress—can help.

Complement your regular allergy medication.

The following alternative remedies, when paired with your regular antihistamine, may relieve allergy symptoms: • A daily multivitamin and mineral supplement that includes magnesium, selenium, vitamin C, vitamin E, and all the B vitamins. • A cup of peppermint or chamomile tea each night before bed. • Your choice of herbal supplements, dried ivy leaf, or pycnogenol. • A daily dose of echinacea taken two weeks on, two weeks off.

Keep air conditioning and furnace filters fresh.

It's important to change filters every three months and use filters with a MERV rating of 8 to 12. A MERV rating tells you how well the filter can remove pollen and mold from the air as it passes through.

Spring clean your bedroom.

Tackle the dust: Clean behind the bed and dressers, under the bed, and on the top of the ceiling fan. Always use a damp cloth; dry cloths just spread the dust around. Then, eliminate these dust and dust mite magnets: wall-to-wall carpeting, blinds and curtains, down-filled comforters, anything made with feathers, stuffed animals, and upholstered headboards. Strip your bed. Wash everything, including the comforter or blankets, in 130°F water. Wipe down the mattress with a damp rag. Bedroom items that can't be washed, such as pillows, mattresses and box springs, should be covered in tightly woven, hypoallergenic dust-mite covers. Stuffed animals and throw pillows should be eliminated or kept to a minimum. Lastly, make the bedroom a no-pet zone. Keep your door shut so they can't even cross the threshold.

Get mold out of the bathroom.

Check under and behind toilets to make sure there's no mold growing because of condensation. Make sure toilets are installed properly so water doesn't leak into the walls or floors, which could encourage mold. Also, wash the shower curtain in hot water once a month, or replace the liners every couple of months. You should also wash the bath mat in hot water every week. The dampness from stepping onto it wet from a shower can attract dust mites and cause mold growth. And run the exhaust fan or leave the window and door open when taking a shower or bath.

Shower and wash your hair before bed. Cleaning up before getting into bed helps remove pollen from your hair and skin, which reduces irritation. You should also consider keeping pets out of the bedroom if they've been outside, as pollen can cling to their fur.

Wear glasses or sunglasses when outdoors.

Covering your eyes keeps pollen and other irritants away from this sensitive area, which reduces itchiness and redness.

Minimize activities outdoors when pollen counts are at their peak.

Pollen is typically at its highest point during midday and afternoon hours, so those who suffer with allergies and asthma should avoid going outside during those times of day.

~ Readers Digest

<http://www.rd.com/slideshows/spring-allergies/#ixzz2wp1oL7iJ>

Agent Orange Featured Article

As if veterans exposed to Agent Orange needed another thing to worry about, a new study published in the February issue of *Plastic and Reconstructive Surgery* identifies a potential new connection between certain types of skin cancers and exposure to Agent Orange.

For those readers under the age of 30, Agent Orange is the rather benign sounding nickname bestowed upon one of the most carcinogenic compounds to see widespread usage in warfare. Agent Orange was conjured up in the factories of Dow Chemical and Monsanto and sold to the Department of Defense to be used as an herbicide and jungle defoliant.

North Vietnamese soldiers, dubbed Charlie by our troops, were masters at guerilla warfare and could vanish into the dense jungle. The purpose of Agent Orange was simple: Charlie hides in the bush. Kill the bush. Kill Charlie.

Its nickname derived from the orange striped barrels used to ship it into the combat theater. Experts touted it as a harmless defoliant. The government's legal hawks were quick to coin the term *Herbicide Warfare* so they were not to be engaged in *Chemical Warfare*.

President Kennedy signed off on Operation Ranch Hand in 1961 and the U.S. Air Force rained Agent Orange upon the Vietnamese jungles — and sadly our own troops and South Vietnamese allies and civilians. Overall about 20 million tons of the hellish substance were unleashed.

Revelations that Agent Orange was contaminated with an even more diabolical chemical, dioxin, soon came to light. For young readers not familiar with the environmental, financial and human fall-out of the Agent Orange debacle, consider it a priority to read about it soon.

Affected veterans struggled through three decades of insulting legal shenanigans by the manufacturers and governmental agencies before Congress recognized their plight. Denying the irreparable health consequences for decades the government finally in 1991 recognized a list of ailments that would qualify for compensation. Skin cancer was not among them.

This new study was led by Dr. Mark Clemens of The University of Texas MD Anderson Cancer Center and it analyzed medical records from the Veterans Affairs Hospital of

Washington, D.C. The findings suggest that veterans exposed to Agent Orange, and the contaminant dioxin, have twice the rate of suffering invasive skin cancers. These cancers include basal cell carcinoma and squamous cell carcinoma. So far no evidence of increased prevalence of melanoma has been proven.

The risk of skin cancer jumped to 73 percent to those veterans who actively sprayed Agent Orange. Not surprisingly, lighter skin types and those with lighter eyes demonstrated greater statistical risk. There exists a dreaded dioxin-spawned skin condition called chloracne; and these afflicted veterans show an 80 percent incident of invasive skin cancer in the study.

As early as the mid 1980s several journals suggested this Agent Orange and skin cancer association, but it has been largely ignored. Clemens reportedly initiated this study after personally witnessing the association first hand in his clinic.

Unfortunately the study's findings are far from conclusive despite the dramatic sounding evidence. First of all, only 100 veterans enrolled in the Agent Orange registry were studied. That is an exceeding small sample size to extrapolate to the estimated 3 million Americans who served in the 1960s and 1970s Vietnam War. It is also a small sample for any generalization of those estimated 40,000-plus veterans enrolled in the Agent Orange registry. And since the 100 patients came directly from the registry, the study does not present any comparison to those veterans not exposed to Agent Orange.

