

Female veterans declare war on homelessness



By Valerie D. Lockhart

Battles to protect human rights, of life, liberty, and freedom, have been fought overseas, but active combats for basic rights are underway on American soil.

Thousands of female veterans have become casualties of war, wounding some with homelessness, denying medical treatment and benefits, and experiencing post-traumatic stress disorders.

Following in her younger brother's footsteps, Mary Busch enlisted in the army and volunteered several times to be deployed for combat hoping to become "a part of something bigger than myself."

Her requests were denied; but little did she know that she would face another conflict at home.

Wounded from a Humvee accident combined with severe reactions to immunizations required to serve overseas, Busch was medically discharged from duty shortly before reaching her 3-year anniversary.

"I was literally at pre-deployment on my way to deploy as an individual attaché (alone with a unit that I had never trained with), when I received my first ever MRI," she explained. "I was instructed that I would not be allowed to deploy as I could possibly put my fellow soldiers in jeopardy if I fell, stumbled, or couldn't pick up a fallen comrade that was on my 24th birthday. I had started having problems after a service wide change in physical training curriculums for Army soldiers, severe allergic reactions to some of our immunizations needed to go overseas and a Humvee accident used in our training for 'deployment settings'. I had never experienced falling for no reason, not being able to stand and walk, losing my words, incredible pain in my head, and forgetting how to add and where I put things. I was an athlete, dancer, weightlifter and was used to sprains, bruising, pulled muscles and tired body, but not this. I joined the Army as a weightlifting, dancing, running, jumping, and healthy woman. I did not enter with any medical waivers or allergies, without heart, lung, vision, bone, muscle or speech and vision issues."

Busch's health further deteriorated, limiting her activity.

"Being in your duty station it is frowned upon to have a profile that limits what you can do exercise wise," Busch said. "It is expected of you to put on your big girl pants, don't complain, drink water, take ibuprofen, and strap in your bootlaces. I can still remember the day something went pop, and I couldn't move, walk up to my barracks room, dress myself and even (experienced) the embarrassment of losing control of my bladder."

During her active Duty, Busch underwent several medical treatments that included removing her reproductive organs and having brain surgery.

Just as painful as her ailments were the remarks she received from civilians and military personnel.

“I was devastated that I could not go on my deployment and still receive negative stigma from civilians, even other service members and some veterans for not really being their personal version of what a ‘real’ veteran is. I am doing my part and working with other women veterans to help foster a positive correlation between your identity as a woman veteran and as a civilian and break the stigmas associated with those negative thought patterns.”

A return to civilian life has not healed Busch’s injuries but has enhanced it. She has been denied medical treatment at the VA Hospital and must fight for military benefits. As a result, this has led to her experiencing homelessness and fighting for custody of her children.

Busch is not alone on the battleground.

According to statistics released by the National Coalition for Homeless Veterans, “for any veteran with dependent children, being identified as homeless creates a threat and fear of youth protective services assessing the situation as dangerous and removing the children from their parent.”

The Department of Defense 2021 Demographics Report: Profile of the Military Community revealed that of the 236,388 active-duty officers, 19.2 percent are female, and 80.8 percent are male.

A 2016 report released by the National Center on Homelessness Among Veterans said the number of homeless women veterans tripled to 36,443 in a five-year period ending in 2015. That figure, according to the center, is projected to rise by about 9% to nearly 40,000 by 2025.

Monique Gardner, who served in the Army for 7 years and in the Persian Gulf War, is also fighting for veteran rights. Upon return to civilian life, she encountered new challenges.

“Once I arrived home, my mother and sister kept saying that I was not the same and that I acted different. I ignored them and moved far away,” Gardner said. “After getting home, I did recognize that I had a problem with authority figures and listening to others and my attitude was bad. I was like a ticking time bomb. Years later and two husbands later, I am currently married, and he began to tell me that I needed to get some type of assistance. He was almost my 3rd divorced husband.”

Gardner thought that things were getting better when she was “offered an opportunity of a lifetime.”