Still, Clemens and his colleagues have raised some important data that other groups will surely expound upon. The VA has the most developed electronic medical record in the country and it is rich for data mining. Proving or disproving this association on a larger scale should not be too difficult and I expect our veterans will have a definitive answer on this soon. Institutional attitudes in the VA have changed for the better in the past few decades and hopefully this data will be made available to researchers.

The sad tale of Agent Orange is one of governmental and industrial hubris, greed and bureaucratic inertia. It is incredible to consider that 50 years later we are still learning of its long-term effects on the human body. The financial treasure we spend on veteran disabilities dwarfs the actual costs of "boots on the ground" operations. So the next time a politician quotes us the financial cost of invading some far away land, keep in mind they have no idea the

long-term health ramifications and real costs to the country and to the soldiers.

Dr. Derrick Adams is a board-certified dermatologist and the medical director of Vita Dermatology and Laser Institute, a division of Lassen Medical Group in Red Bluff, CA. His office can be reached at 528-VITA.

<http://www.redding.com/news/2014/mar/15/derrick-adams-doctor-finds-another-possible-with/>

Parkinson's disease and Agent Orange

Veterans who develop Parkinson's disease and were exposed to Agent Orange or other herbicides during military service do not have to prove a connection between their disease and service to be eligible to receive VA health care and disability compensation.

About Parkinson's disease: Parkinson's disease is a degenerative brain disorder that leads to shaking, stiffness, and difficulty with walking, balance, and coordination. Symptoms are: tremor or trembling in hands, arms, legs, jaw, and face; rigidity or stiffness of the limbs and trunk; slowness of movement; and impaired balance and coordination.

Treatments for Parkinson's disease: Most Parkinson's disease treatments aim to restore the proper balance of the neurotransmitters acetylcholine and dopamine by increasing dopamine levels. Drugs are the standard way of doing this, but many patients, as their disease worsens, may be candidates for having a brain stimulator surgically implanted.

VA benefits for Parkinson's disease

Veterans with Parkinson's disease who were exposed to herbicides during service may be eligible for disability compensation and health care.

Vietnam Veterans may apply for disability compensation for Parkinson's disease using VA's Fast Track Claims Processing System.

Veterans who served in Vietnam, the Korean demilitarized zone or another area where Agent Orange was sprayed may be eligible for a free Agent Orange registry health exam. Surviving spouses, dependent children and dependent parents of Veterans who were exposed to herbicides during military service and died as the result of Parkinson's disease may be eligible for survivors' benefits.

<http://www.parkinsonsaction.org/dayofaction>

Research on Parkinson's disease and herbicides

The Institute of Medicine of the National Academy concluded in its report "Veterans and Agent Orange: Update 2008" released July 24, 2009, that there is "suggestive but limited evidence that exposure to Agent Orange and other herbicides used during the Vietnam War is associated with an increased chance of developing Parkinson's disease." As a result, VA recognized Parkinson's disease as associated with exposure to Agent Orange or other herbicides during military service. VA's final regulation recognizing this association took effect on October 30, 2010.

Continue to check for a Town Hall Meeting near you:

<https://www.facebook.com/notes/faces-of-agent-orange/upcoming-agent-orange-town-hall-meetings/671873579526439>

For More information, addresses, and locations please contact:

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60 Minutes – Agent Orange

http://www.youtube.com/watch?v=3_NDCixWw6Y

More Sites:

http://www.timesgeorgian.com/opinion/columnists/dale-robinson/article_57021be4-83d4-11e3-82a5-001a4bcf6878.html

<http://www.publichealth.va.gov/exposures/agentorange/locations/index.asp>

In The News

Birth Defect Research for Children's Executive Director was asked to review an article on "Environmental Factors in Birth Defects" that was published in the October edition of Environmental Health Perspectives, the journal of the National Institute of Environmental Health Sciences. Below is an excerpt from the article:

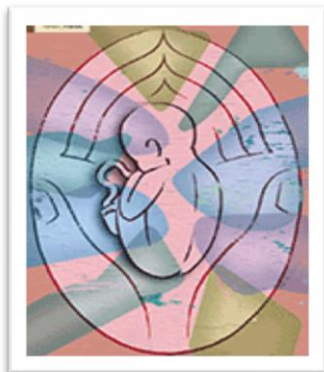
"Betty Mekdeci, executive director of the advocacy group Birth Defect Research for Children, says there are many problems with the basics of how birth defects are tracked and evaluated. Her experience of more than 30 years—prompted by her efforts, and those of her husband, to figure out why their son was born with multiple birth defects led her to conclude that some of the most important limitations include inadequate medical diagnostic codes for

classifying many birth defects, inaccurate use of codes by health care practitioners to meet insurance billing requirements, and the inability of many health care practitioners to diagnose a birth defect at birth or in follow-up visits, and skepticism toward the input of parents, who usually know better than any one doctor about the full range of health problems their child is having.

To overcome some of these problems, Mekdeci and her colleagues have developed an alternative method of tracking birth defect incidence based on parent responses to a lengthy questionnaire. About 6,000 completed questionnaires have been collected since 1990. Mekdeci and her staff analyze the questionnaire responses for patterns, and she reports they have identified about half a dozen clusters so far. Although the group readily acknowledges these are self-reports from a self-selected population, some of the clusters have later been confirmed by various government agencies. For instance, in Dickson, Tennessee, they detected a cleft palate cluster that was confirmed by the CDC. The group sees its role as identifying birth defect cases and then encouraging health agencies to investigate.”

To view a copy of the full article: **[Environmental Factors in Birth Defects](#)**

<http://www.birthdefects.org/registry/>



Federal Court Allows Burn Pit Lawsuit to Advance

In a March 7 *Military Times* article by Patricia Kime, a federal appeals court has ruled in favor of the plaintiffs in a collection of lawsuits over the use of open-air burn pits in Iraq and Afghanistan, a decision that allows the litigation against contracting giant KBR to continue.

[Read complete story here](#)



From a March 7 Medscape bulletin: “A voluntary nationwide recall of 3 different lots of the antidepressant venlafaxine (Effexor, Pfizer Inc.) has been issued by the drug’s manufacturer owing to possible contamination with a heart drug and subsequent potentially fatal consequences. As a precaution, Pfizer Inc. is recalling 1 lot of 30-count Effexor XR (venlafaxine HCl) 150 mg extended-release capsules, 1 lot of 90-count Effexor XR (venlafaxine HCl) 150 mg extended-release capsules, and 1 lot of 90-count Greenstone LLC-branded venlafaxine HCl 150 mg extended-release capsules. According to Pfizer, the action is being taken because 1 bottle of Effexor XR contained a single capsule of dofetilide (Tikosyn, Pfizer Inc) 0.25 mg, an antiarrhythmic medication used to treat atrial fibrillation/atrial flutter and maintain normal sinus rhythm.”

Good and Informative Article:

http://www.everydayhealth.com/news/over-the-counter-drug-dangers-should-know-about/?xid=aol_eh-news_9_20140317_&aolcat=HLT&icid=maingrid7%7Chtmlws-main-bb%7Cdl34%7Csec1_lnk2%26pLid%3D455616

NELLIS AIR FORCE BASE, Nev. — Everyone experiences a hit to their head at some point in their life. After the event, some may be fine, but others might have sustained a traumatic brain injury.

A traumatic brain injury is a blow, jolt, or bump to the head or a penetrating head injury that disrupts the normal function of the brain.

According to the Brain Injury Association of America, about 75 percent of TBIs that occur are concussions or other forms of mild traumatic brain injury.

The cost of brain injuries is not cheap. Average hospital based acute rehab is about \$8,000 a day, post-acute residential rehab is about \$850 to \$2,500 per day, and four

hours of rehab for a day treatment program is approximately \$600 to \$1,000 without room and board.

“Since anyone can sustain a brain injury at any time, it is important for everyone to have access to comprehensive rehabilitation and ongoing disease management. Doing so eases medical complications, permanent disability, family dysfunction, job loss, homelessness, impoverishment, medical indigence, suicide and involvement with the criminal or juvenile justice system,” said Dr. Brent Masel, Brain Injury Association of America medical director. “

Access to early, comprehensive treatment for brain injury also alleviates the burden of long term care that is transferred to tax payers at the federal, state and local levels.”

When a brain injury occurs, a lot of normal day to day functions may become challenging. If the neurons and nerve tracts are affected, they can be unable or have difficulty carrying the messages that tell the brain what to do. This type of injury can change the way the person thinks, acts, feels and moves the body. Brain injuries can also change the internal functions in the body, such as blood pressure, bowel and bladder control and body temperature. The changes can be permanent or temporary. These injuries can also cause impairment or a complete inability to perform a function.

Although TBIs can happen anywhere, to anyone, at any time, there are some preventative measures that people can take to reduce the risk of being a victim.

Some preventative measures include wearing a seatbelt while in the car, avoid driving under the influence of alcohol or drugs and wearing a helmet during potentially hazardous activities like bike riding, skateboarding, motorcycle riding, horseback riding, or participating in any other types of sports.

“Even with helmet use, it may or may not be possible to prevent a mild TBI. If someone experiences a traumatic [http://www.cbsnews.com/pictures/soldiers-art-what-traumatic-brain-injury-feels-like/brain injury](http://www.cbsnews.com/pictures/soldiers-art-what-traumatic-brain-injury-feels-like/brain%20injury) and then has another before healing from the initial injury, there may be a poorer outcome. Symptoms may be more severe and take longer to improve. This means that after a TBI, a service member is required to have at least 24 hours of rest after the injury prior to re turning to duty,” said Capt. (Dr.) Wesley Reynolds, 99th Medical Operations Squadron neurologist. “Service members should only return to duty when their primary care manager says that it is appropriate!”

Some symptoms of a traumatic brain injury are: a loss of consciousness for a few seconds to a few minutes. Some people may not lose consciousness but be somewhat dazed, confused, or disoriented after the traumatic hit to the head.

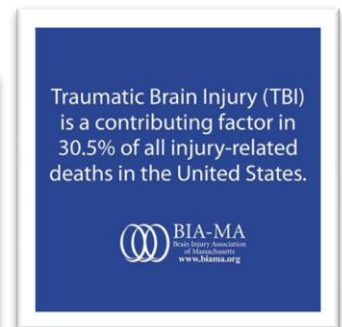
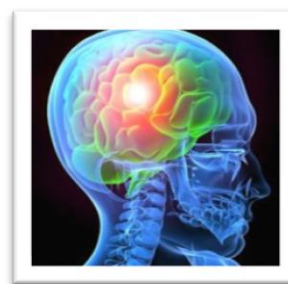
“If you experience a new head injury with loss of consciousness or confusion, then go to the nearest emergency room to get checked out. If you have experienced a head injury in the past and suspect that your symptoms may be related to a TBI, the best thing to do is contact your PCM,” said Reynolds.

Some people may need to work with their commanders and first sergeants, as rest and time may be needed to get back to normal. Mild TBI’s usually get better in time but require a gradual return to normal activities. Some patients may need more time than others.