“I was offered a position making \$98,000. I thought that I had struck gold. They had only spoken to me on the phone,” Gardner said. “They had never seen me face to face. My husband and I decided to relocate to Murfreesboro TN, and I accepted the position. After arriving we found us a place, and it was time for me to report to work. When I got there, I was excited. When I arrived, I looked upstairs on the landing and saw two Caucasians standing and talking. I sat for 30 minutes, and then finally a young lady came down and called my name and said that the position had been filled. I was crushed. I was the wrong color.”

The disappointment led to Gardner abusing pain pills and constant bickering with her mate.

“I was so confused. We came back to Detroit with nothing. We lost our furniture and all of my belongings that had been sold in a storage unit that we could not afford to pay. My life took a spiral. When we came back to Detroit, we slept in the car for 1 year. There were times when we ate only two pieces of chicken on Tuesday at Church’s Chicken. My husband ate the thigh, and I ate the leg. We drove a BMW that I could no longer afford, so you know that the finance company was looking for it and insurance was thing of the past. We had family, but I certainly wasn’t asking anyone for help. My husband stuck it out with me and got some odd jobs, so we could get a room and take a bath. Most of the time, we would pull in at an abandoned home. He said, ‘baby you need to go to the VA’, and I said for what. I have done my time. They don’t owe me anything. He said they will help you and I say no way.”

Like Busch, Gardner had to fight to receive benefits rightfully owed to her. It became a 2-year battle, before Gardner received help.

Unlike male veterans, there are very few shelters and programs offered to their female counterparts.

“The playing field is unlevelled, when it comes to female veterans,” Alexis Derriso, of the Motown Women Veteran Association, said. “Male veterans are given housing and medical benefits. Females must fight for it. There is only one shelter near Detroit servicing female veterans, and they just opened. That’s why I’m fighting hard for female veterans.”

To help win the war against homelessness, greater awareness and resources are needed. Also, some may have to deprogram from the military’s belief that asking for help is a sign of weakness.

“Address the mental issues. Don’t just push them to the side, as they will never go away without assistance. Ask for help,” Gardner urges. “We veterans are very prideful. Put the pride aside and ask for help. We need people. I know that we were taught a lot of things in the military, but we must ask for help. We need each other.”

The gift of life: Reasons Black donors are needed

By Valerie D. Lockhart

It was a mother's worse nightmare.

As Markita Lewis sat beside her 13-year-old son's hospital bed for seven days waiting and praying for him to open his eyes, doctors delivered grim news pronouncing him brain dead. The teen suffered from an asthma attack and went into cardiac arrest.

Amid her agonizing grief, Lewis made a tough decision that she hopes other African Americans will make as well - to donate her son, Marquis Woods', organs.

"My son saved three lives, and the gift of life saved me. I've always knew how important it was to become an organ donor, so when we were faced with that challenge I went right to the nurses and asked does Marquis qualify to become an organ donor," Lewis recalled. "I like to call myself a proud donor mom, because we have amazing recipients carrying my son's legacy along."

According to the U.S. Department of Health and Human Services Office of Minority Health, African Americans make up the largest group of minorities in need of an organ transplant. In 2020, blacks made up 28.5 percent of all candidates waiting for a transplant. Whereas only 12.9 percent were donors.

Out of the number of African Americans awaiting an organ transplant only 27.7 percent received a transplant in 2020 compared to 47.6 percent of Caucasian transplant recipients.

There are currently 2,463 people awaiting an organ transplant in Michigan.

Last year, there were 1,047 people who received a life-saving organ transplant from 374 donors in Michigan.

One organ donor can save up to eight lives, and tissue donors can help up to 75 people. Anyone can become a potential donor regardless of race, age, and medical condition.

"I am alive because Markita gave her son's kidney to someone who needed it. And, that someone was me," Keith "Bubba" Wagner said. "Markita means a lot to me, because she gave me a shot at a second life."

Marquis' recipients can enjoy and participate in normal activities today.

"Receiving my heart is great. It's a blessing," Noah Lamey said. "Because someone said yes, I'm alive and doing what I love today."

Aarolyn McCullough, 62, a retired postal worker from Oak Park, was diagnosed with Primary Biliary Cirrhosis, a disease that attacks the bile ducts in the liver, in the early 1990's. She is thankful that a donor said, "Yes" to gifting her a liver in April 2011, after receiving three false alarms.