“Service members are at an increased risk for sustaining a TBI compared to their civilian peers due to several reasons such as the following: The most common demographic group at the greatest risk for TBI’s is young men between the ages of 18 to 24, which is a large portion of the military; many operational and training activities, which are routine in the military, are physically demanding and even potentially dangerous; and military service members are increasingly deployed to areas where they are at risk for experiencing blast exposures from improvised explosive devices, suicide bombers, land mines, mortar rounds and rocket propelled grenades. These and other combat related activities put our military service members at an increased risk for sustaining a TBI,” said Reynolds.

However, over eighty percent of TBI’s actually occur in the non-deployed environments such as car accidents, falls, sports activities, military training and high risk activities.

Although TBI’s are not always preventable, learning how to properly protect yourself, and properly handle an injury if it occurs is something that every Airman should keep in mind.



- Males are about twice as likely as females to experience a TBI.
- TBI produces a complex constellation of medical consequences including physical, emotional, behavioral and cognitive deficits.
- As a general rule, patients with TBI gradually improve and stabilize over time.

- TBI has been called a “signature injury” of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF).

PTSD

Huffington Post, 20 March 2014

“Few life traumas can match the experiences of a medic in combat, or etch so deeply and painfully into a soul. Billie Grimes-Watson was a medic in Iraq in 2003 and 2004.

As the initial U.S. invasion turned into bloody chaos, she would sprint through the smoke and fire of blasts from improvised explosive devices and gunfire to save lives, struggling with the maimed and broken bodies of soldiers she knew and loved. And try to recover in a few hours rest between missions.

For most veterans with moral injury, there is little help. In contrast to the extensive training and preparation the government provides troops for battle, the Defense Department and the VA have almost nothing specifically for the moral wounds that endure after they return.

Only one small program, based at the San Diego Naval Medical Center, routinely provides therapy designed for moral injury. Several clinicians launched the program early in 2013 after realizing that many of their PTSD patients needed a different kind of help. The therapies and drugs developed to treat PTSD don’t get at the root of moral injury, experts say, because they focus on extinguishing fear.

PTSD therapy often takes the form of asking the patient to re-live the damaging experience over and over, until the fear subsides. But for a medic, say, whose pain comes not from fear but from losing a patient, being forced to repeatedly recall that experience only drives the pain deeper, therapists have found.

‘Medication doesn’t fix this stuff,’ said Army psychologist John Rigg, who sees returning combat troops at Fort Gordon, Ga. Instead, therapists focus on helping morally injured patients accept that wrong was done, but that it need not define their lives.”



Myth: Only people who are weak get PTSD

It’s not really clear why some people get PTSD and others don’t. Women are twice as likely to be diagnosed with it than men are, however women are more likely to be diagnosed with many mental disorders because they are more

likely to seek help, and therefore receive a diagnosis. People who are exposed to interpersonal trauma, such as sexual assault or warfare, are more likely to have PTSD symptoms than survivors of accidents or natural disasters. Social support is important to the treatment of PTSD too. None of these factors have anything to do with inner strength though. In fact, it’s possible that an especially strong defense symptom is the culprit.

Recent research shows that about 25 to 30 percent of veterans of the wars in Iraq and Afghanistan report symptoms of a mental disorder. Untreated mental health issues can result in long-term problems for you, your family, and your community, so it's important to see your doctor or a counselor if you're feeling depressed, sad, or anxious.

If you served in the military, you are at risk for mental health problems as a result of your experiences or injuries. These mental health issues may include:

- [Anxiety disorders](#)
- [Depression](#)
- [Intimate partner and domestic violence](#)
- [Mood disorders](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Substance abuse](#) (using alcohol or drugs)

Home life struggles are also common, and can include marital and caregiver stress, elder abuse or neglect, and problems with parenting anger management. These types of relationship challenges can build on already existing mental health problems or lead to them.

Are you thinking of suicide? If yes, please do the following – Dial: 911

- Dial: 800-273-TALK (8255)
- Check yourself into the emergency room.
- Tell someone who can help you find help right away.
- Stay away from things that might hurt you.

Post-traumatic stress disorder (PTSD) and women veterans

PTSD can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you.

If you are in the military, you may have seen combat. You may have been on missions that exposed you to horrible and life-threatening experiences. You may

have been shot at, seen a friend shot, or seen death. These are types of events that can lead to PTSD.

Military sexual trauma (MST) can also lead to PTSD. Sometimes, PTSD is also associated with intimate partner violence (IPV).

Treatment Women are more likely than men to develop chronic, or long-lasting, PTSD after experiencing a trauma. Not all women who experience a traumatic event develop PTSD. However, women are more likely to develop PTSD if they:

- Have a past mental health problem (like depression or anxiety)
- Experience a very severe or life-threatening trauma
- Were sexually assaulted
- Were injured during the event.
- Had a severe reaction at the time of the event.
- Experienced other stressful events afterwards.
- Do not have good social support.

Some PTSD symptoms are more common in women than in men. Women are more likely to be jumpy, to have trouble feeling emotions, and to avoid things that remind them of the trauma.

PTSD can be treated. A doctor or mental health professional with experience in treating people with PTSD can help you. Treatment may include "talk" therapy, medication, or both.

Treatment might take 6 to 12 weeks. For some people, it takes longer. Treatment is not the same for everyone. What works for you might not work for someone else.

Remember: drinking alcohol or using other drugs will not help PTSD go away, and may even make it worse.

Military sexual trauma and women veterans

Military sexual trauma (MST) is sexual harassment or sexual assault that happens while you are in the military.

Sexual harassment may include:

- A put-down because of your gender.
- Flirting when you've made it clear it's not welcome.

- Sexual comments or gestures about your body or lifestyle.
- Pressure for sexual favors.

MST can happen during war, peace, or training. It can be man-to-woman, woman-to-man, woman-to-woman, or man-to-man. If you've experienced MST, you may feel fear, shame, anger, embarrassment, or guilt. You may feel it is hard to trust people. You may even have physical symptoms like headaches, diarrhea, chronic fatigue, or gynecological problems.

Sexual assault is any kind of sexual activity you don't want.

Treatment

After a sexual assault, many veterans keep quiet. They worry about what others will think about them if they speak up. But if you have experienced MST, you should find help. The Veteran's Administration (VA) has qualified MST counselors at every hospital. They can discuss treatment with you to help you get better. Counseling is often used to treat MST. Your doctor may also prescribe medicines that can help with your symptoms. Treatment can help you cope with the trauma and regain any lost self-esteem.

Getting help for military sexual trauma

If you've experience military sexual trauma (MST), or intimate partner violence (IPV) as a result of MST, you can contact your nearest Veteran's Administration (VA) facility to speak with the MST coordinator. Every VA facility has providers knowledgeable about treatment for the aftereffects of MST. Many have specialized outpatient mental health services focusing on sexual trauma.

In addition, the following phone numbers are available 24 hours a day, 7 days a week. It may be helpful to memorize them in case of emergency.

- **Call 911**
- **Domestic Violence Hotline**
Phone: 800-799-SAFE (7233)
Website: <http://www.ndvh.org>
- **National Sexual Assault Hotline**
Phone: 800-656-4673
Website: <http://www.rainn.org>
- **Intimate partner violence (IPV) and women veterans**

IPV is also known as domestic violence. IPV is when a current or former partner uses behaviors or threats that can make you feel scared, controlled, or intimidated. A relationship in which IPV occurs is an abusive relationship.

IPV could include any of the following:

- **Physical violence** – hitting, pushing, grabbing, biting, choking, shaking, slapping
- **Sexual violence** – attempted or actual sexual contact without your consent
- **Threats of physical or sexual abuse** – words, looks or gestures to control or frighten
- **Psychological or emotional abuse** – humiliating, putting down, isolating, threatening
- **Stalking** – following, harassing, or unwanted contact that makes you feel afraid

What are some signs of an abusive relationship?

- Relationships can be complicated in general. A relationship with IPV can be overwhelming and confusing. Sometimes it can be hard to know if you have experienced IPV. The following questions give some examples of unsafe behaviors that can happen in a relationship.
- Does your partner control all of the family income and budget? Control your work or your schooling?
- Does your partner keep you away from friends and family? Control you by questions and threats about what you do, where you go, and people you see?
- Does your partner put you down, or make you feel guilty or ashamed? Blame you for the abuse?
- Does your partner make or carry out threats to hurt your body or your feelings, or those of someone you love? Threaten to ruin your reputation? Threaten to take your children away?
- Does your partner scare you by breaking or destroying objects, or punching holes in walls? Hurting or threatening pets?
- Does your partner physically or sexually assault you or your children?

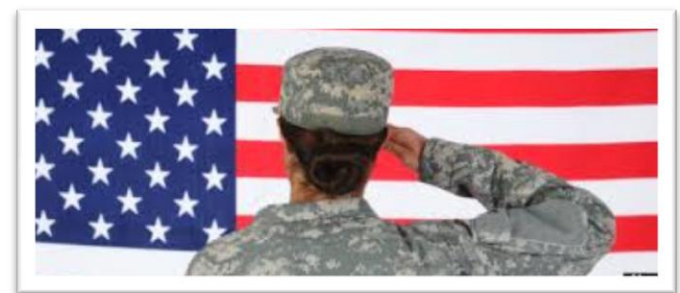
MST survivors are more likely to experience other kinds of violence, such as IPV. Not much is known about which things make someone more likely to hurt their spouse or partner. But PTSD may make a person more likely to hurt or threaten their partner.

Treatment

While IPV itself is not a mental disorder, a number of mental health diagnoses are associated with being a victim of IPV. IPV can lead to PTSD, anxiety, depression, substance abuse, and other mental health problems.

A doctor or mental health professional with experience in treating people who experience IPV can help you. Treatment may include "talk" therapy, medication, or both.

~ <http://womenshealth.gov/mental-health/veterans/>



What are GMOs?

GMOs, or "genetically modified organisms," are plants or animals that have been genetically engineered with DNA from bacteria, viruses or other plants and animals. These experimental combinations of genes from different species cannot occur in nature or in traditional crossbreeding.

Virtually all commercial GMOs are engineered to withstand direct application of herbicide and/or to produce an insecticide. Despite biotech industry promises, none of the GMO traits currently on the market offer increased yield, drought tolerance, enhanced nutrition, or any other consumer benefit.

Meanwhile, a growing body of evidence connects GMOs with health problems, environmental damage and violation of farmers' and consumers' rights.

Are GMOs safe? Most developed nations do not consider GMOs to be safe. In more than 60 countries around the world, including Australia, Japan, and all of the countries in the European Union, there are significant restrictions or outright bans on the production and sale of GMOs. In the U.S., the government has approved GMOs based on studies

conducted by the same corporations that created them and profit from their sale. Increasingly, Americans are taking matters into their own hands and choosing to opt out of the GMO experiment.

Are GMOs labeled? Unfortunately, even though polls consistently show that a significant majority of Americans want to know if the food they're purchasing contains GMOs, the powerful biotech lobby has succeeded in keeping this information from the public. In the absence of mandatory labeling, the Non-GMO Project was created to give consumers the informed choice they deserve.