"It happens when it's supposed to happen. It's all in divine order," she said. "The other calls prepare you for the actual main call."

Following surgery, McCullough noticed immediate improvements in her health. Her eyes were clear. Her blotchy skin was clearing up, and the continuous itch that interfered with her quality of life was gone.

"(I) itched all the time. My feet were raw," she said. "It was like an itch that you can't scratch; it never went away. It seems like a minor thing, but when you must deal with it it's not minor, at all. It consumed my life."

Today, McCullough's time is consumed with helping others. She joined the Transplant Living Community (TLC) program at Henry Ford Hospital and volunteers each week sharing her experience with those awaiting a transplant or recovering from surgery. She also volunteers at the Gift of Life Michigan teaching others the importance of becoming an organ donor.

"I love what I do at Henry Ford," she said. "It's a way to pay it forward for the gift that I received," she said. "I like to share my story in hopes we get more African Americans and other minorities to donate, to get that heart on their driver's license. You just never know when you, or someone in your family, may need a new organ. I think it's important to get that heart sticker."

Thanks to her donor, McCullough was able to see her children grow up and now enjoys spending time with her four grandchildren.

"If I hadn't got that liver transplant, I don't think these things would have been possible," she said. "I definitely feel very blessed."

Families of transplant recipients agree that donors are a blessing and hope more people will join the list.

"Watching Noah live his life has been nothing more than amazing to us. We are so blessed to have met (Markita Lewis). In her darkest moment, she said yes, and it gave our son a chance to live," Noah's mother Susan Lamey said. "You should say yes to organ donation, because it gives a mother a chance to see her child grow."

And their testimonies are proof that the greatest present one can receive is the gift of life.

Reasons why some struggle to breathe

By Valerie D. Lockhart

Gasping for air, Janine Williams struggled to climb up 12 steps.

It is not the width of the steps that made the climb difficult for the 35-year-old mother of two but an incurable ailment - asthma.

For onlookers, a person may mistake the illness for a bad cold or the flu. But it can be a frightening and uncomfortable occurrence for those experiencing an asthma attack.

Often thought to be a childhood problem, the truth is that it can be triggered at any age. Statistically, most people who suffer from asthma are adults.

According to the Centers for Disease Control and Prevention, there were 21,030,479 adults ages 18 and older living with asthma in 2020 compared to 4,226,659 children under 18.

Asthma is a condition that affects the lungs. It is triggered when the airway encounters something that irritates the lining, causing it to become inflamed and begin to swell. The airways narrow even more due to the eventual buildup of mucus.

Signs of asthma are shortness of breath, wheezing, chest tightness, and coughing in the early morning or nighttime. Although asthma cannot be cured, taking medication, and avoiding environmental triggers can help control asthma.

Triggers for asthma differ from individual to individual, depending on the person's particular sensitivities. What might prove irritating for one asthmatic person can be quite inoffensive and harmless for another. An essential element in asthma control is learning about your individual triggers and then avoiding them as much as possible.

The CDC notes that triggers may include:

- **Exercise-induced asthma**, which may be worse when the air is cold and dry
- **Occupational asthma**, triggered by workplace irritants such as chemical fumes, gasses or dust
- **Allergy-induced asthma**, triggered by airborne substances, such as tobacco smoke, pollen, mold spores, cockroach waste, or particles of skin and dried saliva shed by pets (pet dander)

Sometimes the trigger may not be at all obvious, producing symptoms much later, in what is known as a delayed reaction.

The very first thing to do when experiencing any kind of difficulty with breathing is to consult a medical doctor.

A spirometry, or breathing test, is given to determine how fit the lungs are, measuring how much air is breathed out after taking a deep breath and comparing the results with and without medication.

Today, with effective treatment, an asthmatic person can expect to live a normal, active, and full life.

Following a diagnosis of asthma, an inhaler or nebulizer is often prescribed which can be used to calm inflammation and lessen the severity of the reaction to the trigger. Sometimes preventer medication and or steroids in a pill form are prescribed to deal with acute symptoms.

Usage of an inhaler helped Janine to capture her breath when she climbed the last step.

“Living with asthma is scary, but I always keep my inhaler nearby,” Janine said. “I refuse to allow asthma to control my life. Instead, I am taking control of asthma.”