Where does the Non-GMO Project come in? The Non-GMO Project is a non-profit organization with a mission of protecting the non-GMO food supply and giving consumers an informed choice. We offer North America's ONLY third party verification for products produced according to rigorous best practices for GMO avoidance (for more info, [click here](#)). Our strategy is to empower consumers to make change through the marketplace. If people stop buying GMOs, companies will stop using them and farmers will stop growing them.

Do Americans want non-GMO foods and supplements? Polls consistently show that a significant majority of North Americans would like to be able to tell if the food they're purchasing contains GMOs (a 2012 Mellman Group poll found that 91% of American consumers wanted GMOs labeled). And, according to a recent CBS/New York Times poll, 53% of consumers said they would not buy food that has been genetically modified. The Non-GMO Project's seal for verified products will, for the first time, give the public an opportunity to make an informed choice when it comes to GMOs.

How common are GMOs? In the U.S., GMOs are in as much as 80% of conventional processed food. [Click here for a current list of GMO risk crops.](#)

Why does the Non-GMO Project verify products that have a low risk of containing GMOs? Some ingredients that seem low-risk may have less-visible high-risk ingredients. Take, for example, dried fruit. Raisins and similar fruit are sometimes packed with a small quantity of oil to keep them moist. This oil, when used, is sometimes high-GMO-risk. As such, it is critical that we do take the time to look carefully at ingredient spec sheets during the verification process, to ensure that risks like this are effectively mitigated, even in apparently low-risk products.

Contamination incidents have occurred with seemingly "low-risk" products (rice, startling corn, flax). Non-GMO Project Verification supports manufacturers in being able to quickly and proactively respond to unexpected contamination issues.

Verifying only high-risk products puts a heavy burden on consumers to know what products are at risk of containing GMOs. Many people, even in the world of Natural Foods, don't know what a GMO is, let alone which crops and processed ingredients are high-risk.

As such, labeling only products that contain high-risk ingredients could give an unfair competitive advantage to products that contain ingredients containing corn, soy, etc. Taking the cereal aisle for our example, if we verified only high-risk products, a shopper might see the seal on a box of verified corn flakes, but not on the wheat-based cereal box next to them, produced with the same high standards by the same company. This could leave them thinking the corn flakes were non-GMO, but that they should avoid the wheat product, even though there's no GMO wheat on the market. Given the lack of understanding of the issue, this presents some serious issues.

Through verifying low-risk products, the Non-GMO Project's work builds consumer interest and industry investment in Non-GMO, even for crops that aren't genetically engineered yet.

Biotech is constantly working to patent and commercialize new organisms (salmon, apples, etc.), and the more companies that have committed to Non-GMO production, the more resistance these new developments will see prior to release.

What are the impacts of GMOs on the environment?

Over 80% of all GMOs grown worldwide are engineered for herbicide tolerance. As a result, use of toxic herbicides like Roundup has increased 15 times since GMOs were introduced. GMO crops are also responsible for the emergence of "super weeds" and "super bugs:" which can only be killed with ever more toxic poisons like 2, 4-D (a major ingredient in Agent Orange). GMOs are a direct extension of chemical agriculture, and are developed and sold by the world's biggest chemical companies. The long-term impacts of GMOs are unknown, and once released into the environment these novel organisms cannot be recalled.

How do GMOs affect farmers?

Because GMOs are novel life forms, biotechnology companies have been able to obtain patents with which to restrict

their use. As a result, the companies that make GMOs now have the power to sue farmers whose fields are contaminated with GMOs, even when it is the result of inevitable drift from neighboring fields. GMOs therefore pose a serious threat to farmer sovereignty and to the national food security of any country where they are grown, including the United States.

How can I avoid GMOs? Choose food and products that are Non-GMO Project Verified! [Click here to see a complete list.](#)

This is a tri-fold brochure you may print and use as handouts:

<http://www.nongmoproject.org/learn-more/print-shopping-guide/>

8/9/2013 - In May 2013, two million people in over 50 countries expressed outrage over Monsanto's desire to own the food supply through genetically-altered (and patented) seeds that threaten all life on this planet. Genetically modified organisms (GMOs) are when a plant or animal has been genetically engineered.

<http://www.naturalnews.com/GMOs.html#ixzz2wqS5U1R>



How is genetic engineering done?

In order to breach these natural barriers and make possible the introduction of DNA from a different species, genetic engineers have to find ways to force the DNA from one organism into another.

These methods include:

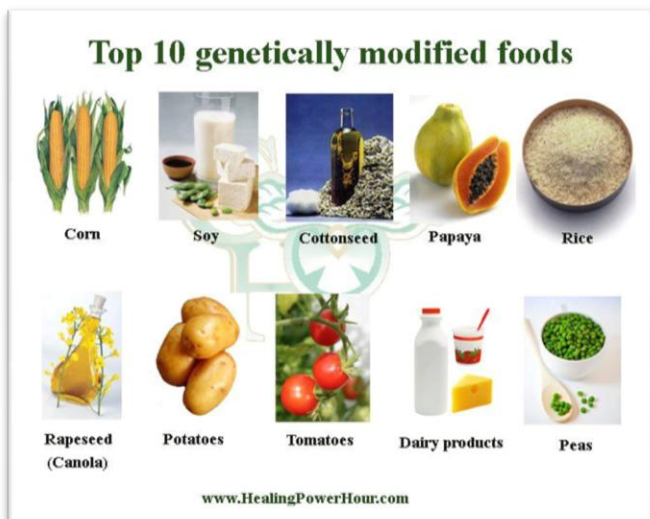
- Using viruses or bacteria to "infect" animal or plant cells with the new DNA.
- Coating DNA onto tiny metal pellets, and firing it with a special gun into the cells.
- Injecting the new DNA into fertilized eggs with a very fine needle.
- Using electric shocks to create holes in the membrane covering sperm, and then forcing the new DNA into the sperm through these holes.

Health

We've all grown up thinking that sitting too close to the television is damaging to our eyes ... but that might not be the case.

Technology spawns lots of confusion ... and a few affectionately titled old wives tales

.According to the Children's Hospital Los Angeles, close-sitters are fine. They're not hurting themselves in the least. The myth of sitting too close to the television likely spawned from some faulty GE television sets in the 1960s.



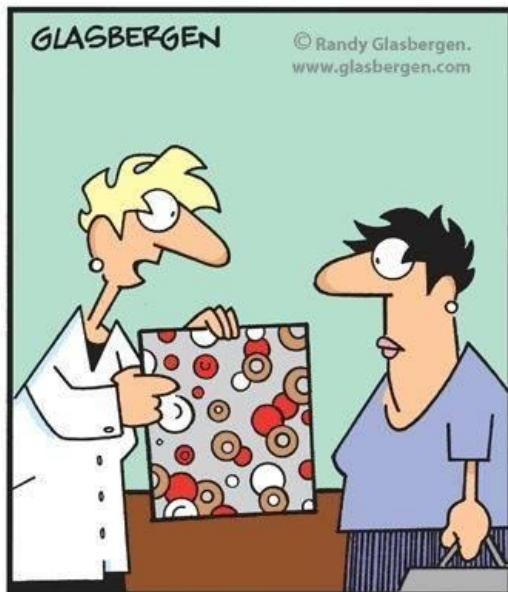
With tube televisions, an electron gun draws the picture on the back of phosphorus coated glass, and vacuum tubes help support the electronics.

Unfortunately, it came to light that some GE television sets were emitting more X-rays through the vents in the front of the unit than they should. The units were recalled and fixed quickly, but the myth still exists.

Maybe it's pervasive because people watch TV in the dark? Turns out, according to the American Academy of Ophthalmology, that's not going to harm you either. Generations of humans used to do EVERYTHING by candlelight, firelight or moonlight. Bright rooms are a relatively recent invention, and though you can read or watch TV for longer, the real concern for close-sitters and dark-watchers is added eye strain.

Eye strain is a natural part of using your eyes a lot. While reading or watching TV your eyes are moving to take everything in and that causes them to tire out.

Eye strain isn't damaging, but tired eyes DO need rest, so to avoid the weariness give them a break every 20 minutes and look at something far away. This goes for computers and smart phones too. Seriously people, holding phones and laptops inches from your face is bad. Your eyes would like a break, please. ~ AOL Health



“The red circles are your red blood cells.
The white circles are your white blood cells.
The brown circles are donuts. We need to talk.”

Quick Ice pack



1 part rubbing alcohol to: 3 parts water -gets very cold but never hardens so you can manipulate it - Place in Ziplock bag; Use duct tape to secure the seal.

Misconceptions about medicine are as common as pills on a pharmacy shelf.

We could all use a healthy dose of the truth.

Cleveland Clinic drug information pharmacist Katie Stabi, PharmD, BCPS, debunks seven of the most common myths about medications below:

Myth 1: Forget what the label says — if you're really hurting, take more pills

Fact: When you're in severe pain, you may look at the dose on the pain reliever bottle and think, "This can't possibly help!" The truth is, yes, it can. The dose listed on the label of an OTC or prescription drug isn't just a suggestion — it's a careful calculation. Pharmaceutical companies work hard to develop the appropriate dose of each and every medicine. Taking more than the listed dose can rob you of the benefits of the medicine and may leave you feeling worse, not better.

Pay attention, too, to the way in which pills should be taken. Pills meant to be swallowed should not be chewed, and vice versa. If you have trouble swallowing pills, talk to your doctor or pharmacist about alternatives.

Myth 2: Once you feel better, put the medicine away

Fact: If your symptoms are gone but you still have a week left on your medication, you may be tempted to stop taking those pesky pills. However, just like the amount of medicine you need is a well-measured decision, so is the length of time you need to take it. Stopping your medication early can increase your chance of relapsing into illness.

If you're considering quitting your meds because you can't afford more, talk to your doctor or pharmacist. Your doctor prescribed that medicine because you need it. There are many ways to reduce the costs of medications to make them more affordable.

Myth 3: Natural supplements are a safer choice

Fact: Natural supplements may seem safer and healthier than OTC drugs. But unlike OTC drugs, supplements are regulated as foods and not as drugs by the U.S. Food and Drug Administration. This means their effectiveness does not have to be proven before they are marketed, and manufacturers don't have to share safety information.

Standards for supplements are not as strict, and the amount of each ingredient may be inconsistent between products. Potential side effects may not be mentioned on the label. Also, some medications don't work as well with certain supplements. If you're interested in natural supplements, talk to your doctor or pharmacist about which ones are safe to use.

Myth 4: Antibiotics are always the answer

Fact: When you or a loved one are sick, you want to get better fast — but you also want the cure to last. Most people assume that antibiotics are the fastest route to recovery. But antibiotics are only helpful in illnesses caused by bacteria, such as Strep throat. Most illnesses, like colds and sore throats, are caused by viruses that don't respond at all to antibiotics.

cont.

Even though you're feeling miserable, OTC medications will usually relieve your symptoms until the virus is gone. Check with your doctor or pharmacist about which ones are safe to take — if you have hypertension, for example, Sudafed® (pseudoephedrine) can elevate your blood pressure.

If you're not feeling a lot better in 10 to 14 days, call your doctor. You may have developed a secondary bacterial infection — and that's when antibiotics will help you. Doctors don't want to prescribe antibiotics when they aren't needed because overusing them may lead to more resistant, hard-to-treat infections.

Myth 5: Your doctor doesn't need to know which vitamins you take

Fact: When prescribing a medicine or suggesting an OTC remedy, your doctor needs to know which other medications you're taking. You might not think to include vitamins or supplements on that list. However, it is important that your doctor knows everything you take, including vitamins and supplements. This is so the medicine won't interact with them in a dangerous way. Some medications, vitamins or supplements can hinder the way your body absorbs, breaks down and eliminates medicine. When in doubt, don't leave any vitamins or supplements out; tell your doctor about all of them.

Myth 6: Store your meds where you won't forget them — on the bathroom sink

Fact: Remembering to take your medication every day can be difficult. Putting them where you'll see them every day may seem like a good idea. However, storing meds by your bathroom or kitchen sink exposes them to dampness and light, both of which can damage them. Unless you are told otherwise, store medication in a dry area, away from heat and direct light. It's also important to store it in its original

container or a pill box that can't be opened by little hands. Always keep meds out of reach for children.

Myth 7: You can swallow your pills with a sip of any drink

Fact: Remember to always take pills with water — not alcohol. Alcohol can seriously interfere with the way your body absorbs medication. Don't throw back a pill with a quick gulp of water, however. Swallow enough water to keep pills from dissolving before they reach your stomach or they may irritate your throat. Also, make sure you know whether to take your meds on a full versus an empty stomach. Following instructions will ensure that your medicine can do its job.

Following these guidelines — and reading medication labels carefully — will keep you and your loved ones healthy and safe. ~ Cleveland Clinic

Spring Fun

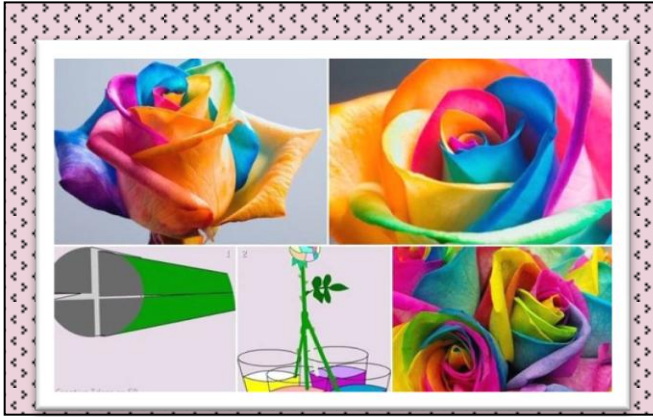


First you find some nice and bright colored bananas with hardly any bruising on them. Then you wash them under water and dry them gently. Use a sharp knife and cut the stem all the way to the banana and a little past to make a smile and to be able to open them to put a grape into the opening. Take the knife and cut the bottom half off a little past the middle. I used some cream cheese to stick the banana in to keep it standing. You put the grapes around the dolphin and one into the mouth opening. I then took a brush and brushed some lemon juice into the opening so it doesn't turn brown. The last thing is to add the eyes. You can use an edible marker, cloves stuck in, raisins, chocolate chips, or frosting. I used an edible marker. They are fun and most kids love bananas and grapes!"



Cool science experiment for kids! Rainbow Roses Get white or cream colored long stem roses. (Carnations work well too). Cut the stem according to the picture, you will then place 4 glasses of food color dyed water together.

Put one piece of stem per color and allow the flower to soak up different colors.

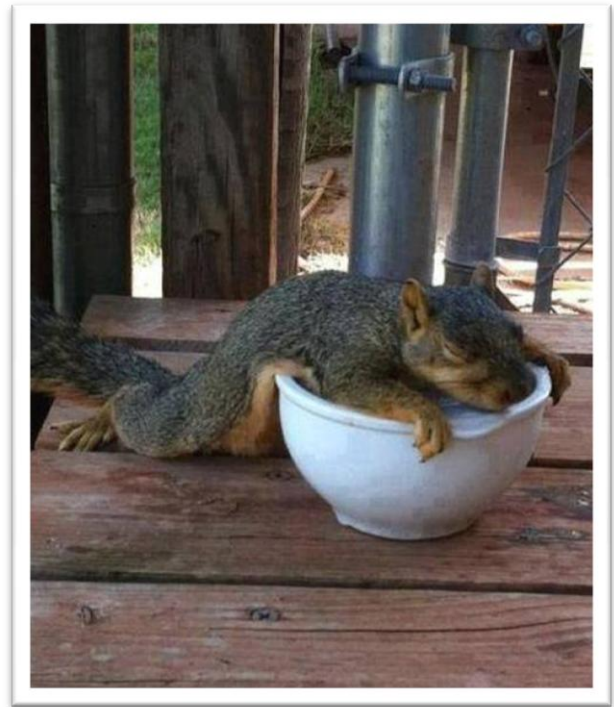


Another banana treat with peanut butter!



Flatten a slice of wheat bread, cover it in peanut butter and roll it around a banana. Slice like sushi and drizzle with honey.

Last summer when it got hot in Missouri, one woman started putting bowls of ice out for the squirrels in her yard. This little guy was so grateful, he fell asleep cooling off on top of one — with [Fgcs Fgcs](#).



Great gift idea – cover a tissue box, have \$\$ -tape \$\$ together then fold into the box leaving top part of first bill out to pull.

